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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Form 10-K (Mark One) â˜' ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 For the fiscal year ended December 31, 2024 Or â˜ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 For the transition period from to Commission File Number 1-11239 HCA Healthcare, Inc. (Exact Name of Registrant as Specified in its Charter) Â Â Delaware 27-3865930 (State or Other Jurisdiction ofIncorporation or Organization) (I.R.S. EmployerIdentification No.) One Park PlazaNashville, Tennessee 37203 (Address of Principal Executive Offices) (Zip Code) Registrantâ€™s telephone number, including area code: (615) 344-9551 Securities Registered Pursuant to Section 12(b) of the Act: Â Â Â Title of Each Class TradingSymbol(s) Name of Each Exchangeon Which Registered Common Stock, $0.01 Par Value HCA New York Stock Exchange Securities Registered Pursuant to Section 12(g) of the Act: None Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes â˜' No â˜ Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes â˜ No â˜' Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes â˜' No â˜ Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (Â§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes â˜' No â˜ Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of â€œlarge accelerated filer,â€ â€œaccelerated filer,â€ â€œsmaller reporting companyâ€ and â€œemerging growth companyâ€ in Rule 12b-2 of the Exchange Act. Large accelerated filer â˜' Accelerated filer â˜ Non-accelerated filer â˜ Smaller reporting company â˜ Emerging growth company â˜ If an emerging growth company, indicate by check mark if the Registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. â˜ Indicate by check mark whether the Registrant has filed a report on and attestation to its managementâ€™s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. â˜' If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. â˜Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrantâ€™s executive officers during the relevant recovery period pursuant to Â§240.10D-1(b). â˜Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes â˜ No â˜' Â Â Â Auditor PCAOB ID Number: 42 Auditor Name: Ernst & Young LLP Auditor Location: Nashville, Tennessee, United States of America As of January 31, 2025, there were 248,341,900 outstanding shares of the Registrantâ€™s common stock. As of June 30, 2024, the aggregate market value of the common stock held by nonaffiliates was approximately $60.369 billion. For purposes of the foregoing calculation only, Hercules Holding II and the Registrantâ€™s directors and executive officers have been deemed to be affiliates. DOCUMENTS INCORPORATED BY REFERENCE Portions of the Registrantâ€™s definitive proxy materials for its 2025 Annual Meeting of Stockholders are incorporated by reference into Part III hereof. Â Â INDEX PageReference Part I Item 1. Business 3 Item 1A. Risk Factors 32 Item 1B. Unresolved Staff Comments 50 Item 1C. Cybersecurity 50 Item 2. Properties 52 Item 3. Legal Proceedings 52 Item 4. Mine Safety Disclosures 52 Part II Item 5. Market for Registrantâ€™s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities 53 Item 6. [Reserved] 54 Item 7. Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations 55 Item 7A. Quantitative and Qualitative Disclosures about Market Risk 69 Item 8. Financial Statements and Supplementary Data 70 Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure 70 Item 9A. Controls and Procedures 70 Item 9B. Other Information 72 Item 9C. Disclosure Regarding Foreign Jurisdictions that Prevent Inspections 72 Part III Item 10. Directors, Executive Officers and Corporate Governance 73 Item 11. Executive Compensation 73 Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters 73 Item 13. Certain Relationships and Related Transactions, and Director Independence 74 Item 14. Principal Accountant Fees and Services 74 Part IV Item 15. Exhibits and Financial Statement Schedules 75 Item 16. Form 10-K Summary 87 Signatures 88 Â Â Â PART I Item 1. Business General HCA Healthcare, Inc. is one of the leading health care services companies in the United States. At December 31, 2024, we operated 190 hospitals, comprised of 180 general, acute care hospitals; six behavioral hospitals; and four rehabilitation hospitals. In addition, we operated 124 freestanding ambulatory surgery centers ("ASCs") and 26 freestanding endoscopy centers. Our facilities are located in 20 states and England. The terms â€œCompany,â€ â€œHCA,â€ â€œHCA Healthcare,â€ â€œwe,â€ â€œourâ€ or â€œus,â€ as used herein and unless otherwise stated or indicated by context, refer to HCA Healthcare, Inc. and its affiliates. The term â€œaffiliatesâ€ means direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. The terms â€œfacilitiesâ€ or â€œhospitalsâ€ refer to entities owned and operated by affiliates of HCA, and the term â€œemployeesâ€ refers to employees of affiliates of HCA. Our primary objective is to provide a comprehensive array of quality health care services in the most cost-effective manner possible. Our general, acute care hospitals typically provide a full range of services to accommodate such medical specialties as internal medicine, general surgery, cardiology, oncology, neurosurgery, orthopedics and obstetrics, as well as diagnostic and emergency services. Outpatient and ancillary health care services are provided by our general, acute care hospitals, ASCs, freestanding emergency care facilities, urgent care facilities, walk-in clinics, physician practices, diagnostic centers, home health agencies, hospices and rehabilitation facilities and various other facilities. Our behavioral hospitals provide a full range of mental health care services through inpatient, partial hospitalization and outpatient settings. Our common stock is traded on the New York Stock Exchange (symbol â€œHCAâ€). Through our predecessors, we commenced operations in 1968. HCA Healthcare, Inc. was incorporated in Delaware in October 2010. Our principal executive offices are located at One Park Plaza, Nashville, Tennessee 37203, and our telephone number is (615) 344-9551. Available Information We file certain reports with the Securities and Exchange Commission (the â€œSECâ€), including annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. The SEC maintains an Internet site at http://www.sec.gov that contains the reports, proxy and information statements and other information we file. Our website address is www.hcahealthcare.com. Please note that our website address is provided throughout this report as an inactive textual reference only. We make available free of charge, through our website, our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and all amendments to those reports filed or furnished pursuant to Section 13 or 15(d) of the Exchange Act, as soon as reasonably practicable after such material is electronically filed with or furnished to the SEC. The information provided on our website is not part of this report, and is therefore not incorporated by reference unless such information is specifically referenced elsewhere in this report. Our Code of Conduct is available free of charge upon request to our Investor Relations Department, HCA Healthcare, Inc., One Park Plaza, Nashville, Tennessee 37203, and is also available on the Ethics and Compliance and Governance Documents portion of our website at www.hcahealthcare.com. Business Strategy We are committed to providing the communities we serve with high-quality, convenient and cost-effective health care while growing our business and creating long-term value for our stockholders. We strive to be the health care system of choice in the communities we serve by developing comprehensive networks locally and supporting these networks with enterprise expertise and economies of scale. Our strategy is organized around a framework that seeks to drive sustained growth by delivering operational excellence, attracting exceptional physicians and other health care professionals, developing comprehensive services, creating greater access and coordinating higher quality care for patients. 3 Â To achieve these objectives, we align our efforts around the following growth agenda: â€¢grow our presence in existing markets; â€¢achieve industry-leading performance in clinical, operational and satisfaction measures; â€¢recruit and retain physicians and other health care professionals to meet the need for high-quality health services; â€¢continue to utilize economies of scale to grow the Company; and â€¢pursue a disciplined development strategy. Our strategy also emphasizes investments that seek to advance our clinical systems and digital capabilities, transform care models with innovative care solutions, expand our workforce development programs and enhance our health care networks and partnerships.Health Care Facilities We currently own, manage or operate hospitals, ASCs, freestanding emergency care facilities, urgent care facilities, walk-in clinics, diagnostic and imaging centers, radiation and oncology therapy centers, comprehensive rehabilitation and physical therapy centers, physician practices, home health agencies, hospices, outpatient physical therapy providers, home and community-based services providers, and various other facilities. At December 31, 2024, we owned and operated 180 general, acute care hospitals with 49,114 licensed beds. Most of our general, acute care hospitals provide medical and surgical services, including inpatient care, intensive care, cardiac care, diagnostic services and emergency services. The general, acute care hospitals also provide outpatient services such as outpatient surgery, laboratory, radiology, respiratory therapy, cardiology and physical therapy. Each hospital has an organized medical staff and a local board of trustees or governing board comprised of members of the local community. At December 31, 2024, we operated six behavioral hospitals with 602 licensed beds. Our behavioral hospitals provide therapeutic programs, including child, adolescent and adult psychiatric care and adolescent and adult alcohol and drug abuse treatment and counseling. We also operate outpatient health care facilities, which include ASCs, freestanding emergency care facilities, urgent care facilities, walk-in clinics, diagnostic and imaging centers, comprehensive rehabilitation and physical therapy centers, radiation and oncology therapy centers, physician practices and various other facilities. These outpatient services are an integral component of our strategy to develop comprehensive health care networks in select communities. Most of our ASCs are operated through partnerships or limited liability companies, with majority ownership of each partnership or limited liability company typically held by a general partner or member that is an affiliate of HCA. Certain of our affiliates provide a variety of management services to our health care facilities, including patient safety programs, ethics and compliance programs, national supply contracts, equipment purchasing and leasing contracts, accounting, financial and clinical systems, governmental reimbursement assistance, construction planning and coordination, information technology systems and solutions, legal counsel, human resources services and internal audit services. Summary Risk FactorsYou should carefully read and consider the risk factors set forth under Item 1A, â€œRisk Factors,â€ as well as all other information contained in this annual report on Form 10-K. Additional risks and uncertainties not presently known to us or that we currently deem immaterial may also affect us. If any of these risks occur, our business, financial position, results of operations, cash flows or prospects could be materially, adversely affected. Our business is subject to the following principal risks and uncertainties: 4 Â Risks related to our indebtedness: â€¢We have significant indebtedness and may incur further indebtedness in the future. Our indebtedness could adversely affect our ability to raise additional capital to fund our operations, limit our ability to react to changes in the economy or our industry, expose us to interest rate risk to the extent of our variable rate debt and prevent us from meeting our obligations. â€¢We may not be able to generate sufficient cash to service all of our indebtedness and may not be able to refinance our indebtedness on favorable terms. If we are unable to do so, we may be forced to take other actions to satisfy our obligations under our indebtedness, which may not be successful. â€¢Our debt agreements contain restrictions that limit our flexibility in operating our business. Risks related to human capital: â€¢Our results of operations may be adversely affected by competition for staffing, the shortage of experienced nurses and other health care professionals and labor union activity. â€¢Our performance depends on our ability to recruit and retain quality physicians. â€¢We may be unable to attract, hire and retain a highly qualified workforce, including key management. Risks related to technology, data privacy and cybersecurity: â€¢Cybersecurity incidents or other forms of data breaches could result in the compromise of our facilities, confidential data or critical data systems, causing our operations to be impaired or impacted. A cybersecurity incident or other form of data breach could also give rise to potential harm to patients; remediation and other expenses; and exposure to liability under privacy and security laws, consumer protection laws, common law theories or other laws. Such incidents could subject us to litigation and foreign, federal and state governmental inquiries, damage our reputation, and otherwise be disruptive to our business. â€¢Our operations could be impaired by a failure of our information systems. â€¢Health care technology initiatives, particularly those related to sharing patient data and interoperability and artificial intelligence (â€œAIâ€), involve risks that may adversely affect our operations. â€¢We may not be adequately reimbursed by third-party payers for services involving new technology. Â Risks related to public health crises:â€¢The emergence and effects related to a potential future pandemic, epidemic or outbreak of an infectious disease could adversely affect our business and operations.Risks related to governmental regulation and other legal matters: â€¢Our business, financial condition and results of operations may be adversely affected by changes and uncertainty in the health care industry, including health care public policy developments and other changes to laws and regulations. We are unable to predict whether, what, and when changes in the health care industry may occur, and the effects and ultimate impact of any changes are uncertain and may adversely affect our business and results of operations. â€¢Changes in government health care programs may adversely affect our revenues and business. â€¢If we fail to comply with extensive laws and government regulations, we could suffer penalties or be required to make significant changes to our operations. â€¢State efforts to regulate the construction or expansion of health care facilities could impair our ability to operate and expand our operations. â€¢We may incur additional tax liabilities. â€¢We have been and could become the subject of government investigations, claims and litigation, as well as governmental and commercial payer audits. â€¢We may be subject to liabilities from claims brought against our facilities, which are costly to defend and may require us to pay significant damages if not covered by insurance. 5 Â Risks related to operations, strategy, demand and competition: â€¢Our hospitals and other facilities face competition for patients from other hospitals and health care providers. â€¢Any increase in the volume of uninsured patients or deterioration in the collectability of uninsured and patient due accounts could adversely affect our results of operations. â€¢If our volume of patients with private health insurance coverage declines or we are unable to retain and negotiate favorable contracts with private third-party payers, including managed care plans, our revenues may be adversely affected. â€¢Changes to physician utilization practices and treatment methodologies and other factors outside our control that impact demand for medical services may reduce our revenues. â€¢Third-party payer controls designed to reduce costs and other payer practices intended to decrease inpatient services, surgical procedure volumes or reimbursement for services rendered may reduce our revenues.â€¢We may encounter difficulty acquiring hospitals and other health care businesses, encounter challenges integrating the operations of acquired hospitals and other health care businesses and/or become liable for unknown or contingent liabilities as a result of acquisitions. â€¢Our facilities are heavily concentrated in Florida and Texas, which makes us sensitive to regulatory, economic, public health, environmental and competitive conditions and changes in those states. â€¢Our business and operations are subject to risks related to changing global weather patterns. â€¢The industry trend toward value-based purchasing may negatively impact our revenues. Risks related to macroeconomic conditions: â€¢Our overall business results may suffer during periods of general economic weakness or recessions. â€¢We are exposed to market risk related to changes in the market values of securities and interest rates. Risks related to ownership of our common stock: â€¢There can be no assurance that we will continue to pay dividends. â€¢Certain of our investors may continue to have influence over us. Sources of Revenue Hospital revenues depend upon inpatient occupancy levels, the medical and ancillary services ordered by physicians and provided to patients, the volume of outpatient procedures and the charges or reimbursement rates for such services. Reimbursement rates for inpatient and outpatient services vary significantly depending on the type of third-party payer, the type of service (e.g., medical/surgical, intensive care or psychiatric) and the geographic location of the hospital. Inpatient occupancy levels fluctuate for various reasons, many of which are beyond our control. 6 Â We receive payments for patient services from the federal government under the Medicare program, state governments under their respective Medicaid or similar programs, managed care plans (including plans offered through federal and state-based health insurance marketplaces (â€œExchangesâ€)), private insurers and directly from patients. Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, 2024, 2023 and 2022 are summarized in the following table (dollars in millions): Â Â Â Years Ended December 31, Â Â Â 2024 Â Â Ratio Â Â 2023 Â Â Ratio Â Â 2022 Â Â Ratio Â Medicare Â $ 10,780 Â Â Â 15.3 % Â $ 10,585 Â Â Â 16.3 % Â $ 10,447 Â Â Â 17.3 % Managed Medicare Â Â 11,987 Â Â Â 17.0 Â Â Â 10,496 Â Â Â 16.2 Â Â Â 9,201 Â Â Â 15.3 Â Medicaid Â Â 4,678 Â Â Â 6.6 Â Â Â 3,606 Â Â Â 5.6 Â Â Â 2,636 Â Â Â 4.4 Â Managed Medicaid Â Â 3,980 Â Â Â 5.6 Â Â Â 3,879 Â Â Â 6.0 Â Â Â 3,998 Â Â Â 6.6 Â Managed care and other insurers Â Â 34,954 Â Â Â 49.5 Â Â Â 31,819 Â Â Â 49.0 Â Â Â 29,120 Â Â Â 48.3 Â International (managed care and other insurers) Â Â 1,682 Â Â Â 2.4 Â Â Â 1,509 Â Â Â 2.3 Â Â Â 1,317 Â Â Â 2.2 Â Other Â Â 2,542 Â Â Â 3.6 Â Â Â 3,074 Â Â Â 4.6 Â Â Â 3,514 Â Â Â 5.9 Â Revenues Â $ 70,603 Â Â Â 100.0 % Â $ 64,968 Â Â Â 100.0 % Â $ 60,233 Â Â Â 100.0 % Medicare is a federal program that provides certain hospital and medical insurance benefits to persons age 65 and over, some disabled persons, persons with end-stage renal disease and persons with amyotrophic lateral sclerosis. Medicaid is a federal-state program, administered by the states, that provides hospital and medical benefits to qualifying low-income individuals. Payment under the Medicare and Medicaid programs is conditioned on satisfaction of extensive provider enrollment requirements. All of our general, acute care hospitals located in the United States are eligible and enrolled to participate in Medicare and Medicaid programs. Amounts received under Medicare and Medicaid programs are generally significantly less than established hospital gross charges for the services provided. Our hospitals generally offer discounts from established charges to certain group purchasers of health care services, including private health insurers, employers, health maintenance organizations (â€œHMOsâ€), preferred provider organizations (â€œPPOsâ€) and other managed care plans, including health plans offered through the Exchanges. These discount programs generally limit our ability to increase revenues in response to increasing costs. See Item 1, â€œBusiness â€" Competition.â€ For services under Medicare, Medicaid, HMOs, PPOs and other managed care plans, patients are generally responsible for any exclusions, deductibles or coinsurance features of their coverage. The amounts of such exclusions, deductibles and coinsurance continue to increase. Collection of amounts due from individuals is typically more difficult than from government health care programs or other third-party payers. We provide discounts to uninsured patients who do not qualify for Medicaid or for financial relief under our charity care policy. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance or charity care under our charity care policy. If an uninsured patient does not qualify for these programs, the uninsured discount is applied. Medicare In addition to the reimbursement reductions and adjustments discussed below, the Budget Control Act of 2011 (the â€œBCAâ€) requires automatic spending reductions to reduce the federal deficit, resulting in a uniform percentage reduction across all Medicare programs of 2% per fiscal year that extends through the first eight months of federal fiscal year 2032. We anticipate that the federal deficit will continue to place pressure on government health care programs, and it is possible that future deficit reduction legislation will impose additional spending reductions.Inpatient Acute Care Under the Medicare program, we receive reimbursement under a prospective payment system (â€œPPSâ€) for general, acute care hospital inpatient services. Under the hospital inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patientâ€™s assigned Medicare severity diagnosis-related group (â€œMS-DRGâ€). MS-DRGs classify treatments for illnesses according to the estimated intensity of hospital resources necessary to furnish care for each principal diagnosis. MS-DRG weights represent the average resources for a given MS-DRG relative to the average resources for all MS-DRGs. MS-DRG payments are adjusted for area wage differentials. Hospitals, other than those defined as â€œnew,â€ receive PPS reimbursement for inpatient capital costs based on MS-DRG weights multiplied by a geographically adjusted federal rate. When the cost to treat certain patients falls well outside the normal distribution, providers typically receive additional â€œoutlierâ€ payments. These payments are financed by offsetting reductions in the inpatient PPS rates. A high-cost outlier threshold is set annually at a level that targets estimated outlier payments equaling 5.1% of total inpatient PPS payments for the federal fiscal year. 7 Â MS-DRG payment rates are updated, and MS-DRG weights are recalibrated, using cost-relative weights each federal fiscal year (which begins October 1). The index used to update the MS-DRG payment rates (the â€œmarket basketâ€) gives consideration to the inflation experienced by hospitals and entities outside the health care industry in purchasing goods and services. Each federal fiscal year, the annual market basket update is reduced by a productivity adjustment based on the Bureau of Labor Statistics (â€œBLSâ€) 10-year moving average of changes in specified economy-wide productivity. A decrease in payment rates or an increase in rates that is below the increase in our costs may adversely affect our results of operations. For federal fiscal year 2024, the Centers for Medicare & Medicaid Services (â€œCMSâ€) increased the MS-DRG payment rates by approximately 3.1%. This increase reflected a market basket update of 3.3%, reduced by a 0.2 percentage point productivity adjustment. For federal fiscal year 2025, CMS increased the MS-DRG payment rates by approximately 2.9%. This increase reflects a market basket update of 3.4%, reduced by a 0.5 percentage point productivity adjustment. Additional adjustments may apply, depending on patient-specific or hospital-specific factors. For example, the two-midnight rule limits payments to hospitals when services to Medicare beneficiaries are payable as inpatient services. In addition, under transfer policies, Medicare reimbursement rates may be reduced when an inpatient hospital discharges a patient to another hospital or, for specified MS-DRGs, to certain post-acute care settings. We anticipate that additional adjustments may apply in future payment years as a result of 2024 court decisions that vacated a low wage index policy CMS adopted in 2020. The policy had funded an increase to the wage index value for hospitals with low wage indexes by decreasing reimbursement for all other hospitals. CMS addressed the impact of the decision prospectively in its final rule updating inpatient hospital payment rates and policies for federal fiscal year 2025, but it is not yet clear how the agency will address the impact the low wage policy had in 2020 through 2024.CMS has implemented and is implementing a number of programs and requirements intended to transform Medicare from a passive payer to an active purchaser of quality goods and services. For example, hospitals that do not successfully participate in the Hospital Inpatient Quality Reporting Program are subject to a 25% reduction of the market basket update. Hospitals that do not demonstrate meaningful use of electronic health records (â€œEHRsâ€) are subject to a 75% reduction of the market basket update. Further, Medicare does not allow an inpatient hospital discharge to be assigned to a higher paying MS-DRG if certain designated hospital acquired conditions (â€œHACsâ€) were not present on admission and the identified HAC is the only condition resulting in the assignment of the higher paying MS-DRG. In this situation, the case is paid as though the secondary diagnosis was not present. There are currently 14 categories of conditions on the list of HACs. In addition, the 25% of hospitals with the worst risk-adjusted HAC scores in the designated performance period receive a 1.0% reduction in their inpatient PPS Medicare payments in the applicable federal fiscal year. CMS has also established three National Coverage Determinations that prohibit Medicare reimbursement for erroneous surgical procedures performed on an inpatient or outpatient basis. Under the Hospital Readmission Reduction Program, payments to hospitals may also be reduced based on readmission rates. Each federal fiscal year, inpatient payments are reduced if a hospital experiences â€œexcessâ€ readmissions within the 30-day time period from the date of discharge for conditions or procedures designated by CMS during the prior performance review period. CMS has designated six conditions or procedures under the program, including heart attack, pneumonia and total hip arthroplasty. Hospitals with what CMS defines as excess readmissions for these conditions or procedures receive reduced payments for all inpatient discharges in the federal fiscal year, not just discharges relating to the conditions or procedures subject to the excess readmission standard. The amount by which payments are reduced is determined by assessing a hospitalâ€™s performance relative to hospitals with similar proportions of dual eligible patients, subject to a cap established by CMS. The reduction in payments to hospitals with excess readmissions can be up to 3% of a hospitalâ€™s base payments. Each hospitalâ€™s performance is publicly reported by CMS. In addition, under the Hospital Value-Based Purchasing Program, CMS reduces the inpatient PPS payment amount for all discharges by 2.0% in each federal fiscal year. The total amount collected from these reductions is pooled, and the entire amount collected is redistributed as incentive payments to reward hospitals that meet certain quality performance standards established by CMS. CMS scores each hospital based on achievement (relative to other hospitals) and improvement ranges (relative to the hospitalâ€™s own past performance) for each applicable performance standard. Hospitals that meet or exceed the quality performance standards receive greater reimbursement under the value-based purchasing program than they would have otherwise. Hospitals that do not achieve the necessary level of quality performance receive reduced Medicare inpatient hospital payments. Hospitals are scored on a number of individual measures that are categorized into four domains: clinical outcomes; efficiency and cost reduction; safety; and person and community engagement. 8 Â Outpatient CMS reimburses hospital outpatient services (and certain Medicare Part B services furnished to hospital inpatients who have no Part A coverage) on a PPS basis. Hospital outpatient services paid under PPS are classified into groups called ambulatory payment classifications (â€œAPCsâ€). Services for each APC are similar clinically and in terms of the resources they require. Depending on the services provided, a hospital may be paid for more than one APC for a patient visit. A payment rate is established for each APC and updated for each calendar year. Each calendar year, the annual market basket update is further reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For calendar year 2024, CMS increased payment rates under the outpatient PPS by an estimated 3.1%. This increase reflected a market basket increase of 3.3%, reduced by a 0.2 percentage point productivity adjustment. For calendar year 2025, CMS increased payment rates by an estimated 2.9%. This increase reflects a market basket increase of 3.4%, reduced by a 0.5 percentage point productivity adjustment. CMS requires hospitals to submit quality data relating to outpatient care to avoid receiving a 2.0 percentage point reduction in the annual payment update under the outpatient PPS. Medicare reimbursement for outpatient services may also be affected by broad shifts in payment policy. For example, the 340B Drug Pricing Program allows participating hospitals to purchase certain outpatient drugs from manufacturers at discounted rates. These hospitals are reimbursed for the discounted drugs under the same Medicare payment methodology and rates that apply to non-340B hospitals. In 2018, CMS implemented a payment policy that reduced Medicare payments for 340B hospitals for most drugs obtained at 340B-discounted rates and that resulted in increased payments for non-340B hospitals. Most of our facilities are non-340B hospitals. In June 2022, the U.S. Supreme Court invalidated this 340B program payment policy. In light of this U.S. Supreme Court decision and to achieve budget neutrality, CMS reduced payment rates for non-drug services under the outpatient PPS for calendar year 2023, and lump sum payments were distributed to affected 340B hospitals as the remedy for calendar years 2018 through 2022. In order to comply with budget neutrality requirements, the U.S. Department of Health and Human Services (â€œHHSâ€) finalized a corresponding offset in future non-drug item and service payments for all outpatient PPS providers (except new providers) that will reduce the outpatient PPS conversion factor by 0.5% annually. This adjustment will start in calendar year 2026 and continue for approximately 16 years.In addition, CMS has implemented an expanded site-neutral payment policy for clinic visit services provided at all off-campus provider-based departments. Under the policy, clinic visit services provided at all off-campus provider-based departments are generally not covered as outpatient department services under the outpatient PPS, but rather are reimbursed at the Medicare Physician Fee Schedule (â€œPhysician Fee Scheduleâ€) rate, which is generally lower than the outpatient PPS rate.Rehabilitation CMS reimburses inpatient rehabilitation facilities (â€œIRFsâ€) on a PPS basis. Under the IRF PPS, patients are classified into case mix groups that reflect the relative resource intensity typically associated with the patientâ€™s clinical condition. The case mix groups are based upon impairment, age, functional motor and cognitive scores, and comorbidities (additional diseases or disorders from which the patient suffers). IRFs are paid a predetermined amount per discharge that reflects the patientâ€™s case mix group and is adjusted for facility-specific factors, such as area wage levels, proportion of low-income patients, and location in a rural area. Each federal fiscal year, the IRF rates are updated using a market basket index, which is reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For federal fiscal year 2024, CMS increased IRF payment rates by an estimated 3.4%, reflecting an IRF market basket update of 3.6%, reduced by a 0.2 percentage point productivity adjustment. For federal fiscal year 2025, CMS increased IRF payment rates by an estimated 3.0%, reflecting an IRF market basket update of 3.5%, reduced by a 0.5 percentage point productivity adjustment. CMS requires IRFs to report quality measures to avoid receiving a reduction of 2.0 percentage points to the market basket update. In order to qualify for classification as an IRF, at least 60% of a facilityâ€™s inpatients during the most recent 12-month CMS-defined review period must have required intensive rehabilitation services for one or more of 13 specified conditions. IRFs must also meet additional coverage criteria, including patient selection and care requirements relating to pre-admission screenings, post-admission evaluations, ongoing coordination of care and involvement of rehabilitation physicians. A facility that fails to meet the 60% threshold, or other criteria to be classified as an IRF, will be paid under either the acute care hospital inpatient or outpatient PPS, which generally provide for lower payment amounts. As of December 31, 2024, we had four rehabilitation hospitals and 71 hospital rehabilitation units. Â 9 Â Psychiatric Inpatient hospital services furnished in behavioral hospitals and behavioral units of general, acute care hospitals and critical access hospitals are reimbursed on a PPS basis. The inpatient psychiatric facility (â€œIPFâ€) PPS is based upon a per diem payment, with adjustments to account for certain patient and facility characteristics. The IPF PPS contains an â€œoutlierâ€ policy for extraordinarily costly cases and an adjustment to a facilityâ€™s base payment if it maintains a full-service emergency department. CMS has established the IPF PPS payment rate in a manner intended to be budget neutral. Each federal fiscal year, IPF payment rates are updated using a market basket index, which is reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For federal fiscal year 2024, CMS increased IPF payment rates by an estimated 3.3%, which reflected a 3.5% IPF market basket increase with a negative 0.2 percentage point productivity adjustment. For federal fiscal year 2025, CMS increased the IPF payment rates by 2.8%, which reflects a 3.3% IPF market basket increase, reduced by a 0.5 percentage point productivity adjustment. Together with other policy changes, total Medicare payments to IPFs are anticipated to increase by 2.5% in federal fiscal year 2025. Inpatient psychiatric facilities are required to report quality measures to CMS to avoid receiving a 2.0 percentage point reduction to the market basket update. As of December 31, 2024, we had six behavioral hospitals and 43 hospital behavioral units. Ambulatory Surgery Centers CMS reimburses ASCs using a predetermined fee schedule. Reimbursements for ASC overhead costs are limited to no more than the overhead costs paid to hospital outpatient departments under the Medicare hospital outpatient PPS for the same procedure. If CMS determines that a procedure is commonly performed in a physicianâ€™s office, the ASC reimbursement for that procedure is limited to the reimbursement allowable under the Physician Fee Schedule, with limited exceptions. All surgical procedures, other than those that pose a significant safety risk or generally require an overnight stay, are payable as ASC procedures. From time to time, CMS expands the services that may be performed in ASCs, which may result in more Medicare procedures that historically have been performed in hospitals being moved to ASCs, reducing surgical volume in our hospitals. Also, more Medicare procedures that historically have been performed in ASCs may be moved to physiciansâ€™ offices. Some commercial third-party payers have adopted similar policies. Historically, CMS updated reimbursement rates for ASCs based on changes to the consumer price index. However, for calendar years through 2025, CMS updates to ASC reimbursement rates are based on the hospital market basket index, partly to promote site-neutrality between hospitals and ASCs. For each federal fiscal year, the ASC payment system update is reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For calendar year 2024, CMS increased ASC payment rates by 3.1%, which reflected a market basket increase of 3.3%, reduced by a 0.2 percentage point productivity adjustment. For calendar year 2025, CMS increased payment rates by 2.9%, which reflects a market basket increase of 3.4%, reduced by a 0.5 percentage point productivity adjustment. In addition, CMS has established a quality reporting program for ASCs under which ASCs that fail to report on specified quality measures receive a 2.0 percentage point reduction to the market basket update. Home Health CMS reimburses home health agencies under the Home Health PPS. Home health agencies are paid a national, standardized 30-day period payment rate if a period of care meets a certain threshold of home health visits (periods of care that do not meet the visit threshold are paid a per-visit payment rate for the discipline providing care). The daily home health payment rate is adjusted for case-mix and area wage levels. An outlier adjustment may be paid for periods of care where costs exceed a specific threshold amount. Each calendar year, home health payment rates are updated using a market basket index, which is reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For calendar year 2024, CMS increased home health payment rates by 0.8%, based on a home health payment update percentage of 3.0%, which reflected a 3.3% market basket increase, reduced by a 0.3 percentage point productivity adjustment, among other changes. For calendar year 2025, total Medicare payments to home health agencies are anticipated to increase by 0.5%. This increase is based on a home health payment update percentage of 2.7%, which reflects a 3.2% market basket increase, reduced by a 0.5 percentage point productivity adjustment, among other adjustments. Home health agencies that do not submit required quality data are subject to a 2.0 percentage point reduction to the market basket update. In addition, home health agencies are required to submit a one-time Notice of Admission (â€œNOAâ€) for each patient that establishes that the beneficiary is under a Medicare home health period of care. Failure to submit the NOA within five calendar days from the start of care results in a reduction to the 30-day period payment amount for each day from the start of care date until the date the NOA is submitted. 10 Â Under the nationwide Home Health Value-Based Purchasing (â€œHHVBPâ€) Model, home health agencies receive increases or reductions to their Medicare fee-for-service payments of up to 5%, based on performance against specific quality measures relative to the performance of other home health providers. Data collected in each performance year will impact Medicare payments two years later. Payment of claims for home health services may be impacted by the Review Choice Demonstration, a program intended to identify and prevent home health services fraud, reduce the number of Medicare appeals, and improve provider compliance with Medicare program requirements. The program currently applies only to home health agencies in certain states, including North Carolina, Florida and Texas. Providers in these states may select either pre-claim review or post-payment review. Home health agencies that maintain high levels of compliance are eligible for additional options that may be less burdensome. Hospice Medicare beneficiaries who have a terminal illness and a life expectancy of six months or less may elect to receive hospice benefits (palliative care) instead of standard coverage of treatment for the terminal illness and related conditions. Hospice services are paid under the Hospice PPS, under which CMS sets a daily rate for each day a patient is enrolled in the hospice benefit. The daily rate depends on the level of care provided to a patient (routine home care, continuous home care, inpatient respite care, or general inpatient care). Daily rates are adjusted for factors such as area wage levels. Each federal fiscal year, hospice payment rates are updated using the hospital inpatient market basket index, which is reduced by a productivity adjustment based on the BLS 10-year moving average of changes in specified economy-wide productivity. For federal fiscal year 2024, CMS increased hospice payment rates by 3.1%, which reflected a 3.3% market basket update, reduced by a 0.2 percentage point productivity adjustment. For federal fiscal year 2025, CMS increased hospice payment rates by 2.9%, which reflects a 3.4% market basket update, reduced by a 0.5 percentage point productivity adjustment. Hospices that fail to satisfy quality reporting requirements receive a 4.0 percentage point reduction to the market basket update. Overall payments made by Medicare to each hospice are subject to an inpatient cap and an aggregate cap. The inpatient cap limits the number of days of inpatient care (general inpatient and respite) for which Medicare will pay up to a maximum of 20% of total patient care days. Days in excess of the limitation are paid at the routine home care rate. The aggregate cap limits the amount of Medicare reimbursement a hospice may receive for an individual patient in a given year. The aggregate cap is updated annually. In federal fiscal year 2025, the aggregate cap is $34,465.34. If a hospiceâ€™s Medicare payments exceed its inpatient or aggregate caps, it must repay Medicare for the excess amount. Physician Services Physician services are reimbursed under the Physician Fee Schedule system, under which CMS has assigned a national relative value unit (â€œRVUâ€) to most medical procedures and services that reflects the various resources required by a physician to provide the services, relative to all other services. Each RVU is calculated based on a combination of work required in terms of time and intensity of effort for the service, practice expense (overhead) attributable to the service and malpractice insurance expense attributable to the service. These three elements are each modified by a geographic adjustment factor to account for local practice costs and are then aggregated. While RVUs for various services may change in a given year, any alterations are required by statute to be virtually budget neutral, such that total payments made under the Physician Fee Schedule may not differ by more than $20 million from what payments would have been if adjustments were not made. CMS annually reviews resource inputs for select services as part of the potentially misvalued code initiative. To determine the payment rate for a particular service, the sum of the geographically adjusted RVUs is multiplied by a conversion factor. For calendar year 2024, CMS reduced the conversion factor by approximately 2.8%. Average payment rates under the Physician Fee Schedule will be reduced by approximately 2.9% in calendar year 2025.Medicare payments are adjusted based on participation in the Quality Payment Program (â€œQPPâ€), a payment methodology intended to reward high-quality patient care. Physicians and certain other health care clinicians are required to participate in one of two QPP tracks. Under both tracks, performance data collected in each performance year affects Medicare payments two years later. CMS expects to transition increasing financial risk to providers as the QPP evolves. The Advanced Alternative Payment Model (â€œAdvanced APMâ€) track encourages participation in specific innovative payment models approved by CMS through financial incentives, which are paid two years after the relevant performance period, if a provider has sufficient participation (based on percentage of payments or patients) in an Advanced APM. The incentive payments were initially set to expire after the 2023 performance year (with associated payments in 2025), but were extended for one year at a lower rate. After the 2024 performance year and associated payments in 2026, Advanced APM incentive payments will no longer be available. Instead, qualifying providers will receive positive adjustments to their Physician Fee Schedule payment rates. Providers participating in the Advanced APM track are exempt from the reporting requirements and payment adjustments imposed under the Merit-Based Incentive Payment System (â€œMIPSâ€), 11 Â the other QPP participation track. Providers electing the MIPS option receive payment incentives or are subject to payment reductions based on their performance with respect to clinical quality, resource use, clinical improvement activities, and meeting Promoting Interoperability standards related to the meaningful use of EHRs. Positive payment adjustments are subject to a scaling factor to meet budget neutrality requirements; the maximum negative payment adjustment is 9%.Other CMS uses fee schedules to pay for physical, occupational and speech therapies, durable medical equipment, clinical diagnostic laboratory services, nonimplantable orthotics and prosthetics, services provided by independent diagnostic testing facilities and ambulance services. Under the various PPS structures, the payment rates are adjusted for area differences in wage levels by a factor reflecting the relative wage level in the geographic area compared to the national average wage level and taking into account occupational mix (â€œwage indexâ€). To smooth variations and decrease volatility, CMS has implemented permanent, budget-neutral caps on year-to-year decreases in the wage indexes under certain PPS structures, including the hospital inpatient PPS and home health PPS. Medicare reimburses hospitals for a portion (65%) of deductible and coinsurance amounts that are uncollectible from Medicare beneficiaries.CMS competitively bids the Medicare fiscal intermediary and Medicare carrier functions to Medicare Administrative Contractors (â€œMACsâ€), which are geographically assigned across 12 jurisdictions to service both Part A and Part B providers. Home health and hospice providers are serviced across four MAC jurisdictions. While hospitals with operations across multiple geographies have the option of having all hospitals use one home office MAC, we have chosen, in most cases, to use the MACs assigned to the geographic areas in which our hospitals are located. CMS periodically re-solicits bids, and the MAC servicing a geographic area can change as a result of the bid competition. MAC transition periods can impact claims processing functions and the resulting cash flows.CMS contracts with third parties to promote the integrity of the Medicare program through reviews of quality concerns and detections, and corrections of improper payments. Quality Improvement Organizations, for example, are groups of physicians and other health care quality experts that work on behalf of CMS to ensure that Medicare pays only for goods and services that are reasonable and necessary, and that are provided in the most appropriate setting. Under the Recovery Audit Contractor (â€œRACâ€) program, CMS contracts with RACs on a contingency basis to conduct post-payment reviews to detect and correct improper payments in the fee-for-service Medicare program. The compensation for RACs is based on their review of claims submitted to Medicare for billing compliance, including correct coding and medical necessity, and the amount of overpayments and underpayments they identify. CMS limits the number of claims that RACs may audit by limiting the number of records that RACs may request from hospitals based on each providerâ€™s claim denial rate for the previous year. CMS has implemented the RAC program on a permanent, nationwide basis and expanded the RAC program to the Managed Medicare program and Medicare Part D. CMS has transitioned some of its other integrity programs to a consolidated model by engaging Unified Program Integrity Contractors (â€œUPICsâ€) to perform audits, investigations and other integrity activities. We have established policies and procedures to respond to requests from and payment denials by RACs and other Medicare contractors. Payment recoveries resulting from reviews and denials are appealable through administrative and judicial processes, and we pursue reversal of adverse determinations at appropriate appeal levels. We incur additional costs related to responding to requests and denials, including costs associated with responding to requests for records and pursuing the reversal of payment denials and losses associated with overpayments that are not reversed upon appeal. Depending upon changes to and the growth of the RAC program and other Medicare integrity programs, our success in appealing claims in future periods, and potential future delays in the appeals process, our cash flows and results of operations could be negatively impacted. Medicare reimburses teaching hospitals for portions of the direct and indirect costs of graduate medical education (â€œGMEâ€) through statutory formulas that are generally based on the number of medical residents and which take into account patient volume or the number of hospital beds. Accrediting organizations review GME programs for compliance with educational standards. Many of our hospitals operate GME or other residency programs to train physicians and other allied health professionals. Managed Medicare Under the Managed Medicare program (also known as Medicare Part C, or Medicare Advantage), the federal government contracts with private health insurers to provide members with Medicare Part A, Part B and Part D benefits. Managed Medicare plans can be structured as HMOs, PPOs or private fee-for-service plans. In addition to covering Part A and Part B benefits, the health insurers may choose to offer supplemental benefits and impose higher premiums and 12 Â plan costs on beneficiaries. CMS makes fee payment adjustments based on service benchmarks and quality ratings and publishes star ratings to assist beneficiaries with plan selection. According to CMS data, approximately half of all Medicare enrollees participate in managed Medicare plans. Starting January 1, 2024, managed Medicare plans must adhere to the two-midnight rule, which requires managed Medicare plans provide coverage for an inpatient admission when the admitting physician expects the patient to require hospital care that crosses over two midnights. The implementation of the two-midnight rule had a modest impact on our 2024 admissions growth. Medicare Advantage enrollment is projected to continue to increase over the next decade. Medicaid Medicaid programs are funded jointly by the federal government and the states. These programs are administered by states under approved plans and waivers. Most state Medicaid program payments are made under a PPS or are based on negotiated payment levels with individual hospitals. Medicaid reimbursement is often less than a hospitalâ€™s cost of services. The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the â€œAffordable Care Actâ€) requires states to expand Medicaid coverage to all individuals under age 65 with incomes effectively at or below 138% of the federal poverty level. However, states may opt out of the expansion without losing existing federal Medicaid funding. The majority of states adopted Medicaid expansion; however, a number of states, including Texas and Florida, have opted out of the expansion. Among the non-expansion states, the maximum income level required for individuals and families to qualify for Medicaid varies.The number of individuals enrolled in Medicaid declined in 2024 in comparison to 2023. This decline reversed a trend of increased enrollment that occurred as a result of COVID-19 relief legislation that authorized a temporary increase in federal funds for certain Medicaid expenditures in states that maintained continuous Medicaid enrollment, among other requirements. The end of the continuous enrollment requirement in 2023, including the resumption of redeterminations for Medicaid enrollees, resulted in significant coverage disruptions and dis-enrollments of Medicaid beneficiaries. To increase state compliance with renewal, redetermination and reporting requirements, CMS has issued guidance to states and published an interim final rule establishing an enforcement framework, including potential monetary penalties for states that fail to comply.Because most states must operate with balanced budgets and because the Medicaid program is often a stateâ€™s largest budget expenditure, many states have adopted or may consider adopting various strategies to reduce their Medicaid expenditures. Budgetary pressures have historically resulted and likely will continue to result in decreased spending, or decreased spending growth, for Medicaid programs in many states. Most states in which we operate have adopted statewide provider taxes to fund the non-federal share of Medicaid programs within the state. Some states that use provider taxes, including Florida and Texas, rely on local provider taxes that are administered by local governments. Many states have also adopted, or are considering, legislation designed to reduce coverage, enroll Medicaid recipients in managed care programs and/or impose additional taxes on hospitals to help finance or expand the statesâ€™ Medicaid systems. Some states use, or have applied to use, waivers granted by CMS to implement Medicaid expansion, impose different eligibility or enrollment restrictions, or otherwise implement programs that vary from federal standards. For example, the Texas Healthcare Transformation and Quality Improvement Program, which is operated under a Medicaid waiver, enables the expansion of Medicaid managed care programs in the state and provides funding for uncompensated care. The funding amount to each hospital for uncompensated care is recalculated annually by the state and subject to changes in state policies. The total uncompensated care funding for the state is periodically reassessed by CMS and the state. In recent years, aspects of existing or proposed Medicaid programs have been subject to legal challenge, resulting in uncertainty. Additionally, federal legislation and administrative policies that shape administration of the Medicaid programs at the state level are subject to change, including as a result of changes in the presidential administration. For example, a federal court permitted Georgia to impose work and community engagement requirements under a Medicaid demonstration program that launched in mid-2023, and CMS administrators may in the future allow states to impose such conditions on enrollment or permit other eligibility restrictions. Changes to the federal funding formula for Medicaid could also have a significant impact on Medicaid programs and enrollment, particularly if federal contributions for Medicaid expansion populations decrease and those states are unable to offset the reductions. Further, some states have trigger laws that would end their Medicaid expansion or require other changes if federal funding is reduced. These issues are further discussed in Item 1A, â€œRisk Factors.â€Many state Medicaid programs incorporate value-based purchasing models and related payment and delivery system reform initiatives that incentivize improvements in quality of care and cost-effectiveness. For example, federal funds under the Medicaid program may not be used to reimburse providers for treatment of certain provider-preventable conditions. Each state Medicaid program must deny payments to providers for the treatment of health care-acquired conditions designated by CMS as well as other provider-preventable conditions that may be designated by the state. Congress has expanded the federal governmentâ€™s involvement in fighting fraud, waste and abuse in the Medicaid program through the Medicaid Integrity Program. CMS employs UPICs to perform post-payment audits of Medicaid 13 Â claims, identify overpayments and perform other program integrity activities. The UPICs collaborate with states and coordinate provider investigations across the Medicare and Medicaid programs. In addition, state Medicaid agencies are required to establish Medicaid RAC programs. These programs vary by state in design and operation. Managed Medicaid Enrollment in managed Medicaid plans has increased in recent years, as state governments seek to control the cost of Medicaid programs. Managed Medicaid programs enable states to contract with one or more entities for patient enrollment, care management and claims adjudication. The states usually do not relinquish program responsibilities for financing, eligibility criteria and core benefit plan design. We generally contract directly with one or more of the designated entities, usually a managed care organization. The provisions of these programs are state-specific. Certain states may direct managed care plans to pass through supplemental payments to designated providers, independent of services rendered, to ensure consistent funding of providers that serve large numbers of low-income patients. In an effort to more closely tie funds to delivery and outcomes, CMS is limiting these â€œpass-through paymentsâ€ that are paid by states under managed Medicaid plan contracts and will generally prohibit such payments by 2027. However, CMS permits new pass-throughs of supplemental provider payments for up to a three-year period when states are transitioning Medicaid populations or services from a fee-for-service system to a managed care system. Medicaid State Directed and Supplemental Payments Some states make additional payments to providers through the Medicaid program that are separate from base payments and not specifically tied to an individualâ€™s care. Medicaid supplemental payments may be in the form of payments, such as upper payment limit payments, that are intended to address the difference between Medicaid fee-for-service payments and Medicare reimbursement rates, or payments under other programs that vary by state under Section 1115 waivers. These supplemental reimbursement programs are generally authorized by CMS for a specified period of time and require CMSâ€™ approval to be extended. In addition, many states have implemented state directed payment (â€œSDPâ€) arrangements to direct certain Medicaid managed care plan expenditures. These arrangements, which are generally subject to annual approval by CMS, allow states to implement delivery system and provider payment initiatives by requiring Medicaid managed care organizations to pay providers according to specific rates or methods. For example, SDP arrangements may require managed care plans to implement value-based purchasing models or performance improvement initiatives, or may direct managed care plans to adopt specific payment parameters, such as minimum or maximum fee schedules for specific types of providers. States are increasingly using SDP arrangements, and some states have converted supplemental payment programs to SDP arrangements, diverting previously available funding. SDP arrangements can be limited to a specific subset of providers, and providers that do not satisfy applicable criteria may be ineligible for payments. If a state is unable to obtain future CMS approvals of these programs, our revenues could be negatively impacted. In addition, the use and nature of SDP arrangements are subject to policy changes. For example, CMS published a rule (the â€œMedicaid Managed Care Ruleâ€) in May 2024 that addresses access, financing and quality within Medicaid managed care programs. The rule includes new and updated requirements for SDP arrangements intended to ensure a more consistent and transparent approach for participating states. The rule removes regulatory barriers to help states use SDP arrangements to implement value-based purchasing payment arrangements and include non-network providers in SDP arrangements. The rule also requires provider payment levels for SDPs for certain services, including inpatient and outpatient hospital services, to not exceed the average commercial rate. Further, the rule requires states to ensure each provider receiving an SDP attest by January 1, 2028 that they do not participate in any arrangement that holds taxpayers harmless for the cost of a tax. The various elements of the rule take effect between issuance and early 2028. It is possible that these developments and program reviews will result in the restructuring of or other significant changes to supplemental payment programs and SDP arrangements. We are unable to estimate the financial impact that program structure modifications and other program changes, if any, may have on our results of operations. Over the last three years, states in which the majority of our hospitals operate have implemented or enhanced their Medicaid supplemental payment programs and SDP arrangements. Revenues from these programs totaled approximately $4.9 billion and $3.9 billion in 2024 and 2023, respectively.Disproportionate Share Hospital PaymentsSeparate from the state-administered programs outlined above, the federal Medicare program makes additional payments to hospitals that treat a disproportionately large number of low-income patients (Medicaid and Medicare patients eligible to receive Supplemental Security Income (â€œSSIâ€)). Disproportionate Share Hospital (â€œDSHâ€) payment adjustments are determined annually based on certain statistical information required by HHS and are paid as a percentage addition to MS-DRG payments. The methodology for calculating DSH payment adjustments is affected by shifts in payment policy and is also subject to ongoing litigation. For example, in August 2023, CMS finalized changes to the 14 Â treatment of patient days paid under demonstrations authorized under Section 1115 of the Social Security Act (â€œSection 1115â€) (including through demonstration-authorized uncompensated and undercompensated care pools) in the Medicaid fraction of the DSH payment formula in a manner that will effectively lower DSH payments for many hospitals. However, in August 2024, a district court in Texas vacated the regulation, determining that CMSâ€™ exclusion of patient days paid under such demonstrations was unlawful. Separately, in November 2024, the U.S. Supreme Court heard oral arguments in a dispute focused on whether all patients enrolled in SSI assistance, even if no SSI payments were made during the month of a patientâ€™s hospital admission, should be counted in the DSH methodology. These and other regulatory changes and court rulings could adversely impact our results of operations. CMS also distributes a payment to each DSH hospital that is allocated according to the hospitalâ€™s proportion of uncompensated care costs relative to the uncompensated care amount of other DSH hospitals.The Medicaid program also provides for DSH payments, funded by both the federal government and state governments, which are intended to offset hospital uncompensated care costs. The federal government distributes federal Medicaid DSH funds to each state based on a statutory formula. The states then distribute the DSH funding among qualifying hospitals. States have broad discretion to define which hospitals qualify for Medicaid DSH payments and the amount of such payments. Medicaid DSH payments are also affected by shifts in payment policy. For example, CMS published a final rule in February 2024 affecting how states calculate hospital-specific caps for Medicaid DSH payments. The Affordable Care Act and subsequent legislation provided for reductions to the Medicaid DSH hospital program. Under current law, Medicaid DSH payments will be reduced by $8 billion for the period from April 1, 2025, through September 30, 2025, and in federal fiscal years 2026 and 2027.Value-Based Care ArrangementsCMS has indicated that promoting value-based, person-centered care is among its top priorities, and commercial payers are also increasingly using value-based care arrangements. Generally, value-based care aims to hold providers accountable for delivering efficient, effective care, tying provider reimbursement to patient outcomes or related measures. Value-based care arrangements vary in the method for determining payments and the level of risk assumed, among other factors. For example, Medicare reimbursement may be adjusted based on quality and efficiency measures and/or compliance with quality reporting requirements. In addition, CMS websites make available to the public data submitted by hospitals, home health agencies, hospices, and other Medicare-certified providers in connection with Medicare reimbursement claims, including performance data on quality measures and patient satisfaction.An Accountable Care Organization (â€œACOâ€), an example of a value-based arrangement, is a group of providers and suppliers that work together to invest in infrastructure and redesign delivery processes to attempt to achieve high quality and efficient delivery of services. ACOs are intended to promote accountability, coordinate care and produce savings as a result of improved quality and operational efficiency. There are several types of ACO programs, including the Medicare Shared Savings Program (â€œMSSPâ€), which is Medicare's permanent ACO program. Medicare-approved ACOs that achieve quality performance standards while lowering growth in expenditures are eligible to share in a portion of the amounts saved by the Medicare program. Conversely, under some MSSP payment tracks, ACOs may be required to pay shared losses if expenditures exceed an established benchmark. Failure to meet quality performance standards may result in an ACOâ€™s termination from the MSSP. CMS continues to explore strategies to accelerate the growth of and access to ACOs.The CMS Innovation Center is responsible for establishing demonstration projects and other initiatives in order to identify, develop, test and encourage the adoption of new methods of delivering and paying for health care that create savings under the Medicare and Medicaid programs, while improving quality of care. For example, providers participating in bundled payment initiatives agree to receive one payment for services provided to Medicare patients for certain medical conditions or episodes of care, accepting accountability for costs and quality of care. By rewarding providers for increasing quality and reducing costs and penalizing providers if costs exceed a set amount, these models are intended to lead to higher quality, more coordinated care at a lower cost to the Medicare program. Hospitals may receive supplemental Medicare payments or owe repayments to CMS depending on whether overall CMS spending per episode exceeds or falls below a target specified by CMS and whether quality standards are met. The CMS Innovation Center has implemented bundled payment models, including the Bundled Payment Care Improvement Advanced program, which is voluntary and expected to run through December 2025. Participation in bundled payment programs is generally voluntary, but CMS required hospitals in selected geographic areas to participate in a mandatory bundled payment program for specified orthopedic procedures, which ended December 31, 2024. Hospitals in selected markets will be required to participate in a new model focused on five specified surgical procedure episodes beginning in January 2026. By 2030, the CMS Innovation Center aims to have all fee-for-service Medicare beneficiaries and most Medicaid beneficiaries in a care relationship with accountability for quality and total cost of care. CMS also indicated it will streamline its payment model portfolio and consider how to ensure broad provider participation, including by 15 Â implementing more mandatory models. Several private third-party payers are increasingly employing alternative payment models, which may increasingly shift financial risk to providers. TRICARE TRICARE is the Department of Defenseâ€™s health care program for members of the armed forces. For inpatient services, TRICARE reimburses hospitals based on a DRG system modeled on the Medicare inpatient PPS. For outpatient services, TRICARE reimburses hospitals based on a PPS that is similar to that utilized for outpatient services furnished to Medicare beneficiaries. Annual Cost Reports All hospitals, home health agencies, hospice providers and other institutional providers participating in the Medicare, Medicaid and TRICARE programs, whether paid on a reasonable cost basis or under a PPS, are required to meet certain financial reporting requirements. Federal and, where applicable, state regulations require the submission of annual cost reports covering the revenues, costs and expenses associated with the services provided by each provider type to Medicare beneficiaries and Medicaid recipients. Annual cost reports required under the Medicare and Medicaid programs are subject to routine audits, which may result in adjustments to the amounts ultimately determined to be due to us under these reimbursement programs. These audits often require several years to reach the final determination of amounts due to or from us under these programs. Providers also have rights of appeal, and it is common to contest issues raised in audits of cost reports. Managed Care and Other Discounted Plans Most of our hospitals offer discounts from established charges to certain large group purchasers of health care services, including managed care plans and private health insurers. Admissions reimbursed by commercial managed care and other insurers were 32%, 30% and 30% of our total admissions for the years ended December 31, 2024, 2023 and 2022, respectively. Managed care contracts are typically negotiated for terms between one and three years. While we generally have received contracted annual increases to payment rates from managed care payers, there can be no assurance that we will continue to receive increases in the future. Price transparency initiatives may impact our relationships with payers and ability to obtain or maintain favorable contract terms. For example, hospitals are required to publish a list of their standard charges for all items and services, including gross charges, discounted cash prices and payer-specific and de-identified minimum and maximum negotiated charges, in a machine-readable, publicly accessible online file. Further, CMS requires most health insurers to publish online charges negotiated with providers for health care services. Uninsured and Self-Pay Patients Self-pay revenues are derived from providing health care services to patients without health insurance coverage and from the patient responsibility portion of payments for our health care services that are not covered by an individualâ€™s health plan. Collection of amounts due from individuals is typically more difficult than collection of amounts due from government health care programs or private third-party payers. Any increases in uninsured individuals, changes to the payer mix or greater adoption of health plan structures that result in higher patient responsibility amounts could increase amounts due from individuals. The No Surprises Act requires providers to provide uninsured and self-pay patients, in advance of the scheduled date for the item or service or upon request of the individual, a good faith estimate of the expected charges for furnishing scheduled items or services, including billing and diagnostic codes. HHS is delaying enforcement with regard to good faith estimates to uninsured individuals that do not include expected charges for co-providers or co-facilities until the agency issues additional regulations. If the actual charges to the uninsured or self-pay patient exceed the good faith estimate by an amount deemed to be substantial by regulation (which is currently $400) or the provider furnishes an item or service that was not included in the estimate, the patient can invoke a patient-provider dispute resolution process to challenge the higher amount. A high percentage of our uninsured patients are initially admitted through our emergency rooms. For the year ended December 31, 2024, approximately 86% of our admissions of uninsured patients occurred through our emergency rooms. The Emergency Medical Treatment and Labor Act (â€œEMTALAâ€) requires any hospital that participates in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospitalâ€™s emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize that condition or make an appropriate transfer of the individual to a facility that can handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individualâ€™s ability to pay for treatment. In addition, federal and some state laws require health insurers to reimburse hospitals for emergency services provided to enrollees without prior authorization and without regard to whether a participating provider contract is in place. 16 Â Hospital Utilization We believe the most important factors relating to the overall utilization of a hospital are the quality and market position of the hospital and the number and quality of physicians and other health care professionals providing patient care within the facility. Generally, we believe the ability of a hospital to be a market leader is determined by its breadth of services, level of technology, quality and condition of the facilities, emphasis on quality of care and convenience for patients and physicians. Other factors that impact utilization include the growth in local population, local economic conditions and market penetration of managed care programs. The following table sets forth certain operating statistics for our health care facilities. Health care facility operations are subject to certain seasonal fluctuations, including decreases in patient utilization during holiday periods and increases in the cold weather months. Â Â Â 2024 Â Â 2023 Â Â 2022 Â Number of hospitals at end of period Â Â 190 Â Â Â 186 Â Â Â 182 Â Number of freestanding outpatient surgery centers at end of period(a) Â Â 124 Â Â Â 124 Â Â Â 126 Â Number of licensed beds at end of period(b) Â Â 49,985 Â Â Â 49,588 Â Â Â 49,281 Â Weighted average beds in service(c) Â Â 42,633 Â Â Â 41,873 Â Â Â 41,982 Â Admissions(d) Â Â 2,236,595 Â Â Â 2,130,728 Â Â Â 2,075,459 Â Equivalent admissions(e) Â Â 3,990,085 Â Â Â 3,788,434 Â Â Â 3,611,299 Â Average length of stay (days)(f) Â Â 4.8 Â Â Â 4.9 Â Â Â 5.1 Â Average daily census(g) Â Â 29,581 Â Â Â 28,721 Â Â Â 28,778 Â Occupancy rate(h) Â Â 73 % Â Â 72 % Â Â 72 % Emergency room visits(i) Â Â 9,789,265 Â Â Â 9,342,783 Â Â Â 8,971,951 Â Outpatient surgeries(j) Â Â 1,024,998 Â Â Â 1,044,415 Â Â Â 1,023,239 Â Inpatient surgeries(k) Â Â 540,704 Â Â Â 528,845 Â Â Â 522,151 Â Days revenues in accounts receivable(l) Â Â 54 Â Â Â 53 Â Â Â 53 Â Outpatient revenues as a % of patient revenues(m) Â Â 38 % Â Â 38 % Â Â 38 % Â (a)Excludes freestanding endoscopy centers (26 at December 31, 2024, 24 at December 31, 2023 and 21 at December 31, 2022). (b)Licensed beds are those beds for which a facility has been granted approval to operate from the applicable state licensing agency. (c)Represents the average number of beds in service, weighted based on periods owned. (d)Represents the total number of patients admitted to our hospitals and is used by management and certain investors as a general measure of inpatient volume. (e)Equivalent admissions are used by management and certain investors as a general measure of combined inpatient and outpatient volume. Equivalent admissions are computed by multiplying admissions (inpatient volume) by the sum of gross inpatient revenue and gross outpatient revenue and then dividing the resulting amount by gross inpatient revenue. The equivalent admissions computation â€œequatesâ€ outpatient revenue to the volume measure (admissions) used to measure inpatient volume, resulting in a general measure of combined inpatient and outpatient volume. (f)Represents the average number of days admitted patients stay in our hospitals. (g)Represents the average number of admitted patients in our hospital beds each day. (h)Represents the percentage of hospital beds in service that are occupied by patients (admitted and observations). Both average daily census and occupancy rate provide measures of the utilization of inpatient rooms. (i)Represents the number of patients treated in our emergency rooms. (j)Represents the number of surgeries performed on patients who were not admitted to our hospitals. Pain management and endoscopy procedures are not included in outpatient surgeries. (k)Represents the number of surgeries performed on patients who have been admitted to our hospitals. Pain management and endoscopy procedures are not included in inpatient surgeries. (l)Revenues per day is calculated by dividing the revenues for the fourth quarter of each year by the days in the quarter. Days revenues in accounts receivable is then calculated as accounts receivable at the end of the period divided by revenues per day. (m)Represents the percentage of patient revenues related to patients who are not admitted to our hospitals. 17 Â Competition Generally, other hospitals and facilities in the communities we serve provide services similar to those we offer. Additionally, the number of freestanding specialty hospitals, surgery centers, emergency departments, urgent care centers, diagnostic and imaging centers and other medical facilities in the geographic areas in which we operate continues to increase. As a result, most of our hospitals and other facilities operate in a highly competitive environment. In some cases, competing facilities are more established than we are. Some competing facilities are physician-owned or are owned by tax-supported government agencies, and many others are owned by not-for-profit entities that may be supported by endowments, charitable contributions and/or tax revenues and are exempt from sales, property and income taxes. Such exemptions and support are not available to our facilities and may provide the tax-supported or not-for-profit entities an advantage in funding capital expenditures. In certain localities there are large teaching hospitals that provide highly specialized facilities, equipment and services that may not be available at most of our hospitals. We also face competition from specialty hospitals and from both our own and unaffiliated freestanding ASCs for market share in certain high margin services. Psychiatric hospitals frequently attract patients from areas outside their immediate locale and, therefore, our behavioral hospitals and units compete with both local and regional hospitals, including the behavioral units of general, acute care hospitals. Trends toward clinical and pricing transparency may impact our competitive position, ability to obtain or maintain favorable contract terms and patient volumes in ways that may be difficult to predict. For example, hospitals are required to publish a list of their standard charges for all items and services, including gross charges, discounted cash prices and payer-specific and de-identified minimum and maximum negotiated charges, in a machine-readable, publicly accessible online file. In addition, CMS websites make available to the public data submitted by hospitals, home health agencies, hospices, and other Medicare-certified providers in connection with Medicare reimbursement claims, including performance data on quality measures and patient satisfaction. Our strategies are designed to ensure our hospitals and other facilities are competitive. We believe our hospitals and other facilities compete within local communities on the basis of many factors, including the quality of care, ability to attract and retain quality physicians, skilled clinical personnel and other health care professionals, location, breadth of services, technology offered and quality and condition of the facilities. We focus on operating outpatient services with accessibility and convenient service for patients and predictability and efficiency for physicians. Two of the most significant factors that impact the competitive position of a hospital are the number and quality of physicians affiliated with or employed by the hospital. Although physicians may at any time terminate their relationship with a hospital we operate, our hospitals seek to retain physicians with varied specialties on the hospitalsâ€™ medical staffs and to attract other qualified physicians. We believe physicians refer patients to a hospital based on the quality and scope of services the hospital renders to patients and physicians, the quality of physicians on the medical staff, the location of the hospital and the quality of the hospitalâ€™s facilities, technology, equipment and employees. Accordingly, we strive to maintain and provide quality facilities, technology, equipment, employees and services for physicians and patients. Our hospitals face competitors that are implementing physician alignment strategies, such as employing physicians, acquiring physician practice groups and participating in ACOs or other clinical integration models. Another major factor in the competitive position of our hospitals and other facilities is our ability to negotiate service contracts with group purchasers of health care services. Managed care plans attempt to direct and coordinate membersâ€™ use of health care services and obtain discounts from providersâ€™ established gross charges. Similarly, employers and traditional health insurers continue to attempt to contain costs through negotiations with providers for managed care programs and discounts from established gross charges. Generally, hospitals compete for service contracts with group purchasers of health care services on the basis of price, market reputation, geographic location, quality and range of services, quality of the medical staff and convenience. Legislative and regulatory initiatives may impact our contract terms or ability to contract with payers, such as laws that permit payers to guide patients to particular providers and eliminate restrictions on placing providers into preferred tiers. Our future success will depend, in part, on our ability to retain and renew our contracts with third-party payers and enter into new contracts on favorable terms. Other health care providers may impact our ability to enter into contracts with third-party payers or negotiate increases in our reimbursement and other favorable terms and conditions. For example, some of our competitors may negotiate exclusivity provisions with managed care plans or otherwise restrict the ability of managed care companies to contract with us. Price transparency initiatives and increasing vertical integration efforts involving third-party payers and health care providers, among other factors, may increase these challenges. Moreover, the trend toward consolidation among private third-party payers tends to increase payer bargaining power over fee structures, and private third-party payers may increasingly demand reduced fees or be unwilling to negotiate reimbursement increases. Health plans increasingly utilize narrow networks that restrict the number of participating providers or tiered networks that impose significantly higher cost sharing obligations on patients who obtain services from providers in a disfavored tier. The importance of obtaining contracts with group purchasers of health care services varies by purchaser and by community, depending on the market position of such 18 Â organizations. In addition, changes in the payer contracts of our competitors may impact the payer mix and patient volume of our hospitals and other facilities.State certificate of need (â€œCONâ€) laws, which place limitations on a health care facilityâ€™s ability to expand services and facilities, make capital expenditures and otherwise make changes in operations, may also have the effect of restricting competition. We currently operate health care facilities in a number of states with CON laws or that require other types of approvals for the establishment or expansion of certain facility types or services. Before issuing a CON or other approval, these states consider the need for additional, changes in, or expanded health care facilities or services. Removal of these requirements could reduce barriers to entry and increase competition in our service areas. In those states that do not require state approval or that set relatively high levels of expenditures before they become reviewable by state authorities, competition in the form of new services, facilities and capital spending is more prevalent. Other federal and state laws and regulations may also adversely impact our ability to expand, such as a regulation commonly known as the â€œ36 Month Rule.â€ This rule, which applies to home health agencies and hospices, restricts the assumption by a new majority owner of the providerâ€™s Medicare provider agreement and billing privileges within 36 months of the providerâ€™s effective date of initial Medicare enrollment or most recent change in majority ownership. In addition, changes in licensure or other laws or regulations and recognition of new provider types or payment models could impact our competitive position. See Item 1, â€œBusiness â€” Regulation and Other Factors.â€We and the health care industry as a whole face the challenge of continuing to provide quality patient care while dealing with rising costs and strong competition for patients. Changes in medical technology, existing and future legislation, regulations and interpretations and contracting for provider services by third-party payers remain ongoing challenges. Admissions, average lengths of stay and reimbursement amounts continue to be negatively affected by third-party payer pre-admission authorization requirements, utilization review and pressure to maximize outpatient and alternative health care delivery services for less acutely ill patients. Increased competition, admission constraints and third-party payer pressures are expected to continue. To meet these challenges, we intend to expand and update our facilities or acquire or construct new facilities where appropriate, enhance the provision of a comprehensive array of outpatient services, offer market competitive pricing to group purchasers of health care services, upgrade facilities and equipment and offer new or expanded programs and services. Regulation and Other Factors Licensure, Certification and Accreditation Health care facility construction and operation are subject to numerous federal, state and local regulations relating to the adequacy of medical care, equipment, personnel, operating policies and procedures, maintenance of adequate records, fire prevention, rate-setting, building codes and environmental protection. Facilities are subject to periodic inspection by governmental and other authorities to assure continued compliance with the various standards necessary for licensing, certification, and accreditation. We believe our health care facilities are properly licensed under applicable state laws. Each of our acute care hospitals located in the United States is eligible to participate in Medicare and Medicaid programs. To receive reimbursement under the Medicare and Medicaid programs, organizational providers and suppliers and individuals must satisfy extensive enrollment and revalidation requirements. CMS has the authority to deny or revoke Medicare enrollment and deactivate billing privileges for a variety of reasons. An adverse action relating to Medicare enrollment may impact a providerâ€™s Medicaid eligibility, and adverse actions relating to Medicaid enrollment may impact Medicare enrollment. If any facility were to lose its Medicare or Medicaid certification, the facility would be unable to receive reimbursement from applicable federal health care programs. Each of our general, acute care hospitals located in the United States is accredited by The Joint Commission or another health care accrediting organization. From time to time, we may acquire a facility that is not accredited but for which we will seek accreditation. If any facility were to lose accreditation, the facility would be subject to state surveys, potentially be subject to increased scrutiny by CMS and likely lose payment from private third-party payers. The Controlled Substances Act and Drug Enforcement Administration (â€œDEAâ€) regulations require every person who dispenses controlled substances to be registered with the DEA at each principal place of business or professional practice where the person dispenses controlled substances, subject to limited exceptions. Each hospital or clinic must hold a DEA registration at each location and may be subject to similar state registration requirements. In addition, we are subject to a variety of federal and state statutes and regulations that govern operational issues related to pharmaceuticals and controlled substances, such as those related to packaging, storing, and dispensing of pharmaceutical drugs, inventory 19 Â control and recordkeeping requirements for controlled substances, and other standards intended to prevent diversion of controlled substances. The DEA, the Department of Justice (â€œDOJâ€), HHS, and state boards of pharmacy have broad enforcement powers, may conduct audits and investigations and can impose substantial fines and other penalties, including revocation of registration. Management believes our facilities are in substantial compliance with current applicable federal, state, local and independent review body regulations and standards. The requirements for licensure, certification and accreditation are subject to change, and, in order to remain qualified, it may become necessary for us to make changes in our facilities, equipment, personnel and services. The requirements for licensure, certification and accreditation also include notification or approval in the event of the transfer or change of ownership or certain other changes. Failure to provide required notifications or obtain necessary approvals in these circumstances can result in the inability to complete an acquisition or change of ownership, loss of licensure, lapses in reimbursement or other penalties. Certificates of Need In some states where we operate hospitals and other health care providers, the construction or expansion of health care facilities, the acquisition of existing facilities, the transfer or change of ownership, capital expenditures and the addition of new beds or services may be subject to review by and prior approval of, or notifications to, state regulatory agencies under a CON program. Such laws generally require the reviewing state agency to determine the public need for additional or expanded health care facilities and services or other change. Failure to provide required notifications or obtain necessary state approvals can result in the inability to expand facilities, complete an acquisition or expenditure or change ownership or other penalties. Federal Health Care Program Regulations Participation in any federal health care program, including the Medicare and Medicaid programs, is heavily regulated by statute and regulation. If a hospital or other provider fails to substantially comply with the numerous conditions of participation in the Medicare and Medicaid programs or performs certain prohibited acts, the providerâ€™s participation in the federal health care programs may be terminated, or civil and/or criminal penalties may be imposed. Civil monetary penalties are adjusted annually based on updates to the consumer price index. Anti-kickback Statute A section of the Social Security Act known as the â€œAnti-kickback Statuteâ€ prohibits providers and others from directly or indirectly soliciting, receiving, offering or paying any remuneration with the intent of generating referrals or orders for services or items covered by a federal health care program. Courts have interpreted this statute broadly and held that there is a violation of the Anti-kickback Statute if just one purpose of the remuneration is to generate referrals, even if there are other lawful purposes. Furthermore, knowledge of the law or the intent to violate the law is not required. Violations of the Anti-kickback Statute may be punished by criminal fines per violation, imprisonment, substantial civil monetary penalties per violation that are subject to annual adjustment based on updates to the consumer price index and damages of up to three times the total amount of the remuneration and/or exclusion from participation in federal health care programs, including Medicare and Medicaid. In addition, submission of a claim for services or items generated in violation of the Anti-kickback Statute may be subject to additional penalties under the federal False Claims Act (â€œFCAâ€) as a false or fraudulent claim. The HHS Office of Inspector General (the â€œOIGâ€), among other regulatory agencies, is responsible for identifying and eliminating fraud, abuse and waste. The OIG carries out this mission through a nationwide program of audits, investigations and inspections. The OIG provides guidance to the industry through various methods, including advisory opinions and â€œSpecial Fraud Alerts.â€ These Special Fraud Alerts do not have the force of law, but identify features of arrangements or transactions that the government believes may cause the arrangements or transactions to violate the Anti-kickback Statute or other federal health care laws. The OIG has identified several incentive arrangements that constitute suspect practices, including: (a) payment of any incentive by a hospital each time a physician refers a patient to the hospital, (b) the use of free or significantly discounted office space or equipment in facilities usually located close to the hospital, (c) provision of free or significantly discounted billing, nursing or other staff services, (d) free training for a physicianâ€™s office staff in areas such as management techniques and laboratory techniques, (e) guarantees which provide, if the physicianâ€™s income fails to reach a predetermined level, the hospital will pay any portion of the remainder, (f) low-interest or interest-free loans, or loans which may be forgiven if a physician refers patients to the hospital, (g) payment of the costs of a physicianâ€™s travel and expenses for conferences or payments to a physician for speaking engagements, (h) coverage on the hospitalâ€™s group health insurance plans at an inappropriately low cost to the physician, (i) payment for services (which may include consultations at the hospital) which require few, if any, substantive duties by the physician, (j) purchasing goods or services from physicians at prices in excess of their fair market value, (k) rental of space in physician offices, at other than fair market value terms, by persons or entities to which physicians refer, and (l) 20 Â physician-owned entities (frequently referred to as physician-owned distributorships or PODs) that derive revenue from selling, or arranging for the sale of, implantable medical devices ordered by their physician-owners for use on procedures that physician-owners perform on their own patients at hospitals or ASCs. The OIG has encouraged persons having information about hospitals who offer the above types of incentives to physicians to report such information to the OIG. The OIG also issues â€œSpecial Advisory Bulletinsâ€ as a means of providing guidance to health care providers. These bulletins, along with the Special Fraud Alerts, have focused on certain arrangements that could be subject to heightened scrutiny by government enforcement authorities, including: (a) contractual joint venture arrangements and other joint venture arrangements between those in a position to refer business, such as physicians, and those providing items or services for which Medicare or Medicaid pays, and (b) certain â€œgainsharingâ€ arrangements, i.e., the practice of giving physicians a share of any reduction in a hospitalâ€™s costs for patient care attributable in part to the physicianâ€™s efforts. In addition to issuing Special Fraud Alerts and Special Advisory Bulletins, the OIG issues compliance program guidance for certain types of health care providers. The OIG guidance identifies a number of risk areas under federal fraud and abuse statutes and regulations. These areas of risk include compensation arrangements with physicians, recruitment arrangements with physicians and joint venture relationships with physicians. As authorized by Congress, the OIG has published safe harbor regulations that outline categories of activities deemed protected from prosecution under the Anti-kickback Statute. Currently, there are statutory exceptions and safe harbors for various activities, including the following: certain investment interests, space rental, equipment rental, practitioner recruitment, personnel services and management contracts, sale of practice, referral services, warranties, discounts, employees, group purchasing organizations, waiver of beneficiary coinsurance and deductible amounts, managed care arrangements, obstetrical malpractice insurance subsidies, investments in group practices, freestanding surgery centers, ambulance replenishing, referral agreements for specialty services, care coordination arrangements, arrangements for patient engagement and support, CMS-sponsored model arrangements, cybersecurity technology and related services, and value-based arrangements. The fact that conduct or a business arrangement does not fall within a safe harbor or is identified in a Special Fraud Alert, Special Advisory Bulletin or other guidance does not necessarily render the conduct or business arrangement illegal under the Anti-kickback Statute. However, such conduct and business arrangements may lead to increased scrutiny by government enforcement authorities. We have a variety of financial relationships with physicians and others who either refer or influence the referral of patients to our hospitals, other health care facilities and employed physicians, including employment contracts, leases, medical director agreements and professional service agreements. We also have similar relationships with physicians and facilities to which patients are referred from our facilities and other providers. In addition, we provide financial incentives, including minimum revenue guarantees, to recruit physicians into the communities served by our hospitals. While we endeavor to comply with the applicable safe harbors, certain of our current arrangements, including joint ventures and financial relationships with physicians and other referral sources and persons and entities to which we refer patients, do not qualify for safe harbor protection. Although we believe our arrangements with physicians and other referral sources and referral recipients have been structured to comply with current law and available interpretations, there can be no assurance regulatory authorities enforcing these laws will determine these financial arrangements comply with the Anti-kickback Statute or other applicable laws. An adverse determination could subject us to liabilities under the Social Security Act and other laws, including criminal penalties, civil monetary penalties and exclusion from participation in Medicare, Medicaid or other federal health care programs. Stark Law The Social Security Act also includes a provision commonly known as the â€œStark Law.â€ The Stark Law prohibits physicians from referring Medicare and Medicaid patients to entities with which they or any of their immediate family members have a financial relationship, if these entities provide certain â€œdesignated health servicesâ€ reimbursable by Medicare or Medicaid unless an exception applies. The Stark Law also prohibits entities that provide designated health services reimbursable by Medicare and Medicaid from billing the Medicare and Medicaid programs for any items or services that result from a prohibited referral and requires the entities to refund amounts received for items or services provided pursuant to the prohibited referral on a timely basis. â€œDesignated health servicesâ€ include inpatient and outpatient hospital services, clinical laboratory services, radiology and certain other imaging services, radiation therapy services and home health services. Sanctions for violating the Stark Law include denial of payment, substantial civil monetary penalties per claim submitted and exclusion from the federal health care programs. Failure to refund amounts received as a result of a prohibited referral on a timely basis may constitute a false or fraudulent claim and may result in civil penalties and additional penalties under the FCA. The statute also provides for a penalty for a circumvention scheme. These penalties are updated annually based on changes to the consumer price index. 21 Â There are exceptions to the self-referral prohibition for many of the customary financial arrangements between physicians and providers, including employment contracts, leases, recruitment agreements and personal service arrangements. Unlike safe harbors under the Anti-kickback Statute with which compliance is voluntary, a financial relationship must comply with every requirement of a Stark Law exception or the arrangement is in violation of the Stark Law. Although there is an exception for a physicianâ€™s ownership interest in an entire hospital, the Affordable Care Act prohibits physician-owned hospitals established after December 31, 2010 from billing for Medicare or Medicaid patients referred by their physician owners. As a result, the law effectively prevents the formation of new physician-owned hospitals that participate in Medicare or Medicaid. While the Affordable Care Act grandfathers existing physician-owned hospitals, it does not allow these hospitals to increase the percentage of physician ownership and significantly restricts their ability to expand services. Through a series of rulemakings, CMS has issued final regulations implementing the Stark Law. While these regulations were intended to clarify the requirements of the exceptions to the Stark Law, it is unclear how the government will interpret many of these exceptions for enforcement purposes. Further, we do not always have the benefit of significant regulatory or judicial interpretation of the Stark Law and its implementing regulations. We attempt to structure our relationships to meet an exception to the Stark Law, but the regulations implementing the exceptions are detailed and complex, and are subject to continuing legal and regulatory change. We cannot assure that every relationship complies fully with the Stark Law. Other Fraud and Abuse Provisions Certain federal fraud and abuse laws apply to all health benefit programs and provide for criminal penalties. The Social Security Act also imposes criminal and civil penalties for making false claims and statements to Medicare and Medicaid. False claims include, but are not limited to, billing for services not rendered or for misrepresenting actual services rendered in order to obtain higher reimbursement, billing for unnecessary goods and services and cost report fraud. Federal enforcement officials have the ability to exclude from Medicare and Medicaid any business entities and any investors, officers and managing employees associated with business entities that have committed health care fraud, even if the officer or managing employee had no knowledge of the fraud. Criminal and civil penalties may be imposed for a number of other prohibited activities, including failure to return known overpayments, certain gainsharing arrangements, billing Medicare amounts that are substantially in excess of a providerâ€™s usual charges, offering remuneration to influence a Medicare or Medicaid beneficiaryâ€™s selection of a health care provider, contracting with an individual or entity known to be excluded from a federal health care program, making or accepting a payment to induce a physician to reduce or limit services, and soliciting or receiving any remuneration in return for referring an individual for an item or service payable by a federal health care program. Like the Anti-kickback Statute, these provisions are very broad. Civil penalties may be imposed for the failure to report and return an overpayment within 60 days of identifying the overpayment or by the date a corresponding cost report is due, whichever is later. To avoid liability, providers must, among other things, carefully and accurately code claims for reimbursement, promptly return overpayments and accurately prepare cost reports. Some of these provisions, including the federal Civil Monetary Penalty Law, require a lower burden of proof than other fraud and abuse laws, including the Anti-kickback Statute. Substantial civil monetary penalties may be imposed under the federal Civil Monetary Penalty Law. These penalties will be updated annually based on changes to the consumer price index. In some cases, violations of the Civil Monetary Penalty Law may result in penalties of up to three times the remuneration offered, paid, solicited or received. In addition, a violator may be subject to exclusion from federal and state health care programs.

Federal and state governments increasingly use the federal Civil Monetary Penalty Law, especially where they believe they cannot meet the higher burden of proof requirements under the Anti-kickback Statute. Further, individuals can receive up to $1,000 for providing information on Medicare fraud and abuse that leads to the recovery of at least $100 of Medicare funds under the Medicare Integrity Program. In addition, the Eliminating Kickbacks in Recovery Act of 2018 (â€œEKRAâ€) establishes criminal penalties for paying, receiving, soliciting or offering any remuneration in return for referring a patient to a laboratory, clinical treatment facility or recovery home, or in exchange for an individual using the services of one of these entities. The EKRA prohibitions apply to services covered by government health care programs and by private health plans. There is limited guidance with respect to the application of EKRA. State Fraud and Abuse Laws Many states in which we operate also have laws intended to prevent fraud and abuse within the health care industry. Some of these laws are similar to the Anti-kickback Statute, prohibiting payments to physicians for patient referrals, and to the Stark Law, prohibiting certain self-referrals. These state laws often apply regardless of the source of payment for care, and little precedent exists for their interpretation or enforcement. These statutes typically provide for criminal and civil penalties, as well as loss of licensure. 22 Â The Federal False Claims Act and Similar State Laws We are subject to state and federal laws that govern the submission of claims for reimbursement and prohibit the making of false claims or statements. One of the most prominent of these laws is the FCA, which may be enforced by the federal government directly or by a qui tam plaintiff, or whistleblower, on the governmentâ€™s behalf. The government may use the FCA to prosecute Medicare and other government program fraud in areas such as coding errors, billing for services not provided and submitting false cost reports. In addition, the FCA covers payments made in connection with the Exchanges if those payments include any federal funds. When a private party brings a qui tam action under the FCA, the defendant is not made aware of the lawsuit until the government commences its own investigation or makes a determination whether it will intervene. If a defendant is determined by a court of law to be liable under the FCA, the defendant may be required to pay three times the actual damages sustained by the government, plus substantial mandatory civil penalties for each separate false claim. These penalties are updated annually based on changes to the consumer price index. There are many potential bases for liability under the FCA. Liability often arises when an entity knowingly submits a false claim for reimbursement to the federal government. The FCA defines the term â€œknowinglyâ€ broadly. Though simple negligence will not give rise to liability under the FCA, submitting a claim with actual knowledge of, deliberate ignorance of or reckless disregard to its truth or falsity constitutes a â€œknowingâ€ submission under the FCA and, therefore, may create liability. Submission of claims for services or items generated in violation of the Anti-kickback Statute constitutes a false or fraudulent claim under the FCA. Whistleblowers and the federal government have taken the position, and some courts have held, that providers who allegedly have violated other statutes, such as the Stark Law, have thereby submitted false claims under the FCA. False claims under the FCA also include the knowing and improper failure to report and refund amounts owed to the government in a timely manner following identification of an overpayment. An overpayment is deemed to be identified when a person knowingly, as defined under the FCA, receives or retains an overpayment. Every entity that receives at least $5 million annually in Medicaid payments must have written policies for all employees, contractors or agents, providing detailed information about false claims, false statements and whistleblower protections under certain federal laws, including the FCA, and similar state laws. In addition, federal law provides an incentive to states to enact false claims laws comparable to the FCA. A number of states in which we operate have adopted their own false claims provisions as well as their own whistleblower provisions under which a private party may file a civil lawsuit in state court. We have adopted and distributed policies pertaining to the FCA and relevant state laws. HIPAA Administrative Simplification, Privacy and Security Standards and Interoperability Requirements The Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (â€œHIPAAâ€) and implementing regulations require the use of uniform electronic data transaction standards and code sets for certain health care claims and payment transactions submitted or received electronically. In addition, HIPAA requires each provider to use a National Provider Identifier. These provisions are intended to encourage electronic commerce in the health care industry. The privacy and security regulations promulgated pursuant to HIPAA extensively regulate the use and disclosure of individually identifiable health information, known as â€œprotected health information,â€ and require covered entities, including health plans and most health care providers, to implement administrative, physical and technical safeguards to protect the security of such information. Certain provisions of the security and privacy regulations apply to business associates (entities that handle protected health information on behalf of covered entities), and business associates are subject to direct liability for violation of these provisions. In addition, a covered entity may be subject to penalties as a result of a business associate violating HIPAA, if the business associate is found to be an agent of the covered entity. Covered entities must report breaches of unsecured protected health information to affected individuals without unreasonable delay but not to exceed 60 days after discovery of the breach by a covered entity or its agents. Notification must also be made to HHS and, in certain situations involving large breaches, to the media. HHS is required to publish on its website a list of all covered entities that report a breach involving more than 500 individuals. All non-permitted uses or disclosures of unsecured protected health information are presumed to be breaches unless the covered entity or business associate establishes that there is a low probability the information has been compromised. Various state laws and regulations may also require us to notify affected individuals in the event of a data breach involving individually identifiable information. Violations of the HIPAA privacy and security regulations may result in criminal penalties and in substantial civil penalties per violation. These civil penalties are updated annually based on updates to the consumer price index. HHS 23 Â enforces the regulations and performs compliance audits. In addition to enforcement by HHS, state attorneys general are authorized to bring civil actions seeking either injunction or damages in response to violations that threaten the privacy of state residents. HHS may resolve HIPAA violations through informal means, such as allowing a covered entity to implement a corrective action plan, but HHS has the discretion to move directly to impose monetary penalties and is required to impose penalties for violations resulting from willful neglect. We enforce compliance in accordance with HIPAA privacy and security regulations. The Privacy and Information Protection and Security Departments monitor our compliance with the HIPAA privacy and security regulations. The HIPAA privacy regulations and security regulations have and will continue to impose significant costs on our facilities in order to comply with these standards.Health care providers and industry participants are also subject to a growing number of requirements intended to promote the interoperability and exchange of patient health information. For example, health care providers and certain other entities are subject to information blocking restrictions pursuant to the 21st Century Cures Act that prohibit practices that are likely to interfere with the access, exchange or use of electronic health information, except as required by law or specified by HHS as a reasonable and necessary activity. Violations may result in penalties or other significant disincentives. In a final rule published in July 2024, HHS established disincentives for hospitals, MIPS-eligible clinicians (including group practices) and ACOs and ACO providers that commit information blocking. Hospitals found to have committed information blocking will not qualify as â€œmeaningful electronic health record usersâ€ under the Medicare Promoting Interoperability Program and as a result will lose 75% of the annual market basket increase they would otherwise receive. Similar penalties apply to MIPS-eligible clinicians and ACOs, ACO participants, and ACO providers or suppliers under the Medicare Shared Savings Program. EMTALA All of our hospitals in the United States are subject to EMTALA. This federal law requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every individual who presents to the hospitalâ€™s emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individualâ€™s ability to pay for treatment. There are severe penalties under EMTALA if a hospital fails to screen or appropriately stabilize or transfer an individual or if the hospital delays appropriate treatment in order to first inquire about the individualâ€™s ability to pay. Penalties for violations of EMTALA include exclusion from participation in the Medicare program and civil monetary penalties. These civil monetary penalties are adjusted annually based on updates to the consumer price index. In addition, an injured individual, the individualâ€™s family or a medical facility that suffers a financial loss as a direct result of a hospitalâ€™s violation of the law can bring a civil suit against the hospital. The government broadly interprets EMTALA to cover situations in which individuals do not actually present to a hospitalâ€™s emergency room, but present for emergency examination or treatment to the hospitalâ€™s campus, generally, or to a hospital-based clinic that treats emergency medical conditions or are transported in a hospital-owned ambulance, subject to certain exceptions. At least one court has interpreted the law also to apply to a hospital that has been notified of a patientâ€™s pending arrival in a non-hospital owned ambulance. In enforcement actions, the government has broadly interpreted a hospitalâ€™s obligations with respect to screening and stabilizing patients who present with a psychiatric emergency. EMTALA does not generally apply to individuals admitted for inpatient services. The government has expressed its intent to investigate and enforce EMTALA violations actively. Hospitals may face conflicting interpretations of EMTALAâ€™s requirements with respect to state laws that limit access to abortion or other reproductive health services. For example, HHS has provided guidance regarding EMTALA obligations specific to patients who are pregnant or are experiencing pregnancy loss and the preemption of state law. This guidance has been the subject of legal challenges, including a pending case in Idaho under which the state is currently enjoined from enforcing its state law restricting abortion to the extent the state law conflicts with EMTALA. The final ruling from a Texas case limits application of the HHS guidance in Texas.Corporate Practice of Medicine/Fee Splitting Some of the states in which we operate have laws prohibiting corporations and other entities not owned by physicians or other permitted health professionals from employing physicians or certain other health professionals, practicing medicine for a profit and making certain direct and indirect payments to, or entering into fee-splitting arrangements with, health care providers designed to induce or encourage the referral of patients to, or the recommendation of, particular providers for medical products and services. Possible sanctions for violation of these restrictions include loss of license and civil and criminal penalties. In addition, agreements between the corporation and the physician or other health professional may be considered void and unenforceable. These statutes vary from state to state, are often vague and have seldom been interpreted by the courts or regulatory agencies. 24 Â Health Care Industry Investigations Significant media and public attention has focused in recent years on the hospital industry. This media and public attention, changes in government personnel and other factors have led to increased scrutiny of the health care industry. Except as may be disclosed in our SEC filings, we are not aware of any material investigations of the Company under federal or state health care laws or regulations. It is possible that governmental entities could initiate investigations or litigation in the future at facilities we operate and that such matters could result in significant penalties, as well as adverse publicity. It is also possible that our executives and managers could be included in governmental investigations or litigation or named as defendants in private litigation. Our substantial Medicare, Medicaid and other governmental billings result in heightened scrutiny of our operations. We continue to monitor all aspects of our business and have developed a comprehensive ethics and compliance program that is designed to meet or exceed applicable federal guidelines and industry standards. However, because the law in this area is complex and constantly evolving, governmental investigations or litigation may result in interpretations that are inconsistent with our practices or industry practices. In public statements surrounding current investigations, governmental authorities have taken positions on a number of issues, including some for which little official interpretation previously has been available, that appear to be inconsistent with practices that have been common within the industry and that previously have not been challenged in this manner. In some instances, government investigations that have in the past been conducted under the civil provisions of federal law may now be conducted as criminal investigations. Both federal and state government agencies have increased their focus on and coordination of civil and criminal enforcement efforts in the health care area. Through the national Health Care Fraud and Abuse Control Program, the OIG and the DOJ coordinate federal, state and local law enforcement activities with respect to health care fraud against both public and private health plans. The OIG and DOJ have, from time to time, established national enforcement initiatives that target all hospital providers, focusing on specific billing practices or other suspected areas of abuse. In addition, governmental agencies and their agents, such as MACs, fiscal intermediaries and carriers, may conduct audits of our health care operations. Private third-party payers may conduct similar post-payment audits, and we also perform internal audits and monitoring. In addition to national enforcement initiatives, federal and state investigations have addressed a wide variety of routine health care operations such as: cost reporting and billing practices, including for Medicare outliers; financial arrangements with referral sources; physician recruitment activities; physician joint ventures; and hospital charges and collection practices for self-pay patients. We engage in many of these routine health care operations and other activities that could be the subject of governmental investigations or inquiries. For example, we have significant Medicare and Medicaid billings, numerous financial arrangements with physicians who are referral sources to our hospitals, and joint venture arrangements involving physician investors. Certain of our individual facilities have received, and other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Any additional investigations of the Company, our executives or managers could result in significant liabilities or penalties to us, as well as adverse publicity. Price Transparency and Consumer Billing Limitations The health care industry is subject to various federal and state initiatives and requirements related to price transparency and out-of-network charges. For example, federal regulations require hospitals to publish a list of their standard charges for all items and services, including gross charges, discounted cash prices and payer-specific and de-identified minimum and maximum negotiated charges, in a machine-readable, publicly accessible online file. Hospitals are required to publish a consumer-friendly list of standard charges for certain â€œshoppableâ€ services (i.e., services that can be scheduled by a patient in advance) and associated ancillary services or, alternatively, maintain an online price estimator tool. CMS may impose civil monetary penalties for noncompliance with these price transparency requirements. Further, CMS requires most health insurers to publish online charges negotiated with providers for health care services. Most health insurers must also provide online price comparison tools to help individuals get personalized cost estimates for covered items and services. In addition, the No Surprises Act imposes various requirements on providers and health plans intended to prevent â€œsurpriseâ€ medical bills, and several states have implemented similar laws intended to protect consumers. The No Surprises Act prohibits providers from charging patients an amount beyond the in-network cost sharing amount for items and services rendered by out-of-network providers (i.e., prohibits balance billing), subject to limited exceptions. The No Surprises Act also impacts the payment received by an out-of-network provider from a health plan for items and services to which the prohibitions on balance billing apply. For items and services for which balance billing is prohibited (even 25 Â when no balance billing occurs), the No Surprises Act establishes an independent dispute resolution (â€œIDRâ€) process for providers and payers to handle payment disputes that cannot be resolved through direct negotiations. The final rule establishing the IDR process is currently the subject of legal challenges, and government agencies have proposed various changes, creating uncertainty and resulting in delays in claims resolution. The No Surprises Act also requires providers to provide a good faith estimate of expected charges to uninsured or self-pay individuals in connection with scheduled items or services, in advance of the date of the scheduled item or service, or upon request of the individual. HHS is delaying enforcement with regard to good faith estimates to uninsured individuals that do not include expected charges for co-providers or co-facilities until the agency issues additional regulations. If the actual charges to an uninsured or self-pay patient exceed the good faith estimate by an amount deemed to be substantial by regulation (which is currently $400) or the provider furnishes an item or service that was not included in the good faith estimate, the patient may invoke a patient-provider dispute resolution process established by regulation to challenge the higher amount.Medical Technology Regulation and Developments Participants in the health care industry must frequently adapt to scientific and technological innovations and initiatives. These advances can change the way services are delivered and offer business efficiencies, among other benefits, and impact the competitive position of providers. The design and introduction of new products and services and changes to existing products and services are subject to complex laws and regulation and oversight by various agencies, including HHS and the Food and Drug Administration (â€œFDAâ€). Further, advances may result in new or enhanced governmental or regulatory scrutiny, litigation and ethical concerns and impact patient care. For example, we deploy third-party software programs, and in some instances develop our own software programs, utilizing machine learning/AI, including for use within our network to improve care. The legal framework for AI (particularly in patient care) is rapidly developing and uncertain. In 2023, HHS finalized transparency requirements for AI and other predictive algorithms used in certified health information technology, such as decision support interventions. In some cases, software can be considered a medical device under the federal Food, Drug, and Cosmetic Act (â€œFDCAâ€). Medical devices are subject to extensive regulation by the FDA under the FDCA. In September 2022, the FDA issued non-binding final guidance that describes the types of clinical decision support software that the FDA will regulate as a medical device, potentially including software programs that were not previously treated as medical devices. Application of the new guidance may result in our current and/or future software programs used by us to provide clinical decision support being subject to FDA regulation. Some states have adopted or are considering additional measures regarding the use of AI within the health care industry. For example, California enacted Assembly Bill 3030, known as the Artificial Intelligence in Health Care Services Bill (â€œAB 3030â€), which requires that any health care facility using generative AI to create patient communications pertaining to patient clinical information ensure that the communications include (i) a disclaimer that the communication was generated by generative AI and (ii) clear instructions describing how a patient may contact a human health care provider or other appropriate person at the health care facility. Further, Utah enacted the Artificial Intelligence Policy Act (â€œAIPAâ€), which requires physicians, nurses and other regulated health care providers to disclose to individuals if they are interacting with generative AI while receiving regulated services. Additionally, Colorado has passed the Colorado Artificial Intelligence Act (â€œCAIAâ€), which will impose significant disclosure, documentation, and risk management requirements on developers of and companies that deploy â€œhigh-riskâ€ AI systems, including systems used to recommend certain health care decisions. If we or our third-party providers are restricted from using AI as a result of any laws or regulations, it could impact our operations and cause us to incur costs to replace or modify our use of AI. Any failure or perceived failure by us or our third-party providers to comply with AI laws and regulations could result in legal proceedings or investigations, which could result in significant legal costs and potential liability, as well as reputational harm. Further, we expect additional AI-related laws and regulations to come into effect, which could affect our business and financial condition.We also perform clinical laboratory testing, and some of the tests performed are considered â€œlaboratory developed testsâ€ (â€œLDTsâ€). On May 6, 2024, the FDA published a final rule to increase regulatory oversight of LDTs as medical devices, classifying the tests as in vitro diagnostic products. The rule is currently the subject of legal challenges. The requirements imposed by the FDA under this rule will, over a four-year phase-in period that starts May 6, 2025, require our clinical laboratories to make significant adjustments and implement processes to comply with certain FDA medical device laws and regulations and may require FDA review or approval for LDTs used in patient care that are either newly marketed or modified after May 6, 2024. Failure to obtain necessary approvals for regulated technologies or noncompliance with other applicable regulatory requirements could result in penalties or require us to make changes to our operations, including changes to services currently rendered. For example, if the FDA determines that any of our software programs are medical devices under the FDCA, the use of those software programs may require premarket approval or clearance, and we may be required to cease use of such programs until we obtain any required premarket approval or clearance. 26 Â Developments in Health Care Public Policy The health care industry is subject to changing political, regulatory and other influences. 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 election. The Supreme Court decisions increase judicial scrutiny of agency authority, shift greater responsibility for statutory interpretation to courts and expand the timeline in which a plaintiff can sue regulators. In Loper Bright Enterprises v. Raimondo, the Court overruled a legal framework that gave significant judicial deference to federal agency interpretations of federal statutes. The Court held that courts must instead exercise independent judgment when deciding whether an agency has acted within its statutory authority and that courts may not defer to an agency interpretation simply because a statute is ambiguous. The Loper Bright decision and other recent decisions of the U.S. Supreme Court are expected to have significant impacts on government agency regulation, particularly within the heavily regulated health care industry, in part through an increase in legal challenges to health care regulations and agency guidance and decisions. 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 outcome of the 2024 federal election may increase regulatory uncertainty and the potential for significant policy changes. Recent presidential executive orders have been issued that impact or may impact the health care industry, including an order establishing a presidential advisory commission focused on restructuring and streamlining government agencies and reducing or eliminating regulations and federal government programs and other expenditures.The health care industry has been and continues to be impacted by health care reform efforts at the federal and state levels. Many recent changes have been aimed at reducing costs and government spending and increasing access to health insurance. For example, the Affordable Care Act increased health insurance coverage through a combination of private sector health insurance requirements, public program expansion and other reforms. Changes in the lawâ€™s implementation, subsequent legislation and regulations, state initiatives and other factors have affected and may continue to affect the number of individuals that elect or are able to obtain public or private health insurance and the scope of such coverage, if purchased. For example, the American Rescue Plan of 2021 (â€œARPAâ€) temporarily enhanced premium tax credits available for purchasing coverage through the Exchanges by lowering premiums and raising income eligibility thresholds. Subsequent legislation extended these enhanced premium tax credits through 2025. However, further extension is uncertain, and we believe their expiration would adversely impact Exchange enrollment and significantly increase the uninsured rate. Other legislative and executive branch initiatives related to health insurance, such as permitting the sale of insurance plans that lack currently required consumer protections, could increase rates of uninsured and underinsured individuals and destabilize insurance markets.Health care providers may also be significantly impacted by reforms to the Medicaid program, including changes resulting from legislation and administrative actions at the federal and state levels. Changes at the federal level may impact funding for, or the structure of, the Medicaid program and may shape administration of the program at the state level. The Affordable Care Act expands the categories of individuals eligible for Medicaid coverage, permits individuals with relatively higher incomes to qualify and provides states with enhanced funding for expansion populations. The majority of states adopted Medicaid expansion; however, a number of states, including Texas and Florida, have opted out of the Medicaid expansion provisions of the Affordable Care Act. Changes to the federal funding formula for Medicaid could have a particularly significant impact in states that expanded Medicaid, especially if federal contributions for Medicaid expansion populations decrease and states are unable to offset the reductions. Further, some states have trigger laws that would end their Medicaid expansion if federal funding is reduced. CMS administrators may also make changes to Medicaid payment models and may grant states additional flexibility in the administration of state Medicaid programs, including by allowing additional states to condition Medicaid enrollment on work or other community engagement or permitting other eligibility restrictions. Some states use, or have applied to use, waivers granted by CMS to implement expansion, impose different eligibility or enrollment conditions, or otherwise implement programs that vary from federal standards. The Medicaid landscape is constantly evolving as the federal and state governments consider and test various models of delivery and payment system reform. In addition, there is uncertainty regarding the potential impact of other reform efforts at the federal and state levels. For example, some members of Congress have proposed measures intended to accelerate the shift from traditional Medicare to Medicare Advantage or eliminating some or all of the consumer protections established by the Affordable Care Act. Other recent initiatives and proposals include those aimed at price transparency and out-of-network charges, which may impact prices and the relationships between health care providers, insurers and patients. Reform efforts could also include changes to Medicare reimbursement, such as new or expanded site-neutral payment policies that may reduce payments received or further attempt to equate rates of reimbursement for outpatient hospital services with payment for similar services provided in other patient care settings. Other industry participants, such as private payers and large employer groups and their affiliates, may also introduce financial or delivery system reforms. For example, in recent 27 Â years, there have been trends influenced by private and/or public payers toward enrollment in managed care programs, favoring outpatient care over inpatient care, and provider consolidation. These issues are further discussed in Item 1A, â€œRisk Factors.â€ General Economic and Demographic Factors The health care industry is impacted by the overall U.S. economy. Budget deficits at the federal level and within some state and local government entities have had a negative impact on spending for many health and human service programs, including Medicare, Medicaid and similar programs, which represent significant payer sources for our hospitals and other providers. We anticipate that federal and state budget deficits, the growing magnitude of Medicare and Medicaid expenditures and the aging and health status of the U.S. population, among other factors, will continue to place pressure on government health care programs. Other risks we face during periods of economic weakness and high unemployment include potential declines in the population covered under managed care agreements, increased patient decisions to postpone or cancel elective and nonemergency health care procedures (including delaying surgical procedures), potential increases in the uninsured and underinsured populations, increased adoption of health plan structures that shift financial responsibility to patients and increased difficulties in collecting patient receivables for copayment and deductible amounts. Compliance Program We maintain a comprehensive ethics and compliance program that is designed to meet or exceed applicable federal guidelines and industry standards. The program is intended to monitor and raise awareness of various regulatory issues among employees and to emphasize the importance of complying with governmental laws and regulations. As part of the ethics and compliance program, we provide annual ethics and compliance training to our employees and encourage all employees to report any violations to their supervisor, an ethics and compliance officer or to the Companyâ€™s ethics line available 24 hours a day by phone and internet portal. Antitrust Laws The federal government and most states have enacted antitrust laws that prohibit certain types of conduct deemed to be anti-competitive. These laws prohibit price fixing, market allocation, bid-rigging, concerted refusal to deal, market monopolization, price discrimination, tying arrangements, acquisitions of competitors and other practices that have, or may have, an adverse effect on competition. Violations of federal or state antitrust laws can result in various sanctions, including criminal and civil penalties. Antitrust enforcement in the health care industry is currently a priority of the Federal Trade Commission and the DOJ, including with respect to hospital and physician practice acquisitions. We believe we are in compliance with such federal and state laws, but courts or regulatory authorities may reach a determination in the future that could adversely affect our operations and growth strategy. Environmental Matters We are subject to various federal, state and local statutes and ordinances and other laws regulating the discharge of materials into the environment. We do not believe that we will be required to expend any material amounts in order to comply with these laws and regulations as presently in effect. Regulations limiting greenhouse gas emissions and energy inputs may increase in coming years, which may increase our costs associated with compliance, disrupt and adversely affect our operations and could materially, adversely affect our financial performance. Our environmental strategy is designed to complement our mission of the care and improvement of human life, which extends to the environment. This strategy is centered on incorporating the following four pillars into our operations: â€¢Managing energy and water responsibly, â€¢Preparing for weather impacts, â€¢Sourcing and consuming efficiently, and â€¢Managing the environmental impact of our capital programs. Our initiatives contemplate operational changes intended to reduce energy consumption, including by accelerating related capital investments, new technology pilots, energy contracting and investments, and medical gas initiatives. We have also integrated climate-related risk assessment into our established enterprise risk management function.While we currently believe that compliance with existing environmental laws and regulations does not have a material impact on our operations, changes in consumer preference and legislation or regulatory requirements, including 28 Â those associated with efforts to transition to a low-carbon economy, may increase costs associated with compliance, the operation of our facilities and supplies. Insurance As is typical in the health care industry, we are subject to claims and legal actions by patients in the ordinary course of business. Subject, in most cases, to a $15 million per occurrence self-insured retention, our facilities are insured by our insurance subsidiary for losses up to $110 million per occurrence. The insurance subsidiary has obtained reinsurance for professional liability risks generally above a retention level of either $25 million or $35 million per occurrence, depending on the jurisdiction for the related claim. We also maintain professional liability insurance with unrelated commercial carriers for losses in excess of amounts insured by our insurance subsidiary. We purchase, from unrelated insurance companies, coverage for cybersecurity incidents, directors and officers liability and property loss in amounts we believe are reasonable and subject to terms of coverage we believe to be reasonable. Human Capital Resources Our workforce consists of approximately 316,000 employees (as of December 31, 2024), including approximately 90,000 part-time and PRN employees (references herein to â€œemployeesâ€ or â€œcolleaguesâ€ refer to employees of our affiliates). Our Board of Directors and its committees oversee human capital matters through regular reporting from management and advisors. Culture and Values We believe HCA Healthcareâ€™s culture helps drive our success. We strive to foster a culture of compassion and respect, across our system, to provide high-quality care for our patients, unlock opportunities for our colleagues and improve the health of our communities. Our policies prohibit discrimination on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law. We encourage you to review our 2024 Impact Report (available at www.hcahealthcareimpact.com) for more detailed information regarding how we foster care and respect for our patients and colleagues. Nothing on our website, including our annual Impact Report or sections thereof, shall be deemed incorporated by reference into this annual report on Form 10-K. Recruitment and Workforce Development We are dedicated to being an employer of choice and seek to recruit candidates through a variety of venues and programs. We continue to invest in expanding access to high-quality health care and addressing nursing and physician shortages through Galen College of Nursing and graduate medical education. Additionally, we are developing enterprise-wide, colleague-facing upskilling programs as well as partnering with academic institutions to create training programs that bolster the allied health talent pipeline. Engagement, Retention and Talent Development We believe that excellent people make excellence happen and are committed to selecting and supporting colleagues who can bring our mission to life. We regularly connect with our colleagues, capturing their feedback through rounding, advisory groups, governance councils and surveys, and strive to take appropriate action on identified opportunities. We also have programs designed to support our colleagues throughout their career journey. By providing education, training and benefits like tuition reimbursement and student loan repayment assistance we help our colleagues fully realize their potential. We are committed to developing leaders who support our culture and help us work to grow our business and lead the industry. Through the award-winning HCA Healthcare Leadership Institute, we seek to develop the capabilities of our leaders, building and strengthening our talent pipeline. Our commitment to leadership development and succession planning is a foundation from which we seek to expand our impact on the communities we serve. 29 Â Compensation and Benefits To recruit and retain a highly qualified workforce, we design competitive compensation and benefits programs to attract, retain, recognize and reward the performance of our employees. These programs (which vary by location) include incentive programs, an employee stock purchase plan, a 401(k) plan, health care and insurance benefits, flexible spending accounts, paid time off, family leave, family care resources, flexible work schedules, employee assistance and well-being programs, volunteer opportunities, and tuition and student loan payment assistance. Health, Safety and Wellness We focus on supporting colleagues in ways that we believe have a positive impact on their physical, mental and financial health so they can take care of themselves, their families, their patients and each other. These resources and programs include counseling, fertility and menopause care, financial and retirement planning, consumer discounts and insurance, and family benefits. Serving the Community We strive to provide not only the quality health care that our patients deserve, but also to address needs in the communities we serve. We provide opportunities for our colleagues to get involved and be a part of something bigger than our organization. By joining forces with other leading organizations, we believe our collective talents and work have an impact that is only possible when we work together. Through research, partnerships, leadership and investments, we are tackling problems in our communities and throughout the health care industry. We also support the HCA Healthcare Foundation in promoting health and wellbeing in the communities HCA Healthcare serves through leadership, service and financial support to non-profit organizations.Labor Matters We are subject to various state and federal laws that regulate wages, hours, benefits and other terms and conditions relating to employment. At December 31, 2024, certain employees at 35 of our domestic hospitals are represented by various labor unions. Three elections were held in 2024 that resulted in the addition of a number of employees to existing bargaining units at three of our facilities in California and Nevada. One election was held in 2024 that resulted in our employees choosing not to unionize at one of our facilities in Colorado, and there was another election in 2024 to remove union representation at one of our facilities in Texas. There are no elections scheduled to be held in 2025. It is possible that employees at additional hospitals may unionize in the future, or employees currently represented by labor unions may choose to reject that representation. We have not experienced work stoppages that have materially, adversely affected our business or results of operations. However, it is possible that a material work stoppage at one or more of our hospitals may occur in the future. Physicians are an integral part of the success of our hospitals in delivering quality care to our patients. Our hospitals are staffed by licensed physicians, including both employed physicians and physicians who are not employees of our hospitals. Some physicians provide services in our hospitals under contracts, which generally describe a term of service, provide and establish the duties and obligations of such physicians, require the maintenance of certain performance criteria and set compensation for such services. Any licensed physician may apply to be accepted to the medical staff of any of our hospitals, but the hospitalâ€™s medical staff and the appropriate governing board of the hospital, in accordance with established credentialing criteria, must approve acceptance to the staff. Members of the medical staffs of our hospitals often also serve on the medical staffs of other hospitals and may terminate their affiliation with one of our hospitals at any time. We continue to experience increasing competition to recruit and retain quality physicians, as well as increasing costs to contract with hospital-based physicians.Our facilities, like most health care facilities, have experienced challenges related to labor costs and turnover. Nurse and medical support personnel availability and retention can present significant operating issues for our hospitals and other facilities, including capacity and growth constraints, reduced patient satisfaction, reduced physician satisfaction, impact on services offered and increased costs. To address these challenges, we implemented several initiatives to improve retention, recruiting, compensation programs and productivity. While these efforts alleviated some of the competitive pressures our hospitals and facilities faced in 2024, there can be no assurance we will not experience operating issues due to the costs and availability of nurse and medical support personnel in the future. We may be required to enhance wages and benefits to recruit and retain nurses and other medical support personnel and to utilize more expensive temporary or contract personnel. As a result, our labor costs could increase at rates in excess of historical levels. We also depend on the available labor pool of employees in each of the markets in which we operate 30 Â to fill other necessary positions. If there is additional union organizing activity or a significant portion of our employee base unionizes, our costs could increase. In addition, we operate in states that have adopted mandatory nurse-staffing ratios or mandate staffing committees to develop staffing plans. If these states reduce mandatory nurse to patient ratios or additional states in which we operate adopt mandatory nurse to patient ratios or other measures to regulate staffing, our compliance with such measures could significantly affect labor costs and have an adverse impact on revenues if we are required to limit patient admissions to comply. The inability to attract, retain and utilize sufficient, quality clinical and non-clinical personnel could impair our capacity, ability to grow and results of operations. Information about our Executive Officers As of February 1, 2025, our executive officers were as follows: Â Â Â NameÂ AgeÂ Position(s)Â Samuel N. Hazen 64 Chief Executive Officer and Director Jennifer L. Berres 54 Senior Vice President and Chief Human Resources Officer Michael S. Cuffe, M.D. 59 Executive Vice President and Chief Clinical Officer Jon M. Foster 63 Executive Vice President and Chief Operating Officer Michael A. Marks 55 Executive Vice President and Chief Financial Officer Michael R. McAlevey 61 Executive Vice President - Chief Legal and Administrative Officer Sammie S. Mosier 50 Senior Vice President and Chief Nurse Executive Samuel N. Hazen has served as Chief Executive Officer since January 2019 and was appointed as a director in September 2018. From November 2016 through December 2018, Mr. Hazen served as the Companyâ€™s President and Chief Operating Officer. Prior to that, he served as Chief Operating Officer of the Company from January 2015 to November 2016 and as President â€” Operations of the Company from 2011 to 2015. He also served as President â€” Western Group from 2001 to 2011 and as Chief Financial Officer â€” Western Group of the Company from 1995 to 2001. Prior to that time, Mr. Hazen served in various hospital, regional and division Chief Financial Officer positions with the Company, Humana Inc. and Galen Health Care, Inc. Jennifer L. Berres was appointed Senior Vice President and Chief Human Resources Officer effective November 1, 2019. Ms. Berres joined HCA in 1993 and served in various capacities, including as Vice President â€” Human Resources from April 2013 through October 2019. Michael S. Cuffe, M.D. was appointed Executive Vice President and Chief Clinical Officer effective January 1, 2022. He previously served as President â€” Physician Services Group from October 2011 through December 2021. From October 2011 to January 2015, Dr. Cuffe also served as a Vice President of the Company. Prior to that time, Dr. Cuffe served Duke University Health System as Vice President for Ambulatory Services and Chief Medical Officer from March 2011 to October 2011 and Vice President Medical Affairs from June 2005 to March 2011. He also served Duke University School of Medicine as Vice Dean for Medical Affairs from June 2008 to March 2011, Deputy Chair of the Department of Medicine from August 2009 to August 2010 and Associate Professor of Medicine from March 2005 to October 2011. Prior that time, Dr. Cuffe served in various leadership roles with the Duke Clinical Research Institute, Duke University Medical Center and Duke University School of Medicine. Jon M. Foster was appointed Executive Vice President and Chief Operating Officer effective January 1, 2023. Prior to that time, he served as President â€” American Group from January 2013 to December 2022, President â€” Southwest Group from February 2011 to January 2013 and Division President for the Central and West Texas Division from January 2006 to February 2011. Mr. Foster joined HCA in March 2001 as President and CEO of St. Davidâ€™s HealthCare in Austin, Texas and served in that position until February 2011. Prior to joining the Company, Mr. Foster served in various executive capacities within the Baptist Health System in Knoxville, Tennessee and The Methodist Hospital System in Houston, Texas. Michael A. Marks was appointed Executive Vice President and Chief Financial Officer, effective May 1, 2024. He previously served as Senior Vice President â€” Finance from January 2023 through April 2024. Mr. Marks served as Vice President â€” Financial Operations Support from March 2021 through December 2022. Prior to that time, he served as CFO of the National Group from December 2008 to February 2021 and CFO of the West Florida Division from July 2004 to November 2008. Mr. Marks joined HCA Healthcare in 1996.Michael R. McAlevey was appointed Executive Vice President â€“ Chief Legal and Administrative Officer of the Company, effective April 1, 2024. Mr. McAlevey previously served as Senior Vice President and Chief Legal Officer from January 2022 through March 2024. Prior to joining HCA, Mr. McAlevey served in senior legal and executive roles at General Electric, most recently as Vice President, General Counsel and Business Development Leader for GE 31 Â Healthcare since 2018. Prior to that, he served as General Counsel and Business Development Leader for GE Aerospace from 2011 to 2018 and Chief Corporate, Securities and Finance Counsel for GE from 2003 to 2011. Before joining GE, Mr. McAlevey served as Deputy Director of the United States Securities and Exchange Commissionâ€™s Division of Corporation Finance from 1998 to 2002.Sammie S. Mosier was appointed Senior Vice President and Chief Nurse Executive effective December 1, 2021. Dr. Mosier joined HCA in 1996 as a medical-surgical bedside nurse at Frankfort Regional Medical Center and has held progressive leadership roles, including as Vice President and Assistant Chief Nursing Executive â€” Clinical Services Group from 2019 to 2021. Item 1A. Risk Factors If any of the events discussed in the following risk factors were to occur, our business, financial position, results of operations, cash flows or prospects could be materially, adversely affected. Additional risks and uncertainties not presently known to us or that we currently deem immaterial may also affect us. Our business is subject to the following material risks and uncertainties. Risks related to our indebtedness: We have significant indebtedness and may incur further indebtedness in the future. Our indebtedness could adversely affect our ability to raise additional capital to fund our operations, limit our ability to react to changes in the economy or our industry, expose us to interest rate risk to the extent of our variable rate debt and prevent us from meeting our obligations. As of December 31, 2024, our total indebtedness was $43.031 billion. As of December 31, 2024, we had availability of $3.486 billion under our senior secured cash flow credit facility and $4.500 billion under our senior secured asset-based revolving credit facility, after giving effect to letters of credit and borrowing base limitations. Our indebtedness could have important consequences, including: â€¢increasing our vulnerability to downturns or adverse changes in general economic, industry or competitive conditions and adverse changes in government regulations; â€¢requiring a portion of cash flows from operations to be dedicated to the payment of principal and interest on our indebtedness, therefore reducing our ability to use our cash flows to fund our operations, capital expenditures and future business opportunities; â€¢exposing us to the risk of increased interest rates on our existing borrowings that are at variable rates of interest or refinancing our debt in a rising or high rate environment; â€¢limiting our ability to make strategic acquisitions or causing us to make nonstrategic divestitures; â€¢limiting our ability to obtain additional financing for working capital, capital expenditures, share repurchases, dividends, product or service line development, debt service requirements, acquisitions and general corporate or other purposes; and â€¢limiting our ability to adjust to changing market conditions and placing us at a competitive disadvantage compared to our competitors who have less debt. We and our subsidiaries have the ability to incur additional indebtedness in the future, subject to the restrictions contained in our senior secured credit facilities and the indentures governing our outstanding notes. If new indebtedness is added to our current debt levels, interest rates and the related risks that we now face could intensify. We may not be able to generate sufficient cash to service all of our indebtedness and may not be able to refinance our indebtedness on favorable terms. If we are unable to do so, we may be forced to take other actions to satisfy our obligations under our indebtedness, which may not be successful. Our ability to make scheduled payments on or to refinance our debt obligations depends on our financial condition and operating performance, which are subject to prevailing economic and competitive conditions and to certain financial, business and other factors beyond our control. We cannot guarantee we will maintain a level of cash flows from operating activities sufficient to permit us to pay the principal, premium, if any, and interest on our indebtedness. In addition, we conduct our operations through our subsidiaries. Accordingly, repayment of our indebtedness is dependent on the generation of cash flows by our subsidiaries and their ability to make such cash available to us by dividend, debt repayment or otherwise. Our subsidiaries may not be able to, or may not be permitted to, make distributions 32 Â to enable us to make payments in respect of our indebtedness. Each subsidiary is a distinct legal entity, and, under certain circumstances, legal and contractual restrictions may limit our ability to obtain cash from our subsidiaries. We may find it necessary or prudent to refinance our outstanding indebtedness, the terms of which may not be favorable to us. Our ability to refinance our indebtedness on favorable terms, or at all, is directly affected by the then current global economic and financial conditions which affect the availability of debt financing and the rates at which such financing is available. In addition, our ability to incur secured indebtedness depends in part on the value of our assets, which depends, in turn, on the strength of our cash flows and results of operations, and on economic and market conditions and other factors. If our cash flows and capital resources are insufficient to fund our debt service obligations or we are unable to refinance our indebtedness, we may be forced to reduce or delay investments and capital expenditures, or to sell assets, seek additional capital or restructure our indebtedness. These alternative measures may not be successful and may not permit us to meet our scheduled debt service obligations. If our operating results and available cash are insufficient to meet our debt service obligations, we could face substantial liquidity problems and might be required to dispose of material assets or operations to meet our debt service and other obligations. We may not be able to consummate those dispositions, or the proceeds from the dispositions may not be adequate to meet any debt service obligations then due. Our debt agreements contain restrictions that limit our flexibility in operating our business. Our senior secured credit facilities and, to a lesser extent, the indentures governing our outstanding notes contain various covenants that limit our ability to engage in specified types of transactions. These covenants limit our and certain of our subsidiariesâ€™ ability to, among other things: â€¢incur additional indebtedness or issue certain preferred shares; â€¢pay dividends on, repurchase or make distributions in respect of our capital stock or make other restricted payments; â€¢make certain investments; â€¢sell or transfer assets; â€¢create liens; â€¢consolidate, merge, sell or otherwise dispose of all or substantially all of our assets; and â€¢enter into certain transactions with our affiliates. Under our asset-based revolving credit facility, borrowing availability is subject to a borrowing base of 85% of eligible accounts receivable less customary reserves, with any reduction in the borrowing base that results in the borrowing base falling below the amount committed by the lenders thereunder commensurately reducing our ability to access this facility as a source of liquidity. In addition, under the asset-based revolving credit facility, when (and for as long as) the combined availability under our asset-based revolving credit facility and the revolving facility under our senior secured cash flow credit facility is less than a specified amount for a certain period of time or, if a payment or bankruptcy event of default has occurred and is continuing, funds deposited into any of our depository accounts will be transferred on a daily basis into a blocked account with the administrative agent and applied to prepay loans under the asset-based revolving credit facility and to collateralize letters of credit issued thereunder. Under our senior secured credit facilities, we are required to satisfy and maintain specified financial ratios. Our ability to meet those financial ratios may be affected by global economic and financial conditions or other events beyond our control, and there can be no assurance we will continue to meet those ratios. A breach of this or any other covenant could result in a default under both the cash flow credit facility and the asset-based revolving credit facility. Upon the occurrence of an event of default under these senior secured credit facilities, the lenders thereunder could elect to declare all amounts outstanding under the senior secured credit facilities to be immediately due and payable and terminate all commitments to extend further credit, which would also result in an event of default under a significant portion of our other outstanding indebtedness. If we were unable to repay those amounts, the lenders under the senior secured credit facilities could proceed against the collateral granted to them to secure such indebtedness. We have pledged a significant portion of our assets under our senior secured credit facilities. If any of the lenders under the senior secured credit facilities accelerate the repayment of borrowings, there can be no assurance there will be sufficient assets to repay the senior secured credit facilities and our other indebtedness. 33 Â Risks related to human capital: Our results of operations may be adversely affected by competition for staffing, the shortage of experienced nurses and other health care professionals and labor union activity. Our operations are dependent on the efforts, abilities and experience of our management and medical personnel, such as physicians, nurses, pharmacists and lab technicians. We compete with other health care providers in recruiting and retaining qualified management and personnel responsible for the daily operations of each of our hospitals and other facilities, including nurses and other nonphysician health care professionals. We depend on the available labor pool of employees in each of the markets in which we operate to fill other necessary positions. In some markets, the availability of nonphysician health care professionals and medical support personnel has been a significant operating issue to health care providers, including at certain of our facilities. The impact of labor shortages across the health care industry may result in other health care facilities, such as nursing homes, limiting admissions, which may constrain our ability to discharge patients to such facilities, increase labor costs and further exacerbate the demand on our resources, supplies and staffing.Economic conditions, including macroeconomic uncertainties and inflationary pressure, workforce burnout, and public health conditions have exacerbated workforce competition, personnel shortages and capacity constraints. We may be required to increase wages and benefits to recruit and retain nurses and other medical support personnel and to hire more expensive temporary or contract personnel. If there is additional union organizing activity or a significant portion of our employee base unionizes, it is possible our labor costs could increase. When negotiating collective bargaining agreements with unions, whether such agreements are renewals or first contracts, we have experienced, and could experience in the future, labor strikes. Our continued operation during any strikes could result in an increase to our labor costs. In addition, upon the expiration of existing collective bargaining agreements, we may not reach new agreements without union action, and any such new agreements may not be on terms satisfactory to us. The unavailability of staff, or the inability of the Company to control labor costs, could have a material, adverse effect on our capacity, growth prospects and results of operations.In addition, federal and state laws and regulations may increase our costs of maintaining qualified nurses and other medical support personnel. We operate in states that have adopted mandatory nurse-staffing ratios or mandate staffing committees to develop staffing plans. If these states reduce, or if additional states in which we operate adopt or the federal government adopts, mandatory nurse-staffing ratios or related measures, our compliance with such measures could significantly affect labor costs and have an adverse impact on revenues or our results of operations if we are required to limit admissions, hire additional personnel or otherwise incur additional costs. If our labor costs continue to increase, we may not be able to offset these increased costs, as a significant percentage of our revenues are based on reimbursement rates that are fixed or negotiated no less frequently than annually.Our performance depends on our ability to recruit and retain quality physicians. The success of our hospitals depends in part on the number and quality of the physicians on the medical staffs of our hospitals, the admission and utilization practices of those physicians, maintaining good relations with those physicians and controlling costs related to their employment or affiliation with our hospitals. Although we employ some physicians, physicians are often not employees of the hospitals at which they practice and instead affiliate with us and use our facilities as an extension of their practices. In many of the markets we serve, physicians may have admitting privileges at other hospitals in addition to our hospitals. We continue to face increasing competition to recruit and retain quality physicians, as well as increasing costs to contract with hospital-based physicians. Such physicians may terminate their affiliation with our hospitals at any time. If states enact legal restrictions on the provision of medical care, such restrictions may impact providers' recruitment and retention efforts in certain states. We anticipate facing increased challenges in this area as the physician population reaches retirement age, especially if there is a shortage of physicians willing and able to provide comparable services. If we are unable to recruit and retain quality physicians to affiliate with our hospitals, enter into contractual arrangements with hospital-based physicians, or provide adequate support personnel or technologically advanced equipment and hospital facilities that meet the needs of those physicians and their patients, our admissions may decrease, our operating performance may decline, and our capacity and growth prospects may be materially adversely affected. Â We may be unable to attract, hire and retain a highly qualified workforce, including key management. The talents and efforts of our employees, particularly our key management, are vital to our success. The members of our management team have significant industry experience, and if any member leaves the Company, such member would be difficult to replace. While we have adopted succession plans to prepare for such an event, our succession plans may not result in a successful transition. Further, institutional knowledge may be lost in any potential managerial transition. We may be unable to retain key management or attract other highly qualified employees, particularly if we do 34 Â not offer employment terms that are competitive with the rest of the labor market. Failure to attract, hire, develop, motivate, and retain highly qualified employee talent or failure to develop and implement an adequate succession plan for the management team could disrupt our operations and adversely affect our business and our future success.Risks related to technology, data privacy and cybersecurity: Cybersecurity incidents or other forms of data breaches could result in the compromise of our facilities, confidential data or critical data systems, causing our operations to be impaired or impacted. A cybersecurity incident or other form of data breach could also give rise to potential harm to patients; remediation and other expenses; and exposure to liability under privacy and security laws, consumer protection laws, common law theories or other laws. Such incidents could subject us to litigation and foreign, federal and state governmental inquiries, damage our reputation, and otherwise be disruptive to our business. We, directly and through our vendors and other third parties, collect and store on our networks and devices and third-party technology platforms sensitive information, including intellectual property, proprietary business information, protected health information of our patients and personally identifiable information of our employees, patients and consumers. Our facilities use EHRs and medical devices that store or transmit information that are integral to the provision of patient care, and these systems and devices are increasingly connected to the internet, hospital networks and other medical devices. The secure maintenance of this information and technology is critical to our business operations. We have implemented multiple layers of security measures, including cybersecurity and information security systems, protocols and monitoring procedures, intended to protect the confidentiality, integrity and availability of our data and the systems and devices that store and transmit such data. In addition, we rely on various third parties to have appropriate controls to protect our information that is on their systems or otherwise in their control, and we seek to obtain assurances that such third parties will protect our information. However, despite our efforts to mitigate our exposure to cyberattack, even an advanced internal control environment is vulnerable to compromise. We have seen, and believe we will continue to see, widespread vulnerabilities that could affect our or other third partiesâ€™ data or systems. We rely on a substantial number of employees, contractors, personnel, hardware, software, applications, and third-party vendors, platforms and technologies, each of which may represent an attack surface for threat actors. Threats from malicious threat actors, including nation-state actors and ransomware groups, new vulnerabilities and advanced new attacks against our, or our vendorsâ€™, information systems and devices create risk of cybersecurity incidents, including ransomware, malware and phishing incidents, in which third parties attempt to fraudulently induce our employees or our vendorsâ€™ employees into disclosing usernames, passwords or other sensitive information, which can in turn be used for unauthorized access to our or our vendorsâ€™ systems. We, our vendors and other third parties have experienced cybersecurity incidents in the past and continue to be the target of attempted cybersecurity and other threats that could have a significant impact on our business, including threats by third parties seeking to access, misappropriate, corrupt, or manipulate our information or disrupt our operations. We expect that we, our vendors and other third parties will continue to experience an increase in cybersecurity threats in the future, both directly and indirectly through threats targeting third parties, as the volume and intensity of cyberattacks on hospitals, health systems and other health care entities continue to increase. Furthermore, because the tools and techniques used by attackers change frequently and often are not recognized until launched against a target, we may be unable to anticipate these techniques or implement adequate preventative measures. We, our vendors and other third parties may experience security incidents that may remain undetected for an extended period. Even if identified, we, our vendors and other third parties may be unable to adequately investigate or remediate incidents or breaches, including due to attackers increasingly using tools and techniques that are designed to circumvent controls, avoid detection and remove or obfuscate forensic evidence. State-sponsored threat actors are increasingly targeting critical infrastructure sectors, including health systems and other critical infrastructure on which we rely. Increasing use of AI technologies in our internal systems may create new attack surfaces or methods for threat actors, and threat actors may use AI technologies to make cyberattacks more difficult to detect, contain or mitigate. Internal access management failures could also result in the compromise or unauthorized exposure of confidential data. Moreover, hardware, software or applications we use may have inherent vulnerabilities or defects of design, manufacture, or operations or could be inadvertently or intentionally implemented or used in a manner that could compromise cybersecurity or information security. There can be no assurance that we or our vendors and other third parties will not be subject to additional cybersecurity threats and incidents that bypass our or their security measures, impact the integrity, availability or privacy of personal health information or other data subject to privacy laws or disrupt our or their information systems, devices or business, including our ability to provide various health care services. In such an event, we may incur substantial costs, including but not limited to, costs associated with remediating the effects of the cybersecurity or information security incident, costs for security measures to guard against similar future incidents and costs to recover data. Further, consumer confidence in the integrity and security of personal information and critical operations data in the health care industry generally could be shaken to the extent there are successful cyberattacks at other health care services companies, which could have a material, adverse effect on our business, financial position or results of operations. 35 Â Cybersecurity, privacy, physical security and the continued development and enhancement of our controls, processes and practices designed to protect our facilities, information systems and data from attack, damage or unauthorized access remain a priority for us. As cyber threats continue to evolve, along with their increased volume and sophistication, we may be required to expend significant additional resources to continue to modify or enhance our protective measures or to investigate and remediate any cybersecurity vulnerabilities or incidents, and such measures may decrease the efficiency of our operations. We may also be required to expend additional resources to comply with evolving federal and state requirements related to cybersecurity and information security, including those focused on health care providers. Although, to date, no cyberattack or other information or security breach has resulted in material losses or other material consequences to us, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cyber threats, including the remediation of critical cybersecurity, information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future. Additionally, while we have in place insurance coverage designed to address certain aspects of cyber risks, such insurance coverage may be insufficient to cover our losses in excess of what we self-insure, or all types of claims that may arise. The occurrence of any of these events could result in (i) harm to patients; (ii) business interruptions and delays; (iii) the loss, misappropriation, corruption or unauthorized access of data; (iv) litigation and potential liability under privacy, security, breach notification and consumer protection laws, common law theories or other applicable laws; (v) reputational damage; and (vi) foreign, federal and state governmental inquiries, any of which could have a material, adverse effect on our financial position and results of operations and harm our business reputation. Our operations could be impaired by a failure of our information systems. The performance of our information systems is critical to our business operations. In addition to our shared services initiatives, our information systems are essential to a number of critical areas of our operations, including: â€¢accounting and financial reporting; â€¢billing and collecting accounts; â€¢coding and compliance;â€¢admissions, provision of care and care coordination;â€¢clinical systems and medical devices; â€¢medical records and document storage; â€¢inventory management; â€¢negotiating, pricing and administering managed care contracts and supply contracts; and â€¢monitoring quality of care and collecting data on quality measures necessary for full Medicare payment updates. Information systems may be vulnerable to damage from a variety of sources, including telecommunications or network failures, human acts such as inadvertent or intentional misuse by employees, natural disasters and cyberattacks, including ransomware and data theft. Moreover, we rely on various third-party technology platforms, which are increasingly important to our business and continue to grow in complexity and scope. Failure to adequately and timely manage implementations of new technology, updates or enhancements of such platforms or interfaces between platforms could place us at a competitive disadvantage, disrupt our operations, and have a material, adverse impact on our business and results of operations.We have taken precautionary measures designed to prevent problems that could affect our information systems. Nevertheless, we or our vendors and other third parties that we rely upon may experience system failures and disruptions. The occurrence of any system failure could result in interruptions, delays, the loss or corruption of data and cessations or interruptions in the availability of systems, any of which could have a material, adverse effect on our financial position and results of operations and harm our business reputation. Health care technology initiatives, particularly those related to sharing patient data and interoperability and AI, involve risks that may adversely affect our operations. The federal government is working to promote the adoption of health information technology and the promotion of nationwide health information exchange to improve health care. For example, HHS incentivizes the adoption and meaningful use of certified EHR technology through its Medicare Promoting Interoperability Program and Quality Payment Program. Eligible hospitals that fail to demonstrate meaningful use of certified EHR technology and have not applied and qualified for a hardship exception are subject to reduced reimbursement from Medicare. Eligible health care professionals are also subject to positive or negative payment adjustments based, in part, on their use of EHR technology. Therefore, if our hospitals and employed professionals are unable to properly adopt, maintain and utilize certified EHR 36 Â systems, we could be subject to penalties that may have an adverse effect on our financial condition and results of operations. As EHR technologies have become widespread, the federal government has increased its focus on promoting patient access to health care data and interoperability. The 21st Century Cures Act and its implementing regulations prohibit information blocking by health care providers and certain other entities. Information blocking is defined as engaging in activities likely to interfere with the access, exchange or use of electronic health information, except as required by law or specified by HHS as a reasonable and necessary activity. Under a rule finalized by HHS in July 2024, a hospital found to have engaged in information blocking will not qualify as a â€œmeaningful electronic health record userâ€ under the Medicare Promoting Interoperability Program and as a result will lose 75% of the annual market basket increase it would otherwise receive, and MIPS-eligible clinicians, ACOs and ACO participants face similar disincentives. Current and future initiatives related to health care technology, data sharing and interoperability may require changes to our operations, impose new and complex compliance obligations and require investments in infrastructure. In particular, AI is driving innovation and, in some cases, augmenting risks related to health care technology. For example, our physicians are adopting the use of generative AI to assist with the taking of patient medical notes, among other tasks. Rapid changes in technology driven by AI may require us to expend significant resources to acquire, develop, implement and maintain that technology. Failure to integrate these technologies in a timely, cost-efficient and resource-efficient manner may impede our ability to deliver health care services in a competitive manner. There is also a risk that our confidential information becomes part of a model that is accessible by other third-party AI applications or users as a result of a cybersecurity incident or a third-party AI developerâ€™s violation of our vendor engagement terms.The development of AI technologies is complex, and there are technical challenges associated with achieving the desired level of accuracy, efficiency and reliability. For instance, AI models used by us or third-party vendors may be based on biased or deficient datasets, which could result in inaccurate or misleading outputs. Ineffective or inadequate AI development or deployment practices by us or third-party developers or vendors, including any disruptions or failures of AI systems once implemented, could result in unintended consequences. Should the use of AI technologies fail to operate as anticipated or not perform as specified, including any biases or errors in the outputs of AI, patient care may be affected, legal claims may be asserted against us and our reputation may be harmed. Further, federal and state requirements regarding the use of AI by health care providers continue to evolve. For example, HHS finalized a rule in December 2023 imposing transparency requirements for AI and other predictive algorithms that are part of certified health information technology. Some states have adopted or are considering additional measures regarding the use of AI within the health care industry. For example, AB 3030 requires that certain disclaimers and instructions be provided to patients if generative AI is used to create patient communications pertaining to patient clinical information. In addition, the AIPA requires that physicians, nurses and other regulated health care providers disclose when an individual is interacting with generative AI while receiving the regulated service. Further, the CAIA will impose significant requirements on companies that use AI systems to recommend certain health decisions. If we or our third-party providers are restricted from using AI as a result of any laws or regulations, it could impact our operations and cause us to incur costs to replace or modify our use of AI. We may be subject to financial penalties or other disincentives or experience reputational damage for failure to comply with applicable laws and regulations. In addition, any failure or perceived failure by us or our third-party providers to comply with applicable AI laws and regulations could result in investigations or legal proceedings, which could result in significant legal costs and potential liability. We may not be adequately reimbursed by third-party payers for services involving new technology.As health care technology continues to advance, the price of purchasing new technology has significantly increased for providers. Some payers have not adapted their payment systems to adequately cover the cost of new technology used to treat patients. If reimbursement from third-party payers for services involving new technology does not sufficiently cover our purchasing costs, we may be unable to acquire new technology. Even without sufficient third-party reimbursement, we may acquire or utilize new technology in order to treat our patients. In either case, our results of operations and financial position could be adversely affected. Risks related to public health crises:The emergence and effects related to a potential future pandemic, epidemic or outbreak of an infectious disease could adversely affect our business and operations. As a front-line provider of health care services, we are subject to the health and economic effects of public health conditions. If a pandemic, epidemic, outbreak of an infectious disease or other public health crisis were to occur in an area in which we operate, our operations could be adversely affected. Such a crisis could diminish the public trust in health care 37 Â facilities, especially hospitals that fail to accurately or timely diagnose, or are treating (or have treated) patients affected by infectious diseases. If any of our facilities are involved, or perceived as being involved, in treating patients from such an infectious disease, other patients might cancel elective procedures or fail to seek needed care at our facilities, and our reputation may be negatively affected. Patient volumes may decline or volumes of uninsured and underinsured patients may increase, depending on the economic circumstances surrounding the pandemic, epidemic or outbreak. Further, a pandemic, epidemic or outbreak might adversely affect our operations by causing a temporary shutdown or diversion of patients, causing disruption or delays in supply chains for materials and products or causing staffing shortages in our facilities. Although we have contingency plans in place, including infection control and disaster plans, the potential impact of, as well as the publicâ€™s and the governmentâ€™s response to, a future pandemic, epidemic or outbreak is difficult to predict and could adversely affect our business, results of operations, financial condition and cash flows.Risks related to governmental regulation and other legal matters: Our business, financial condition and results of operations may be adversely affected by changes and uncertainty in the health care industry, including health care public policy developments and other changes to laws and regulations. We are unable to predict whether, what, and when changes in the health care industry may occur, and the effects and ultimate impact of any changes are uncertain and may adversely affect our business and results of operations. The health care industry is subject to changing political, regulatory and other influences. Regulatory uncertainty has increased as a result of decisions issued by the U.S. Supreme Court in June 2024 that affect review of federal agency actions. These decisions increase judicial scrutiny of agency authority, shift greater responsibility for statutory interpretation to courts, expand the time period during which a plaintiff can sue regulators, and may result in inconsistent judicial interpretations and delays in agency rulemaking processes. In Loper Bright Enterprises v. Raimondo, the Court overruled a legal framework that gave significant judicial deference to federal agency interpretations of federal statutes. The Court held that courts must instead exercise independent judgment when deciding whether an agency has acted within its statutory authority and that courts may not defer to an agency interpretation simply because a statute is ambiguous. The Loper Bright decision and other recent decisions of the U.S. Supreme Court could have significant impacts on government agency regulation, particularly within the heavily regulated health care industry, and may have broad implications for our business. While the effects of these decisions will become apparent over the coming months and years, we anticipate an increase in legal challenges to health care regulations and agency guidance and decisions, including, but not limited to, those issued by HHS and its agencies, including CMS, the FDA and the OIG. 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. Impacts of the recent Supreme Court decisions could require us to make changes to our operations and have a material negative impact on our business. The health care industry has been and continues to be impacted by health care reform efforts. For example, the Affordable Care Act affects how health care services are covered, delivered and reimbursed, and expanded health insurance coverage through a combination of public program expansion and private sector health insurance reforms. Changes in the lawâ€™s implementation, subsequent legislation and regulations, state initiatives and other factors have affected and may continue to affect the number of individuals that elect to obtain public or private health insurance or the scope of such coverage, if purchased, and may impact our payer mix. Reductions in the number of insured individuals or the scope of insurance coverage, or an increase in patients covered under governmental health programs or other health plans with lower reimbursement levels, may have an adverse effect on our business. For example, the ARPA temporarily enhanced premium tax credits available for purchasing coverage through the Exchanges by lowering premiums and raising income eligibility thresholds. Subsequent legislation extended these enhanced premium tax credits through 2025. However, further extension is uncertain, and we believe the expiration of these enhanced premium tax credits would adversely impact Exchange enrollment and significantly increase the uninsured rate. Other legislative and executive branch initiatives related to health insurance, such as permitting the sale of insurance plans that lack currently required consumer protections, could increase rates of uninsured and underinsured individuals and destabilize insurance markets. In addition, the Medicare and Medicaid programs are subject to change, including as a result of changes from the 2024 federal election. For example, some members of Congress have proposed changes intended to accelerate the shift from traditional Medicare to Medicare Advantage, repealing the Affordable Care Act or eliminating some of its consumer protections. The outcome of the 2024 federal election increases regulatory uncertainty. Changes in governmental administration, including changes in agency structures and staffing, such as reduction or elimination of personnel and agencies, may result in changes to established rulemaking conventions and timelines, including for regularly issued reimbursement rules, among other effects. Legislation and administrative actions at the federal level may also impact funding for, or the structure of, the Medicaid program and may shape administration of the Medicaid program at the state level. Changes to the federal funding formula for Medicaid could significantly impact states that expanded Medicaid under the Affordable Care Act, especially if federal contributions for Medicaid expansion populations decrease and states are unable to offset the reductions. Further, some states have trigger laws that would end their Medicaid expansion or 38 Â require other changes if federal funding is reduced. CMS may make changes to Medicaid payment models and grant states additional flexibility in the administration of state Medicaid programs, including by allowing additional states to condition Medicaid enrollment on work or other community engagement or permitting other eligibility restrictions. Other health reform initiatives and proposals at the federal and state levels include those focused on price transparency and out-of-network charges, which may impact prices, our relationships with patients, payers or ancillary providers (such as anesthesiologists, radiologists and pathologists) and our competitive position, and site-neutral payment policies, which may reduce the reimbursement we receive. Some states are considering or have imposed rate-setting measures, including limits on hospital rates. Other industry participants, such as private payers and large employer groups and their affiliates, may also introduce financial or delivery system reforms.There is uncertainty regarding whether, when, and what other public policy initiatives will be adopted by federal and state governments and/or the private sector, the timing and implementation of any such efforts and the impact of those efforts on providers and other health care industry participants. These may include changes to trade policy and new or increased tariffs, which may impact our supply chain operations. It is difficult to predict the nature and/or success of current and future public policy changes, any of which may have an adverse effect on our business, results of operations, cash flow, capital resources and liquidity. Changes in government health care programs may adversely affect our revenues and business. A significant portion of our patient volume is derived from government health care programs, principally Medicare and Medicaid. Specifically, we derived 44.5% of our revenues from the Medicare and Medicaid programs in 2024. However, federal and state governments have made, and continue to make, significant modifications to the Medicare and Medicaid programs through statutory and regulatory changes, administrative rulings and other interpretations and determinations. These changes may include, for example, reductions to reimbursement levels and to supplemental payment programs, funding restrictions, limitations on scope of coverage or patient eligibility, and changes affecting utilization review. These and other changes may impact the scale and scope of the Medicare and Medicaid programs, may reduce the reimbursement we receive, may affect the cost of providing services to patients and could otherwise adversely affect our business and results of operations. In addition, delays or issues implementing reimbursement-related rules, including periodic payment updates for government programs, and interruptions in the distribution of governmental funds could have an adverse impact on our business. In recent years, legislative and regulatory changes have resulted in limitations on and, in some cases, reductions in levels of payments to health care providers for certain services under the Medicare program. For example, Congress established automatic spending reductions, referred to as sequestration, under the BCA, resulting in a 2% reduction in Medicare payments that extends through the first eight months of federal fiscal year 2032. These reductions are in addition to reductions mandated by other laws. It is difficult to predict whether, when or what other deficit reduction initiatives may be proposed by Congress, but we anticipate that efforts to address the federal budget deficit will continue to place pressures on government health care programs and that future legislation may include additional Medicare spending reductions. From time to time, CMS revises the reimbursement systems used to reimburse health care providers, including changes to the inpatient hospital MS-DRG system and other payment systems, which may result in reduced Medicare payments. For example, under a site neutrality policy, clinic visit services provided by off-campus provider-based departments are generally not covered as outpatient department services under the outpatient PPS, but instead are paid at the Physician Fee Schedule rate, which is generally substantially lower than the outpatient PPS rate. Further, to address past changes to the 340B Drug Pricing Program that were invalidated by the U.S. Supreme Court, CMS finalized payment reductions under the outpatient PPS. Payment rates were reduced for non-drug services in calendar year 2023, and additional reductions to payments for non-drug item and services will take effect in calendar year 2026 and continue for approximately 16 years. As another example, CMS recently finalized changes to the Medicaid fraction of the Medicare DSH payment formula that will result in lower DSH payments for many hospitals. These payment policies and future changes to payment policies may adversely impact our results of operations, and any potential legal challenges to changes may take years to resolve. Payment policies for different types of providers and for various items and services continue to evolve. Congress and/or CMS may implement further changes to reimbursement for items or services that result in payment reductions for other items or services or that otherwise affect our business and operations. In some cases, private third-party payers rely on all or portions of Medicare payment systems to determine payment rates. Changes to government health care programs that reduce payments under these programs may negatively impact payments from private third-party payers. In addition, several states in which we operate face budgetary challenges that have resulted, and likely will continue to result, in reduced Medicaid funding levels to hospitals and other providers. Because most states must operate with balanced budgets and the Medicaid program is often a stateâ€™s largest program, some states have enacted or may consider enacting legislation designed to reduce their Medicaid expenditures. Many states have also adopted, or are considering, legislation designed to reduce coverage, change patient eligibility requirements, enroll Medicaid recipients in managed 39 Â care programs, and/or impose additional taxes on hospitals to help finance or expand the statesâ€™ Medicaid systems. Periods of economic weakness may increase the budgetary pressures on many states, and these budgetary pressures may result in decreased spending, or decreased spending growth, for Medicaid programs and the Childrenâ€™s Health Insurance Program in many states. Further, we may be impacted by developments at the federal and state levels related to Medicaid supplemental payments, which are state payments that are separate from fee-for-service base payments, and SDP arrangements, which allow states to direct certain Medicaid managed plan expenditures. Structural and other changes to these programs could result in such payments being reduced or eliminated, for example if funding for SDP arrangements is diverted from other payment programs, and if we do not satisfy applicable criteria when payments are directed to a specific subset of providers. Further, legislation and administrative actions at the federal level may impact the funding for, or structure of, the Medicaid program, and may shape the administration of the Medicaid program at the state level. Changes to the federal funding formula for Medicaid could have a particularly significant impact on coverage and reimbursement in states that expanded Medicaid under the Affordable Care Act, as states might not be able to offset decreases in federal funding for expansion populations. In addition, CMS administrators may make changes to Medicaid payment models and may grant states additional flexibility in the administration of state Medicaid programs, including by allowing states to impose eligibility restrictions such as work and community engagement requirements. Current or future health care reform and deficit reduction efforts, changes or delays in laws or regulations regarding government health care programs, other changes in the administration of government health care programs and changes by private third-party payers in response to health care reform and other changes to government health care programs could have a material, adverse effect on our financial position and results of operations. If we fail to comply with extensive laws and government regulations, we could suffer penalties or be required to make significant changes to our operations. As a participant in the health care industry, we are required to comply with extensive and complex laws and regulations at the federal, state and local government levels relating to, among other things: â€¢billing and coding for services and properly handling overpayments; â€¢appropriateness and classification of level and setting of care provided, including proper classification of admissions, observation services and outpatient care;â€¢certifications of patient eligibility for home health and hospice services; â€¢relationships with physicians and other referral sources and referral recipients; â€¢necessity, appropriateness and adequacy of medical care; â€¢quality of medical equipment and services; â€¢qualifications and supervision of medical and support personnel;â€¢patient, workforce and public safety; â€¢the confidentiality, maintenance, interoperability, exchange and security of health-related and personal information and medical records, including data breach, ransomware and identity theft issues; â€¢the provision of services via telehealth, including technological standards and coverage restrictions or other limitations on reimbursement;â€¢the development and use of AI and other predictive algorithms, including those used in clinical decision support tools; â€¢screening, stabilization and transfer of individuals who have emergency medical conditions;â€¢restrictions on the provision of medical care, including with respect to reproductive care; â€¢facility and personnel licensure, certification and accreditation and enrollment standards and requirements for participation in government programs; â€¢the manufacture, distribution, maintenance and dispensing of pharmaceuticals, controlled substances and medical devices; â€¢debt collection, balance billing and billing for out of network services; â€¢consumer disclosures and price transparency; 40 Â â€¢communications with patients and consumers; â€¢preparing and filing of cost reports; â€¢operating policies and procedures; â€¢activities regarding competitors; â€¢addition of facilities and services; and â€¢environmental protection, including disposal of regulated materials.Among these laws are the federal Anti-kickback Statute, EKRA, the federal Stark Law, the FCA, the No Surprises Act and similar state laws. We have a variety of financial relationships with physicians and others who either refer or influence the referral of patients to our hospitals, other health care facilities, laboratories and employed physicians or who are the recipients of referrals, and these laws govern those relationships. The OIG has enacted safe harbor regulations that outline practices deemed protected from prosecution under the Anti-kickback Statute. While we endeavor to comply with the applicable safe harbors, certain of our current arrangements, including joint ventures and financial relationships with physicians and other referral sources and persons and entities to which we refer patients, do not qualify for safe harbor protection. Failure to qualify for a safe harbor does not mean the arrangement necessarily violates the Anti-kickback Statute but may subject the arrangement to greater scrutiny. However, we cannot offer assurance that practices outside of a safe harbor will not be found to violate the Anti-kickback Statute. Allegations of violations of the Anti-kickback Statute may be brought under the federal Civil Monetary Penalty Law, which requires a lower burden of proof than other fraud and abuse laws, including the Anti-kickback Statute. Our financial relationships with physicians who make referrals for designated health services and their immediate family members must comply with the Stark Law by meeting an exception. We attempt to structure our relationships to meet an exception to the Stark Law, but the regulations implementing the exceptions are detailed and complex. We do not always have the benefit of significant regulatory or judicial interpretations of the Stark Law and its implementing regulations. Thus, we cannot provide assurance that every relationship complies fully with the Stark Law. Unlike the Anti-kickback Statute, failure to meet an exception under the Stark Law results in a violation of the Stark Law, even if such violation is technical in nature. Additionally, if we violate the Anti-kickback Statute or Stark Law, or if we improperly bill for our services, we may be found to violate the FCA, either under a suit brought by the government or by a private person under a qui tam, or â€œwhistleblower,â€ suit. See Item 1, â€œBusiness â€” Regulation and Other Factors.â€ A variety of state, national, foreign and international laws and regulations apply to the collection, use, retention, protection, security, disclosure, transfer and other processing of personal information. Various states in which we operate have passed privacy laws and regulations that impose restrictive requirements on the use and disclosure of personal information, and many other state and federal privacy laws have been proposed. In many cases, these laws are more restrictive or impose more obligations than, and may not be preempted by, the HIPAA privacy and security regulations, may apply to employees and business contacts in addition to patients, and may be subject to new and varying interpretations by courts and government agencies. The potential effects of these laws are far-reaching and may require us to incur substantial expenses, including costs associated with modifying our data processing practices and policies. Failure to comply with these and any other comprehensive privacy laws passed at the state or federal level may result in regulatory enforcement actions, penalties and damage to our reputation. As a result of our operations in the United Kingdom, we are subject to the UK Data Protection Act, which contains stricter privacy restrictions than laws and regulations in the United States and provides for significant fines in the event of violations. These administrative fines are based on a multi-factored approach. Moreover, rules for data transfers outside of the United Kingdom and European Economic Area are subject to increased regulation, and such regulations are frequently subject to further revision and updated regulator guidance, making necessary compliance measures challenging to ascertain and implement with respect to our United Kingdom operations. We expect that there will continue to be new or modified laws, regulations, regulatory guidance and industry standards concerning privacy, data protection and information security proposed and enacted in various jurisdictions, which could impact our operations and cause us to incur substantial costs. We send short message service, or SMS, text messages to patients. While we obtain consent from these individuals to send text messages, federal or state regulatory authorities or private litigants may claim that the notices and disclosures we provide, form of consents we obtain or our SMS texting practices are not adequate or violate applicable law. In addition, we must ensure that our SMS texting practices comply with regulations and agency guidance under the Telephone Consumer Protection Act (the â€œTCPAâ€), a federal statute that protects consumers from unwanted telephone calls, faxes and text messages. While we strive to adhere to strict policies and procedures that comply with the TCPA, the 41 Â Federal Communications Commission, as the agency that implements and enforces the TCPA, may disagree with our interpretation of the TCPA and subject us to penalties and other consequences for noncompliance. Determination by a court or regulatory agency that our SMS texting practices violate the TCPA could subject us to civil penalties and could require us to change some portions of our business. Even an unsuccessful challenge by patients or regulatory authorities of our activities could result in adverse publicity and could require a costly response from and defense by us. Moreover, if wireless carriers or their trade associations, which issue guidelines for texting programs, determine that we have violated their guidelines, our ability to engage in texting programs may be curtailed or revoked, which could impact our operations and cause us to incur costs related to implementing a workaround solution. We engage in consumer debt collection for HCA-affiliated hospitals and certain non-affiliated hospitals. We also engage in credit reporting for certain non-affiliated hospitals. The federal Fair Debt Collection Practices Act, the Fair Credit Reporting Act and the TCPA restrict the methods that companies may use to contact and seek payment from consumer debtors regarding past due accounts and to report to consumer reporting agencies on the status of those accounts. Many states impose additional limitations or requirements on debt collection and credit reporting practices, and some of those requirements are more stringent than the federal requirements. We are also subject to various international, federal, state and local statutes and ordinances regulating the discharge of materials into the environment. For example, our health care operations generate medical waste, such as pharmaceuticals, biological materials and disposable medical instruments that must be handled, stored, transported, treated and disposed of in compliance with federal, state and local environmental laws and regulations. Environmental regulations also may apply when we build new facilities or renovate existing facilities. If we are found not to be in compliance with such laws and regulations, we may be liable for significant investigation and clean-up costs or be subject to enforcement actions by governmental authorities or lawsuits by private plaintiffs. Moreover, any changes in the environmental regulatory framework (including legislative or regulatory efforts designed to address changing global weather patterns) could have a material, adverse effect on our business. We are also subject to various federal and state antitrust laws that, for example, restrict exclusive contracting relationships with health care providers, restrict sharing of cost and pricing data, prohibit competitors from taking collective action to set commercial payer reimbursement rates and establish integration requirements for joint ventures to contract with payers. We also operate health care facilities in the United Kingdom and have operations and commercial relationships with companies in other foreign jurisdictions and, as a result, are subject to certain U.S. and foreign laws applicable to businesses generally, including anti-corruption and anti-bribery laws. The Foreign Corrupt Practices Act regulates U.S. companies in their dealings with foreign officials, prohibiting bribes and similar practices, and requires that they maintain records that fairly and accurately reflect transactions and appropriate internal accounting controls. In addition, the United Kingdom Bribery Act has wide jurisdiction over certain activities occurring within the United Kingdom.If we fail to comply with these or other applicable laws and regulations, which are subject to change, we could be subject to liabilities, including civil penalties, money damages, lapses in reimbursement, the loss of our licenses to operate one or more facilities, exclusion of one or more facilities from participation in the Medicare, Medicaid and other federal and state health care programs, civil lawsuits and criminal penalties. In addition, different interpretations or enforcement of, or amendments to, these and other laws and regulations in the future could subject our current or past practices to allegations of impropriety or illegality or could require us to make changes in our facilities, equipment, personnel, services, capital expenditure programs and operating expenses. The costs of compliance with, and the other burdens imposed by, these and other laws or regulatory actions may increase our operational costs, result in interruptions or delays in the availability of systems and/or result in a patient volume decline. We may also face audits or investigations by one or more domestic or foreign government agencies relating to our compliance with these regulations. An adverse outcome under any such investigation or audit, a determination that we have violated these or other laws or a public announcement that we are being investigated for possible violations could result in liability, could result in negative publicity and an adverse impact on our reputation and could adversely affect our business, financial condition, results of operations or prospects. State efforts to regulate the construction or expansion of health care facilities could impair our ability to operate and expand our operations. Some states, particularly in the eastern part of the country, require health care providers to obtain prior approval, often known as a CON, for the purchase, construction or expansion of health care facilities, to make certain capital expenditures or to make changes in services or bed capacity. In giving approval, these states consider the need for additional or expanded health care facilities or services. We currently operate health care facilities in a number of states with CON laws or that require other types of approvals for the establishment or expansion of certain facility types or services. The failure to obtain any required CON or other required approval could impair our ability to operate or expand 42 Â operations. Any such failure could, in turn, adversely affect our ability to attract patients and physicians to our facilities and grow our revenues, which would have an adverse effect on our results of operations. We may incur additional tax liabilities. We are subject to tax in the United States as well as those states and foreign jurisdictions in which we do business. Changes in tax laws, including increases in tax rates, interpretations of tax laws by taxing authorities, other standard setting bodies or judicial decisions, could increase our tax obligations and have a material, adverse impact on our results of operations. We are also subject to examination by federal, state and foreign taxing authorities. Management believes HCA Healthcare, Inc., its predecessors, subsidiaries and affiliates properly reported taxable income and paid taxes in accordance with applicable laws and agreements established with the Internal Revenue Service (â€œIRSâ€), state and foreign taxing authorities and final resolution of any disputes will not have a material, adverse effect on our results of operations or financial position. However, if payments due upon final resolution of any issues exceed our recorded estimates, such resolutions could have a material, adverse effect on our results of operations or financial position. We have been and could become the subject of government investigations, claims and litigation, as well as governmental and commercial payer audits. Health care companies are subject to numerous investigations by various government agencies. Further, under the FCA, private parties have the right to bring qui tam, or â€œwhistleblower,â€ suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities and/or affiliates have received, and other facilities and/or affiliates may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our financial position, results of operations and liquidity. Government agencies and their agents, such as the MACs, fiscal intermediaries and carriers, as well as the OIG, CMS and state Medicaid programs, conduct audits of our health care operations. CMS and state Medicaid agencies contract with RACs and other contractors on a contingency fee basis to conduct post-payment reviews to detect and correct improper payments in the Medicare program, including managed Medicare plans, and the Medicaid programs. RAC denials are appealable. However, the RAC audit and appeals processes can impose a significant administrative burden on providers, and we may experience delays in appealing RAC payment denials. Private third-party payers may conduct similar post-payment audits, and we also perform internal audits and monitoring. Depending on the nature of the conduct found in such audits and whether the underlying conduct could be considered systemic, the resolution of these audits could have a material, adverse effect on our financial position, results of operations and liquidity. Should we be found out of compliance with applicable laws, regulations or programs, depending on the nature of the findings, our business, our financial position and our results of operations could be negatively impacted. We may be subject to liabilities from claims brought against our facilities, which are costly to defend and may require us to pay significant damages if not covered by insurance. We are subject to litigation relating to our business practices, including claims and legal actions by patients and others in the ordinary course of business alleging malpractice, product liability or other legal theories. Many of these actions seek large sums of money as damages and involve significant defense costs. We insure a portion of our professional liability risks through our insurance subsidiary. Management believes our reserves for self-insured retentions and insurance coverage are sufficient to cover insured claims arising out of the operation of our facilities, although some claims may exceed the scope or amount of the coverage limits of our insurance policies. Our insurance subsidiary has entered into certain reinsurance contracts; however, the subsidiary remains liable to the extent that the reinsurers do not meet their obligations under the reinsurance contracts. If payments for claims exceed actuarially determined estimates, are not covered by insurance, or reinsurers, if any, fail to meet their obligations, our results of operations and financial position could be adversely affected. Risks related to operations, strategy, demand and competition: Our hospitals and other facilities face competition for patients from other hospitals and health care providers. The health care business is highly competitive, and competition among hospitals and other health care providers for patients has intensified in recent years. Generally, other hospitals and health care facilities in the communities we serve provide services similar to those we offer. Trends toward transparency and value-based purchasing may have an impact on our competitive position, ability to obtain and maintain favorable contract terms and patient volumes in ways 43 Â that are difficult to predict. On its websites, CMS publicizes performance data related to quality measures and data on patient satisfaction surveys that hospitals, home health agencies, hospices and various other types of Medicare-certified facilities submit in connection with their Medicare reimbursement. Its Care Compare website provides an overall rating that synthesizes various quality measures into a star rating for each hospital, home health agency and hospice, among other provider types. If any of our hospitals or other provider types achieve poor results (or results that are lower than our competitors) on quality measures or on patient satisfaction surveys, our competitive position could be negatively affected. Further, hospitals are required to publish online a list of their standard charges for all items and services, including gross charges, discounted cash prices and payer-specific and de-identified minimum and maximum negotiated charges, and must also publish a consumer-friendly list of standard charges for certain â€œshoppableâ€ services or, alternatively, maintain an online price estimator tool for the shoppable services. HHS also requires health insurers to publish online charges negotiated with providers for health care services, and health insurers must provide online price comparison tools to help individuals get personalized cost estimates for covered items and services. The No Surprises Act imposes additional price transparency requirements, including requiring providers to send uninsured or self-pay patients (in advance of the date of the scheduled item or service or upon request) and health plans (prior to the scheduled date of the item or service) of insured patients a good faith estimate of the expected charges and diagnostic codes. HHS is deferring enforcement of certain requirements of the No Surprises Act applicable to providing estimates for insured individuals and providing estimates to uninsured or self-pay patients that do not include expected charges for co-providers or co-facilities. It is not entirely clear how price transparency requirements will affect consumer behavior, our relationships with payers or our ability to set and negotiate prices, but our competitive position could be negatively affected if our standard charges are higher or are perceived to be higher than the charges of our competitors. The number of freestanding specialty hospitals, surgery centers, emergency departments, urgent care centers and diagnostic and imaging centers in the geographic areas in which we operate has increased. Many individuals are seeking a broader range of services at outpatient facilities as a result of the growing availability of stand-alone outpatient health care facilities, the increase in payer reimbursement policies that restrict inpatient coverage and the increase in the services that can be provided on an outpatient basis, including high margin services. Consequently, most of our hospitals operate in a highly competitive environment, which may put pressure on our pricing, ability to contract with third-party payers and strategy for volume growth. Some of the facilities that compete with our hospitals are physician-owned or are owned by governmental agencies or not-for-profit corporations supported by endowments, charitable contributions or tax revenues and can finance capital expenditures and operations on a tax-exempt basis. Recent consolidations of not-for-profit hospital entities may intensify this competitive pressure. There is also increasing consolidation in the third-party payer industry, including vertical integration efforts among third-party payers and health care providers, and increasing efforts by payers to influence or direct the patientâ€™s choice of provider by the use of narrow networks or other strategies. Health care industry participants are increasingly implementing physician alignment strategies, such as employing physicians, acquiring physician practice groups and participating in ACOs or other clinical integration models. Other industry participants, such as large employer groups and their affiliates and large retail chains, may intensify competitive pressure and affect the industry in ways that are difficult to predict. Our hospitals compete with specialty hospitals and with freestanding ASCs and other outpatient providers for market share in certain high margin services and for quality physicians and personnel. If ASCs and other outpatient providers are better able to compete in this environment than our hospitals, our hospitals may experience a decline in patient volume, and we may experience a decrease in operating margin. In states that do not require a CON or other type of approval for the purchase, construction or expansion of health care facilities or services, competition in the form of new services, facilities and capital spending is more prevalent. Some states that have historically imposed CON or similar prior approval requirements have removed or are considering removing these requirements, which may reduce barriers to entry and increase competition in our service areas. Changes in licensure or other regulations and recognition of new provider types or payment models could also impact our competitive position. If our competitors are better able to attract patients, make capital expenditures and maintain modern and technologically upgraded facilities and equipment, recruit physicians, expand services or obtain more favorable third-party payer contracts at their facilities than our hospitals and other providers, we may experience an overall decline in patient volume. See Item 1, â€œBusiness â€” Competition.â€ Any increase in the volume of uninsured patients or deterioration in the collectability of uninsured and patient due accounts could adversely affect our results of operations. The primary collection risks for our accounts receivable relate to the uninsured patient accounts and patient accounts for which the primary third-party payer has paid the amounts covered by the applicable agreement, but patient responsibility amounts (exclusions, deductibles and copayments) remain outstanding. At December 31, 2024, estimated implicit price concessions of $7.773 billion had been recorded to adjust our revenues and accounts receivable to the estimated amounts we expect to collect. The estimated cost of total uncompensated care was $4.366 billion for 2024, $3.720 billion for 2023 and $3.491 billion for 2022. 44 Â Any increase in the volume of uninsured patients or deterioration in the collectability of uninsured and self-pay accounts receivable could adversely affect our cash flows and results of operations. Our facilities may experience growth in total uncompensated care as a result of a number of factors, including conditions impacting the overall economy and unemployment levels. In addition, federal and state legislatures have in recent years considered or passed various proposals impacting the size of the uninsured or underinsured population. For example, the ARPA temporarily enhanced premium tax credits available for purchasing coverage through the Exchanges by lowering premiums and raising income eligibility thresholds. These premium tax credits were extended through 2025. However, further extension is uncertain, and we believe their expiration would adversely impact Exchange enrollment and significantly increase the uninsured rate. In addition, under early COVID-19-related legislation, states that maintained continuous Medicaid enrollment were eligible for a temporary increase in federal funds for state Medicaid expenditures. The resumption of redeterminations for Medicaid enrollees in 2023 resulted in significant coverage disruptions and dis-enrollments of Medicaid enrollees, and the number of individuals enrolled in Medicaid declined in 2024 in comparison to 2023. Medicaid enrollment may be further affected by potential changes to the federal funding formula for Medicaid. For example, some states have trigger laws that would end their Medicaid expansion or require other changes if federal funding for expansion populations is reduced. Further, if federal contributions for Medicaid expansion populations decrease, states that expanded Medicaid might not be able to offset such funding reductions. Other legislative and executive branch initiatives related to health insurance, such as permitting the sale of insurance plans that lack currently required consumer protections, could also increase rates of uninsured and underinsured individuals. It is difficult to predict what, whether, and when legislative and regulatory changes may be made in the future. We provide uninsured discounts and charity care for individuals, including for those residing in states that choose not to implement the Medicaid expansion or that modify the terms of the program, for undocumented aliens who are not permitted to enroll in an Exchange plan or government health care programs and for certain others who may not have insurance. Some patients may choose to enroll in lower cost Medicaid plans or other health insurance plans with lower reimbursement levels. We may also be adversely affected by the growth in patient responsibility accounts as a result of increases in the adoption of health plan structures that shift greater payment responsibility for care to individuals through greater exclusions and copayment and deductible amounts. Further, our ability to collect patient responsibility accounts may be limited by statutory, regulatory and investigatory initiatives, including private lawsuits directed at hospital charges and collection practices for uninsured and underinsured patients. For example, the No Surprises Act requires providers to send uninsured and self-pay patients a good faith estimate of expected charges for items and services. The estimate must cover items and services that are reasonably expected to be provided together with the primary item or services, including those that may be provided by other providers. If the uninsured or self-pay patient receives a bill that exceeds the good faith estimate by an amount deemed to be substantial by regulation (which is currently $400) or the provider furnishes an item or service that was not included in the good faith estimate, they may initiate a patient-provider dispute resolution process established by regulation.If our volume of patients with private health insurance coverage declines or we are unable to retain and negotiate favorable contracts with private third-party payers, including managed care plans, our revenues may be adversely affected. Our ability to maintain or increase patient volumes covered by private third-party payers and to maintain and obtain favorable contracts with private third-party payers significantly affects the revenues and operating results of our facilities. Revenues derived from private third-party payers (domestic only) accounted for 49.5%, 49.0% and 48.3% of our revenues for 2024, 2023 and 2022, respectively.Private third-party payers, including HMOs, PPOs and other managed care plans, typically reimburse health care providers at a higher rate than Medicare, Medicaid, other government health care programs or uninsured, self-pay patients. If we experience reductions in the volume of patients with private health insurance coverage, our revenues may be reduced. Factors that may cause enrollment in private health insurance to decrease include economic factors, such as increased unemployment and underemployment rates and inflationary pressures, and legislative or regulatory changes that increase barriers to and costs associated with obtaining or maintaining comprehensive coverage, including changes affecting insurance brokers and Exchange navigators, limiting automatic re-enrollment in plans purchased through the Exchanges, or expanding short-term insurance options.Reimbursement rates are set forth by contract when our facilities are in-network, and payers utilize plan structures to encourage or require the use of in-network providers. Private third-party payers, including managed care plans and payers participating in the Exchanges, continue to demand discounted fee structures, and the ongoing trend toward consolidation among payers tends to increase their bargaining power over fee structures. Payers may utilize plan structures such as narrow networks and tiered networks that limit beneficiary provider choices, impose significantly higher cost sharing obligations when care is obtained from providers in a disfavored tier or otherwise shift greater financial 45 Â responsibility for care to individuals. Legislative and regulatory initiatives may accelerate or otherwise impact these trends. Cost-reduction strategies by large employer groups and their affiliates, such as directly contracting with a limited number of providers, may also limit our ability to negotiate favorable terms in our contracts and otherwise intensify competitive pressure.Our ability to retain and renew our third-party payer contracts and enter into new contracts on terms favorable to us may be impacted by other health care providers. For example, some of our competitors may negotiate exclusivity provisions with managed care plans or otherwise restrict the ability of managed care plans to contract with us. Further, shifts in the payer contracts held by our competitors may impact our patient mix, which could negatively impact our revenues. Trends toward greater price transparency may also negatively impact our ability to negotiate favorable contracts with payers. For example, hospitals are required to publish online payer-specific and de-identified minimum and maximum negotiated charges. In addition, health insurers are required to provide online price comparison tools to help individuals get personalized cost estimates for covered items and services. In addition, alignment efforts between third-party payers and health care providers and transparency requirements provide payers with increased access to performance and pricing data, which may increase payer bargaining power.If we are unable to retain and negotiate favorable contracts with third-party payers or experience reductions in payment increases or amounts received from third-party payers or the number of patients with private health insurance coverage, our revenues may be reduced. Changes to physician utilization practices and treatment methodologies and other factors outside our control that impact demand for medical services may reduce our revenues. Volume, admission and case-mix trends may be impacted by factors beyond our control, such as changes in volume of certain high acuity services, variations in the prevalence and severity of outbreaks of influenza and other illnesses and medical conditions, seasonal and severe weather conditions, changes in treatment regimens and medical technology and other advances. Further, trends in physician treatment protocols and health plan design, such as health plans that shift increased costs and accountability for care to patients, could reduce our surgical volumes and admissions in favor of lower intensity and lower cost treatment methodologies or result in patients seeking care from other providers. Additionally, our operations may be impacted by expansion of in-home acute care models, and our inpatient volumes may decline if various inpatient hospital procedures become eligible for reimbursement by Medicare when performed in outpatient settings. These and other factors beyond our control may reduce the demand for services we offer and decrease the reimbursement that we receive, which could have a material, adverse effect on our business, financial position and results of operations.Third-party payer controls designed to reduce costs and other payer practices intended to decrease inpatient services, surgical procedure volumes or reimbursement for services rendered may reduce our revenues. Controls imposed by Medicare, managed Medicare, Medicaid, managed Medicaid and private third-party payers designed to reduce admissions, intensity of services, surgical procedure volumes and lengths of stay, in some instances referred to as â€œutilization review,â€ have affected and are expected to increasingly affect our facilities. Utilization review entails the review of the admission and course of treatment of a patient by third-party payers and may involve prior authorization requirements. The Medicare program also issues national or local coverage determinations that restrict the circumstances under which Medicare pays for certain services. Inpatient and outpatient service utilization and inpatient occupancy rates and average lengths of stay continue to be negatively affected by third-party payersâ€™ prior authorization requirements, coverage restrictions, utilization review and by pressure to maximize outpatient and alternative health care delivery services for less acutely ill patients. Cost control efforts have resulted in an increase in reimbursement denials and delays by both governmental and commercial payers, which may decrease the reimbursement we receive and may increase our costs and administrative burden, as additional resources are devoted to collection and documentation efforts. Additionally, the reimbursement we receive may decline as a result of site-neutrality initiatives, which aim to align payment for services across care settings. Efforts to impose more stringent cost controls are expected to continue and may have a material, adverse effect on our business, financial condition and results of operations. We may encounter difficulty acquiring hospitals and other health care businesses, encounter challenges integrating the operations of acquired hospitals and other health care businesses and/or become liable for unknown or contingent liabilities as a result of acquisitions. A component of our business strategy is acquiring hospitals and other health care businesses. We may encounter difficulty acquiring new facilities or other businesses due to a lack of attractive opportunities or as a result of competition from other purchasers that may be willing to pay purchase prices that are higher than we believe are reasonable. Antitrust 46 Â enforcement in the health care industry is currently a priority of the Federal Trade Commission and the DOJ, including with respect to hospital and physician practice acquisitions. States also are increasingly enacting laws modeled after the federal Hart-Scott-Rodino Act, requiring pre-notification of covered transactions. These laws may specifically target health care transactions and may have broad impacts on closing timetables and approvals. Some states require CONs in order to acquire a hospital or other facility, or to expand facilities or services. In addition, the acquisition of health care facilities often involves licensure approvals or reviews and complex change of ownership processes for Medicare and other payers. Further, many states have laws that restrict the conversion or sale of not-for-profit hospitals to for-profit entities. These laws may require prior approval from the state attorney general, advance notification of the attorney general or other regulators and community involvement. Attorneys general in states without specific requirements may exercise broad discretionary authority over transactions involving the sale of not-for-profits under their general obligations to protect the use of charitable assets. These legislative and administrative efforts often focus on the appropriate valuation of the assets divested and the use of the proceeds of the sale by the non-profit seller and may include consideration of commitments for capital improvements and charity care by the purchaser. Similarly, some states require disclosures by certain health care entities, including hospitals and physician practices, to state attorneys general or other designated entities in advance of sales or other transactions. Also, the increasingly challenging regulatory and enforcement environment may negatively impact our ability to acquire health care businesses if they are found to have material unresolved compliance issues, such as repayment obligations. Resolving compliance issues as well as completion of oversight, review or approval processes could seriously delay or even prevent our ability to acquire hospitals or other businesses and increase our acquisition costs. We may be unable to timely and effectively integrate hospitals and other businesses that we acquire with our ongoing operations, or we may experience delays implementing operating procedures and systems. Hospitals and other health care businesses that we acquire may have unknown or contingent liabilities, including liabilities for failure to comply with health care and other laws and regulations, medical and general professional liabilities, workersâ€™ compensation liabilities and tax liabilities. Although we typically exclude significant liabilities from our acquisition transactions and seek indemnification from the sellers for these matters, we could experience difficulty enforcing those obligations, experience liability in excess of any indemnification obtained or otherwise incur material liabilities for the pre-acquisition conduct of acquired businesses. Such liabilities and related legal or other costs could harm our business and results of operations. Our facilities are heavily concentrated in Florida and Texas, which makes us sensitive to regulatory, economic, public health, environmental and competitive conditions and changes in those states. We operated 190 hospitals at December 31, 2024, and 100 of those hospitals are located in Florida and Texas. Our Florida and Texas facilitiesâ€™ combined revenues represented 52% of our consolidated revenues for the year ended December 31, 2024. This geographic concentration makes us particularly sensitive to regulatory, economic, public health, environmental and competitive conditions in those states. Any material changes in the current payment programs or regulatory, economic, public health, environmental or competitive conditions in those states could have a significant and disproportionate effect on our overall business results. Our business and operations are subject to risks related to changing global weather patterns. Changing global weather patterns present both immediate and long-term physical risks (such as potential increases in the intensity or frequency of hurricanes, extreme weather conditions or other natural disasters) and risks associated with the transition to a low-carbon economy (such as regulatory or technology changes). These changes could result in, for example, temporary declines in the number of patients seeking our services, closures of our hospitals and related facilities, supply chain disruptions, increased costs of products, commodities and energy (including utilities) and disruptions in our information systems, which in turn could negatively impact our business and results of operations. In addition, our hospitals and other facilities in Florida, Texas and other coastal states are located in regions that may be impacted by hurricanes. In the past, hurricanes have had a disruptive effect on the operations of our hospitals and other facilities in Florida, Texas and other coastal states and the patient populations in those states, including Hurricanes Helene and Milton, which made landfall in September and October 2024, respectively. Changing global weather patterns could also increase the intensity or frequency of hurricanes, extreme weather conditions or other natural disasters. Our business assets and activities and the communities we serve have been and could in the future be harmed by a particularly active hurricane season or even a single storm. We face the risk of losses incurred as a result of physical damage to our hospitals and related facilities and business interruptions caused by such events. We maintain property insurance coverage for claims in excess of deductibles and self-insured retention levels generally at $110 million per occurrence to address the impact of physical damage to our facilities and for business interruption losses. However, such insurance coverage may be insufficient to cover our losses in excess of what we self-insure, and we may experience a material, adverse effect on our results of operations that is not recoverable through our insurance policies. Additionally, if we experience a significant 47 Â increase in climate-related events that result in material losses we may be unable to obtain similar levels of property insurance coverage in the future.In addition, changes in consumer preferences and legislation and regulatory requirements regarding sustainability matters, including those associated with the transition to a low-carbon economy, may increase costs associated with compliance, the operation of our facilities and supplies. Sustainability-related laws and regulations, including those limiting greenhouse gas emissions and energy inputs may also increase in coming years, which may adversely impact us through increased compliance costs for us and our suppliers and vendors. Our stakeholders may have differing expectations regarding sustainability matters, and certain stakeholders may not be satisfied or agree with our efforts which may result in reputational harm. Additionally, the varied timing of sustainability-related laws and regulations and disparate regulatory approaches in various jurisdictions could complicate our compliance efforts. Our response to changing global weather patterns, our related strategies, policies, objectives, commitments and disclosure, our ability to achieve our climate-related and other sustainability objectives and commitments (which are subject to risks and uncertainties, many of which are outside of our control) and/or any perception that our response is ineffective or inefficient, or conversely, not in the best interests of the Company could result in reputational harm as a result of negative public sentiment, regulatory scrutiny, litigation and reduced investor and stakeholder confidence.The industry trend toward value-based purchasing may negatively impact our revenues. There is a trend toward value-based purchasing of health care services across the health care industry among both governmental and commercial payers. Generally, value-based purchasing initiatives tie payment to the quality and efficiency of care. For example, Medicare requires hospitals, ASCs, home health agencies, hospices and other providers to report certain quality data to receive full reimbursement updates. In addition, Medicare does not reimburse for care related to certain preventable adverse events (also called â€œnever eventsâ€) or care related to HACs, and federal law prohibits the use of federal funds under the Medicaid program to reimburse providers for medical assistance provided to treat HACs. The 25% of hospitals with the worst risk-adjusted HAC scores in the designated performance period receive a 1% reduction in their inpatient PPS Medicare payments in the applicable federal fiscal year. Hospitals with excess readmission rates for conditions designated by CMS receive a reduction in their inpatient PPS operating Medicare payments for all Medicare inpatient discharges in the federal fiscal year, not just discharges relating to the conditions subject to the excess readmission standard. The reduction in payments to hospitals with excess readmissions can be up to 3% of a hospitalâ€™s base payments. CMS has implemented a value-based purchasing program for inpatient hospital services that reduces inpatient hospital payments for all discharges by 2% in each federal fiscal year. CMS pools the amount collected from these reductions to fund payments to reward hospitals that meet or exceed certain quality performance standards established by CMS. CMS scores each hospital based on achievement (relative to other hospitals) and improvement (relative to the hospitalâ€™s own past performance). Hospitals that meet or exceed the quality performance standards will receive greater reimbursement under the value-based purchasing program than they would have otherwise. In the post-acute care space, home health agencies participate in the nationwide HHVBP Model. Under the model, home health agencies receive increases or reductions to their Medicare fee-for-service payments of up to 5%, based on performance against specific quality measures relative to the performance of other home health providers. Data collected in each performance year affects Medicare payments two years later.CMS has developed several alternative payment models that are intended to reduce costs and improve quality of care for Medicare beneficiaries. Examples of alternative payment models include bundled payment models in which, depending on whether overall CMS spending per episode exceeds or falls below a target specified by CMS and whether quality standards are met, hospitals may receive supplemental Medicare payments or owe repayments to CMS. Generally, participation in bundled payment programs is voluntary, but CMS required hospitals in selected markets to participate in a bundled payment initiative for specified orthopedic procedures, which ended December 31, 2024. Hospitals in selected markets will be required to participate in a new model focused on five specified surgical episodes beginning January 2026. CMS has indicated that it is evaluating the development of more voluntary and mandatory bundled payment models. Participation in mandatory or voluntary demonstration projects, particularly demonstrations with the potential to affect payment, may negatively impact our results of operations. In a strategic report issued in 2021 and updated in 2022, the CMS Innovation Center highlighted the need to accelerate the movement to value-based care and drive broader system transformation. By 2030, the CMS Innovation Center aims to have all fee-for-service Medicare beneficiaries and the vast majority of Medicaid beneficiaries in an accountable care relationship with providers who are responsible for quality and total medical costs. The CMS Innovation Center signaled its intent to streamline its payment models and to increase provider participation through implementation of more mandatory models. 48 Â There are also several state-driven value-based care initiatives. For example, some states have aligned quality metrics across payers through legislation or regulation. CMS has signaled its intent to support value-based initiatives in the Medicaid context. For example, a final rule issued in May 2024 reduces state burdens for implementing some SDP arrangements, with the intent of helping states use such arrangements to implement value-based initiatives. In addition, private third-party payers are also transitioning toward alternative payment models or implementing other value-based care strategies. For example, many large private third-party payers currently require hospitals to report quality data, and several private third-party payers do not reimburse hospitals for certain preventable adverse events. Further, we have implemented a policy pursuant to which we do not bill patients or third-party payers for fees or expenses incurred due to certain preventable adverse events. We expect value-based purchasing programs, including programs that condition reimbursement on patient outcome measures, to become more common and to involve a higher percentage of reimbursement amounts. It is unclear whether these and other alternative payment models will successfully coordinate care and reduce costs or whether they will decrease aggregate reimbursement. We are unable to predict our future payments or whether we will be subject to payment reductions under these programs or how this trend will affect our results of operations. If we are unable to meet or exceed the quality performance standards under any applicable value-based purchasing program, perform at a level below the outcomes demonstrated by our competitors, or otherwise fail to effectively provide or coordinate the efficient delivery of quality health care services, our reputation in the industry may be negatively impacted, we may receive reduced reimbursement amounts and we may owe repayments to payers, causing our revenues to decline. Risks related to macroeconomic conditions: Our overall business results may suffer during periods of general economic weakness or recessions. Our business is impacted by economic conditions in the United States, including periods of significant inflation, higher interest rates or economic weakness or recessions. Also, budget deficits at the federal level and within some state and local government entities have had, and may continue to have, a negative impact on spending for health and human service programs, including Medicare, Medicaid and similar programs, which represent significant third-party payer sources for our hospitals. We anticipate that the federal deficit, the growing magnitude of Medicare and Medicaid expenditures and the aging and health status trends of the U.S. population will continue to place pressure on government health care programs, and it is possible that future deficit reduction legislation will mandate additional Medicare spending reductions. There is uncertainty regarding the impact of any failure to increase the â€œdebt ceiling,â€ and any U.S. government default on its debt could have broad macroeconomic effects. Further, any shutdown of the federal government, failure to enact annual appropriations, hold on congressionally authorized spending or interruptions in the distribution of governmental funds could adversely affect our financial results.Other risks we face during periods of economic weakness and high unemployment include potential declines in the population covered under managed care agreements, increased patient decisions to postpone or cancel elective and nonemergency health care procedures (including delaying surgical procedures), which may lead to poorer health and higher acuity interventions, potential increases in the uninsured and underinsured populations, increased adoption of health plan structures that shift financial responsibility to patients and further difficulties in collecting patient receivables for copayment and deductible receivables. Further, inflationary pressures may increase operating expenses to a greater degree and faster than reflected in updates to the reimbursement systems of governmental and private payers. General economic conditions, including inflation, when worsening or remaining volatile for an extended period of time, have and may continue to have, a negative impact on our results of operations, liquidity, ability to repay our outstanding debt and trading price of our common stock. These factors may affect the availability, terms or timing on which we may obtain any additional funding and our ability to access our cash. There can be no assurance that we will be able to raise additional funds on terms acceptable to us, if at all.We are exposed to market risk related to changes in the market values of securities and interest rates. We are exposed to market risk related to changes in market values of securities. The investment securities held by our insurance subsidiaries were $657 million at December 31, 2024. These investments are carried at fair value, with changes in unrealized gains and losses related to factors other than credit loss allowances being recorded as adjustments to other comprehensive income. At December 31, 2024, we had net unrealized losses of $27 million on the insurance subsidiariesâ€™ investment securities. We are exposed to market risk related to market illiquidity. Investment securities of our insurance subsidiaries could be impaired by the inability to access the capital markets. Should the insurance subsidiaries require significant amounts of cash in excess of normal cash requirements to pay claims and other expenses on short notice, we may have difficulty selling these investments in a timely manner or be forced to sell them at a price less than what we might otherwise have been able to in a normal market environment. We may be required to recognize credit-related impairments on long-term 49 Â investments in future periods should issuers default on interest payments or should the fair market valuations of the securities deteriorate due to ratings downgrades or other issue specific factors. We are also exposed to market risk related to changes in interest rates that impact the amount of the interest expense we incur with respect to our floating rate obligations as well as the value of certain investments. We periodically enter into interest rate swap agreements to manage our exposure to these fluctuations. These interest rate swap agreements involve the exchange of fixed and variable rate interest payments between two parties, based on common notional principal amounts and maturity dates. Risks related to ownership of our common stock: There can be no assurance that we will continue to pay dividends. The Company declares a regular quarterly cash dividend under our cash dividend program. During 2024, the Board of Directors declared four quarterly dividends of $0.66 per share, or $2.64 per share in the aggregate, on our common stock. On January 23, 2025, our Board of Directors declared a quarterly dividend of $0.72 per share on our common stock payable on March 31, 2025 to stockholders of record at the close of business on March 17, 2025. The declaration, amount and timing of such dividends are subject to capital availability and determinations by our Board of Directors that cash dividends are in the best interest of our stockholders and are in compliance with all respective laws and our agreements applicable to the declaration and payment of cash dividends. Our ability to pay dividends will depend upon, among other factors, our cash flows from operations, our available capital and potential future capital requirements for strategic transactions, including acquisitions, debt service requirements, share repurchases and investing in our existing markets as well as our results of operations, financial condition and other factors beyond our control that our Board of Directors may deem relevant. A reduction in or suspension or elimination of our dividend payments could have a negative effect on our stock price. Certain of our investors may continue to have influence over us. On November 17, 2006, HCA Inc. was acquired by a private investor group, including affiliates of HCA founder, Dr. Thomas F. Frist, Jr. and certain other investors. Through their investment in Hercules Holding II and other holdings, certain of the Frist-affiliated investors continue to hold a significant interest in our outstanding common stock (approximately 28% as of January 31, 2025). In addition, pursuant to a stockholders' agreement we entered into with Hercules Holding II and the Frist-affiliated investors, certain representatives of these investors have the continued right to nominate certain of the members of our Board of Directors. As a result, certain of these investors potentially have the ability to influence our decisions to enter into corporate transactions (and the terms thereof) and prevent changes in the composition of our Board of Directors or any transaction that requires stockholder approval. Item 1B. Unresolved Staff Comments None. Item 1C. CybersecurityManagement is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and managementâ€™s plans for monitoring and testing compliance with data security regulations. The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs. The security program includes cybersecurity and information security risk management. Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs. 50 Â We seek to leverage a comprehensive risk management program aligned with the National Institute of Technology Cybersecurity Framework 2.0 that encompasses a structured approach to assess, identify, and manage cyber and information security risks. The internal processes for these activities are evaluated for alignment with our objectives and overall risk tolerance. This approach is consistent with our overall risk management efforts. The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management. We utilize cross-functional teams and risk assessment tools and technologies to identify potential cybersecurity and information security threats and risks. These teams include representatives from various departments within our Company to promote a holistic view of the organizationâ€™s cybersecurity and information security risk landscape and to facilitate communication. We have implemented multiple layers of security measures designed to protect the confidentiality, integrity and availability of our data and the systems and devices that store and transmit such data. We also seek to embed security measures into software and system development processes and to use current security technologies. In addition, we engage third parties to actively monitor potential threats as well as our security defenses. The risk landscape is assessed to determine the likelihood and potential impact of identified risks. This assessment involves a combination of qualitative and quantitative analyses to help prioritize identified risks and determine the appropriate risk treatment. The effectiveness of the cybersecurity and information security program is tested through a combination of internal and external assessments. Updates are provided to senior management and the Audit and Compliance Committee for informed decision-making and are integrated into our broader enterprise risk management processes. We also seek to oversee and identify potential cybersecurity and information security threats and risks relating to suppliers and third-party service providers. These efforts may include due diligence to assess the partyâ€™s cybersecurity practices, controls, and compliance with relevant statutes and regulations; the use of contractual agreements that outline certain cybersecurity requirements; and using outside services to perform ongoing monitoring of select suppliers and third-party service providers. We also collaborate with select third-party suppliers to develop and align incident response plans.No risks from cybersecurity threats or previous cybersecurity incidents have materially affected our business strategy, results of operations, or financial condition. However, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cybersecurity threats, including the remediation of critical information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future. Additionally, while we have in place insurance coverage designed to address certain aspects of cybersecurity risks, such insurance coverage may be insufficient to cover all insured losses or all types of claims that may arise. 51 Â Item 2. Properties The following table lists, by state, the number of hospitals (general, acute care, behavioral and rehabilitation) directly or indirectly owned and operated by us as of December 31, 2024: State Â Hospitals Â Â Beds Â Alaska Â Â 1 Â Â Â 250 Â California Â Â 4 Â Â Â 1,660 Â Colorado Â Â 7 Â Â Â 2,602 Â Florida Â Â 46 Â Â Â 13,221 Â Georgia Â Â 5 Â Â Â 1,543 Â Idaho Â Â 2 Â Â Â 454 Â Indiana Â Â 1 Â Â Â 278 Â Kansas Â Â 5 Â Â Â 1,473 Â Kentucky Â Â 2 Â Â Â 384 Â Louisiana Â Â 1 Â Â Â 380 Â Missouri Â Â 5 Â Â Â 1,080 Â Nevada Â Â 3 Â Â Â 1,634 Â New Hampshire Â Â 3 Â Â Â 432 Â North Carolina Â Â 7 Â Â Â 1,219 Â South Carolina Â Â 4 Â Â Â 1,054 Â Tennessee Â Â 13 Â Â Â 2,651 Â Texas Â Â 54 Â Â Â 14,316 Â Utah Â Â 8 Â Â Â 1,057 Â Virginia Â Â 11 Â Â Â 3,359 Â Â Â Â Â Â Â Â International Â Â Â Â Â Â England Â Â 8 Â Â Â 938 Â Â Â Â 190 Â Â Â 49,985 Â In addition to the hospitals listed in the above table, we directly or indirectly operate 124 ASCs and 26 freestanding endoscopy centers. We also operate medical office buildings in conjunction with some of our hospitals. These office buildings are primarily occupied by physicians who practice at our hospitals. Twelve of our general, acute care hospitals and five of our other properties have been mortgaged to support our obligations under our senior secured cash flow credit facility. We maintain our headquarters in approximately 2,031,000 square feet of space in the Nashville, Tennessee area. In addition to the headquarters in Nashville, we maintain regional service centers related to our shared services initiatives. These service centers are located in markets in which we operate hospitals. We believe our headquarters, hospitals and other facilities are suitable for their respective uses and are, in general, adequate for our present needs. Our properties are subject to various federal, state and local statutes and ordinances regulating their operation. Management does not believe that compliance with such statutes and ordinances will materially affect our financial position or results of operations. Item 3. Legal Proceedings The information set forth in Note 10 â€“ Contingencies in the notes to the consolidated financial statements is incorporated herein by reference. In addition, the following matter is being disclosed pursuant to Item 103 of Regulation S-K because it relates to environmental regulations and the Company believes monetary sanctions could exceed $300,000. In December 2023, an affiliate of the Company was notified of an investigation conducted by District Attorneys in four counties in California regarding the waste disposal practices of the Companyâ€™s California facilities and alleging violations of certain state environmental and other laws. The Company is responding to requests for information from the District Attorneys and is assessing the allegations and underlying facts. Based on the information known at this time, the Company does not believe this matter will materially impact the Company. Item 4. Mine Safety Disclosures None. 52 Â PART II Item 5. Market for Registrantâ€™s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities During January 2023, January 2024 and January 2025, our Board of Directors authorized share repurchase programs for up to $3 billion, $6 billion and $10 billion, respectively, of the Companyâ€™s outstanding common stock. The January 2023 authorization was completed during 2024, and at December 31, 2024, there was $764 million of share repurchase authorization that remained available under the January 2024 authorization. All repurchases made during the fourth quarter of 2024, as detailed below, were made pursuant to the January 2024 share repurchase authorization and were made in the open market. The following table provides certain information with respect to our repurchases of common stock from October 1, 2024 through December 31, 2024 (dollars in millions, except per share amounts). Â Period Â Total Numberof SharesPurchased Â Â Average PricePaid per Share Â Â Total Numberof SharesPurchased asPart ofPubliclyAnnouncedPlans orPrograms Â Â ApproximateDollar Value ofShares ThatMay Yet BePurchasedUnder PubliclyAnnouncedPlans orPrograms Â October 2024 Â Â 1,564,869 Â Â $ 390.45 Â Â Â 1,564,869 Â Â $ 1,822 Â November 2024 Â Â 1,707,356 Â Â $ 349.09 Â Â Â 1,707,356 Â Â $ 1,226 Â December 2024 Â Â 1,466,721 Â Â $ 315.00 Â Â Â 1,466,721 Â Â $ 764 Â Total for Fourth Quarter 2024 Â Â 4,738,946 Â Â $ 352.19 Â Â Â 4,738,946 Â Â Â Â Â Our common stock is traded on the New York Stock Exchange (â€œNYSEâ€) (symbol â€œHCAâ€). During 2024, our Board of Directors declared four quarterly dividends of $0.66 per share, or $2.64 per share in the aggregate, on our common stock. On January 23, 2025, our Board of Directors declared a quarterly dividend of $0.72 per share on our common stock payable on March 31, 2025 to stockholders of record at the close of business on March 17, 2025. Future declarations of quarterly dividends and the establishment of future record and payment dates are subject to the final determination of our Board of Directors. Our ability to declare future dividends may also from time to time be limited by the terms of our debt agreements. At the close of business on January 31, 2025, there were approximately 460 holders of record of our common stock. 53 Â STOCK PERFORMANCE GRAPH COMPARISON OF 5 YEAR CUMULATIVE TOTAL RETURN Among HCA Healthcare, Inc., the S&P 500 Index and the S&P Health Care Index Â Â Â Â 12/31/2019 Â Â 12/31/2020 Â Â 12/31/2021 Â Â 12/31/2022 Â Â 12/31/2023 Â Â 12/31/2024 Â HCA Healthcare, Inc. Â $ 100.00 Â Â $ 111.64 Â Â $ 175.93 Â Â $ 165.99 Â Â $ 188.93 Â Â $ 211.12 Â S&P 500 Â Â 100.00 Â Â Â 118.40 Â Â Â 152.39 Â Â Â 124.79 Â Â Â 157.59 Â Â Â 197.02 Â S&P Health Care Â Â 100.00 Â Â Â 113.45 Â Â Â 143.09 Â Â Â 140.29 Â Â Â 143.18 Â Â Â 146.87 Â Â The graph shows the cumulative total return to our stockholders for the five-year period ended December 31, 2024, in comparison to the cumulative returns of the S&P 500 Index and the S&P Health Care Index. The graph assumes $100 invested on December 31, 2019 in our common stock and in each index with the subsequent reinvestment of dividends. The stock performance shown on the graph represents historical stock performance and is not necessarily indicative of future stock price performance. Item 6. [Reserved] 54 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONSÂ Item 7. Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations The accompanying consolidated financial statements present certain information with respect to the financial position, results of operations and cash flows of HCA Healthcare, Inc. which should be read in conjunction with the following discussion and analysis. The terms â€œHCA,â€ â€œCompany,â€ â€œwe,â€ â€œour,â€ or â€œus,â€ as used herein, refer to HCA Healthcare, Inc. and its affiliates. The term â€œaffiliatesâ€ means direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. Forward-Looking StatementsThis annual report on Form 10-K includes certain disclosures that contain â€œforward-looking statements,â€ within the meaning of the federal securities laws, which involve risks and uncertainties. Forward-looking statements include statements regarding expected capital expenditures, expected dividends, expected share repurchases, expected net claim payments, expected inflationary pressures and all other statements that do not relate solely to historical or current facts, and can be identified by the use of words like â€œmay,â€ â€œbelieve,â€ â€œwill,â€ â€œexpect,â€ â€œproject,â€ â€œestimate,â€ â€œanticipate,â€ â€œplan,â€ â€œinitiativeâ€ or â€œcontinue.â€ These forward-looking statements are based on our current plans and expectations and are subject to a number of known and unknown uncertainties and risks, many of which are beyond our control, which could significantly affect current plans and expectations and our future financial position and results of operations. These factors include, but are not limited to, (1) changes in or related to general economic conditions nationally and regionally in our markets, including inflation and economic and business conditions (and the impact thereof on the economy, financial markets and banking industry); changes in revenues due to declining patient volumes; changes in payer mix (including increases in uninsured and underinsured patients); potential increased expenses related to labor, supply chain or other expenditures; workforce disruptions; supply shortages and disruptions (including as a result of geopolitical disruptions); and the impact of potential federal government shutdowns or interruptions in appropriation or distribution of governmental funds, (2) the impact of current and future health care public policy developments and possible changes to other federal, state or local laws and regulations affecting the health care industry, including, but not limited to, the expiration of enhanced premium tax credits for individuals eligible to purchase insurance coverage through federal and state-based health insurance marketplaces, (3) the impact of our significant indebtedness and the ability to refinance such indebtedness on acceptable terms, (4) the effects related to the implementation of sequestration spending reductions required under the Budget Control Act of 2011, related legislation extending these reductions, and the potential for future deficit reduction legislation that may alter these spending reductions, which include cuts to Medicare payments, or create additional spending reductions, (5) the ability to achieve operating and financial targets, attain expected levels of patient volumes and revenues, and control the costs of providing services, (6) possible changes in Medicare, Medicaid and other state programs, including Medicaid supplemental payment programs, Medicaid waiver programs or state directed payments, that may impact reimbursements to health care providers and insurers and the size of the uninsured or underinsured population, (7) increases in the amount and risk of collectability of uninsured accounts and deductibles and copayment amounts for insured accounts, (8) personnel-related capacity constraints, increases in wages and the ability to attract, utilize and retain qualified management and other personnel, including affiliated physicians, nurses and medical and technical support personnel, (9) the highly competitive nature of the health care business, (10) changes in service mix, revenue mix and surgical volumes, including potential declines in the population covered under third-party payer agreements, the ability to enter into and renew third-party payer provider agreements on acceptable terms and the impact of consumer-driven health plans and physician utilization trends and practices, (11) the efforts of health insurers, health care providers, large employer groups and others to contain health care costs, (12) the outcome of our continuing efforts to monitor, maintain and comply with appropriate laws, regulations, policies and procedures, (13) the availability and terms of capital to fund the expansion of our business and improvements to our existing facilities, (14) changes in accounting practices, (15) the emergence of and effects related to pandemics, epidemics and outbreaks of infectious diseases or other public health crises, (16) future divestitures which may result in charges and possible impairments of long-lived assets, (17) changes in business strategy or development plans, (18) delays in receiving payments for services provided, (19) the outcome of pending and any future tax audits, disputes and litigation associated with our tax positions, (20) the impact of known and unknown government investigations, litigation and other claims that may be made against us, (21) the impact of actual and potential cybersecurity incidents or security breaches involving us or our vendors and other third parties, (22) our ongoing ability to demonstrate meaningful use of certified electronic health record technology and the impact of interoperability requirements, (23) the impact of natural disasters, such as hurricanes and floods, including Hurricanes Milton and Helene, physical risks from changing global weather patterns or similar events beyond our control on our assets and activities and the communities we serve, (24) changes in U.S. federal, state, or foreign tax laws including interpretive guidance that may be issued by taxing authorities, other standard setting bodies or judicial decisions, (25) the results of our efforts to use technology and resilience initiatives, including AI and machine learning, to drive efficiencies, better outcomes and an enhanced patient experience, and (26) other risk factors described in this annual report on Form 10-K. As a consequence, current plans, anticipated actions and future financial position and results of operations may differ from those expressed in any forward-looking statements made by or on behalf of HCA. You are cautioned not to unduly rely on such forward-looking statements when evaluating the information presented in this report, which forward-looking statements reflect managementâ€™s views only as of the date of this report. We undertake no obligation to revise or update any forward-looking statements, whether as a result of new information, future events or otherwise. 55 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â 2024 Operations Summary Net income attributable to HCA Healthcare, Inc. totaled $5.760 billion, or $22.00 per diluted share, for 2024, compared to $5.242 billion, or $18.97 per diluted share, for 2023. The 2024 results include gains on sales of facilities of $14 million, or $0.04 per diluted share. The 2024 results also include additional expenses and losses of revenues estimated at approximately $250 million, or $0.73 per diluted share, related to Hurricanes Helene and Milton, which impacted our facilities in North Carolina and certain facilities in Florida. The 2023 results include losses on sales of facilities of $5 million, or $0.04 per diluted share. Our provisions for income taxes for 2024 and 2023 include tax benefits of $102 million, or $0.39 per diluted share, and $93 million, or $0.34 per diluted share, respectively, related to employee equity award settlements. All â€œper diluted shareâ€ disclosures are based upon amounts net of the applicable income taxes. Shares used for diluted earnings per share were 261.806 million shares and 276.412 million shares for the years ended December 31, 2024 and 2023, respectively. During 2024 and 2023, we repurchased 17.798 million and 14.465 million shares, respectively, of our common stock. Revenues increased to $70.603 billion for 2024 from $64.968 billion for 2023. Revenues increased 8.7% and 7.9%, respectively, on a consolidated basis and on a same facility basis for 2024, compared to 2023. The consolidated revenues increase can be primarily attributed to the combined impact of a 5.3% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission. The same facility revenues increase resulted primarily from the combined impact of a 4.5% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission. Our revenues from Medicaid state directed and supplemental payment programs totaled approximately $4.9 billion and $3.9 billion in 2024 and 2023, respectively.During 2024, consolidated admissions increased 5.0% and same facility admissions increased 4.9%, compared to 2023. Inpatient surgical volumes increased 2.2% on both a consolidated basis and a same facility basis during 2024, compared to 2023. Outpatient surgical volumes declined 1.9% on a consolidated basis and declined 1.6% on a same facility basis during 2024, compared to 2023. Emergency room visits increased 4.8% on a consolidated basis and increased 4.9% on a same facility basis during 2024, compared to 2023. The estimated cost of total uncompensated care increased $646 million for 2024, compared to 2023. Consolidated and same facility uninsured admissions increased 1.3% and 1.0%, respectively, and consolidated and same facility uninsured emergency room visits increased 13.8% and 13.5%, respectively, for 2024, compared to 2023. Interest expense totaled $2.061 billion for 2024, compared to $1.938 billion for 2023. The $123 million increase in interest expense for 2024 was primarily due to an increase in the average debt balance. Cash flows from operating activities increased $1.083 billion, from $9.431 billion for 2023 to $10.514 billion for 2024. The increase in cash flows from operating activities was related primarily to an increase in net income of $542 million, excluding losses and gains on sales of facilities, and a positive change in working capital items of $351 million, mainly from a decline in inventories and other assets.Business Strategy We are committed to providing the communities we serve with high quality, convenient and cost-effective health care while growing our business and creating long-term value for our stockholders. We strive to be the health care system of choice in the communities we serve by developing comprehensive networks locally and supporting these networks with enterprise expertise and economies of scale. Our strategy is organized around a framework that seeks to drive sustained growth by delivering operational excellence, attracting exceptional physicians and other health care professionals, developing comprehensive services, creating greater access, and coordinating higher quality care for patients. To achieve these objectives, we align our efforts around the following growth agenda: Grow Our Presence in Existing Markets. We believe we are well positioned in a number of large and growing markets that will allow us the opportunity to generate long-term, attractive growth through the expansion of our presence in these markets. We plan to continue recruiting and strategically collaborating with the physician community and developing comprehensive service lines such as cardiology, neurology, oncology, orthopedics and womenâ€™s services. Additional components of our growth strategy include providing access and convenience through developing various outpatient facilities, including, but not limited to surgery centers, urgent care clinics, freestanding emergency care facilities, imaging centers and home health and hospice services, as well as seeking to improve coordination of care and patient retention across our markets. 56 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Business Strategy (continued)Achieve Industry-Leading Performance in Clinical, Operational and Satisfaction Measures. Achieving high levels of patient safety, patient satisfaction and clinical quality are central goals of our business. To achieve these goals, we have implemented a number of initiatives including infection reduction initiatives, hospitalist programs, advanced health information technology and evidence-based medicine programs. We routinely analyze operational practices from our best-performing hospitals to identify ways to implement organization-wide performance improvements and reduce clinical variation. We believe these initiatives will continue to improve patient care, help us achieve cost efficiencies and favorably position us in an environment where our constituents are increasingly focused on quality, efficacy and efficiency. Recruit and Retain Physicians and Other Health Care Professionals to Meet the Need for High Quality Health Services. We depend on the quality and dedication of the health care providers and other team members who serve at our facilities. We believe a critical component of our growth strategy is our ability to successfully recruit and strategically collaborate with physicians and other health care professionals to provide high quality care. We attract and retain physicians and other health care professionals by providing high quality, convenient facilities with advanced technology, by expanding our specialty services and by building our outpatient operations. We believe our continued investment in the employment, recruitment and retention of physicians and other health care professionals will improve the quality of care at our facilities. Continue to Utilize Economies of Scale to Grow the Company. We believe there is significant opportunity to continue to grow our company by fully utilizing the scale and scope of our organization. We continue to invest in initiatives such as care navigators, clinical data exchange and centralized patient transfer operations, which will enable us to improve coordination of care and patient retention across our markets. We believe our centrally managed business processes and ability to leverage cost-saving practices across our extensive network will enable us to continue to manage costs effectively. We continue to invest in our shared service platforms to deploy key components of our support infrastructure, including revenue cycle management, health care group purchasing, supply chain management and staffing functions. Pursue a Disciplined Development Strategy. We continue to believe there are significant growth opportunities in our markets. We will continue to provide financial and operational resources to analyze and develop our in-market opportunities. To complement our in-market growth agenda and achieve cost savings and other benefits for the patients and communities we serve, we intend to focus on selectively developing and acquiring new hospitals, outpatient facilities and other health care service providers. Our strategy also emphasizes investments that seek to advance our clinical systems and digital capabilities, transform care models with innovative care solutions, expand our workforce development programs and enhance our health care networks and partnerships. Critical Accounting Policies and Estimates The preparation of our consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent liabilities and the reported amounts of revenues and expenses. Our estimates are based on historical experience and various other assumptions we believe are reasonable under the circumstances. We evaluate our estimates on an ongoing basis and make changes to the estimates and related disclosures as experience develops or new information becomes known. Actual results may differ from these estimates. We believe the following critical accounting policies affect our more significant judgments and estimates used in the preparation of our consolidated financial statements. 57 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Critical Accounting Policies and Estimates (continued)Revenues Revenues are recorded during the period the health care services are provided, based upon the estimated amounts due from payers. Estimates of contractual allowances under managed care health plans are based upon the payment terms specified in the related contractual agreements. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The estimated reimbursement amounts are made on a payer-specific basis and are recorded based on the best information available regarding managementâ€™s interpretation of the applicable laws, regulations and contract terms. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. We have invested significant resources to refine and improve our billing systems and the information system data used to make contractual allowance estimates. We have developed standardized calculation processes and related employee training programs to improve the utility of our patient accounting systems. Patients treated at hospitals for non-elective care who have income at or below 400% of the federal poverty level are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care who have income above 400% of the federal poverty level are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable collection efforts have been performed. The estimates for implicit price concessions are based upon managementâ€™s assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of our revenues and accounts receivable (the â€œhindsight analysisâ€) as a primary source of information in estimating the collectability of our accounts receivable. We perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and writeoff data. We believe our quarterly updates to the estimated implicit price concession amounts at each of our hospital facilities provide reasonable estimates of our revenues and valuations of our accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of our accounts receivable or period-to-period comparisons of our revenues. To quantify the total impact of and trends related to uninsured patient accounts, we believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions): Â Â Â 2024 Â Â 2023 Â Â 2022 Â Patient care costs (salaries and benefits, supplies, other operatingÂ Â Â expenses and depreciation and amortization) Â $ 60,056 Â Â $ 55,341 Â Â $ 51,180 Â Cost-to-charges ratio (patient care costs as percentage of grossÂ Â Â patient charges) Â Â 10.1 % Â Â 10.5 % Â Â 11.0 % Total uncompensated care Â $ 43,231 Â Â $ 35,426 Â Â $ 31,734 Â Multiply by the cost-to-charges ratio Â Â 10.1 % Â Â 10.5 % Â Â 11.0 % Estimated cost of total uncompensated care Â $ 4,366 Â Â $ 3,720 Â Â $ 3,491 Â Â 58 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Critical Accounting Policies and Estimates (Continued)Revenues (continued)Management expects a continuation of the challenges related to collection of patient due accounts. Adverse changes in the percentage of our patients having adequate health care coverage, increases in patient responsibility amounts under certain health care coverages, general economic conditions, patient accounting service center operations, payer mix, or trends in federal, state, and private employer health care coverage could affect the collection of accounts receivable, cash flows and results of operations. See Item 1, â€œBusiness â€” Developments in Health Care Public Policy.â€ Professional Liability Claims We, along with virtually all health care providers, operate in an environment with professional liability risks. Our facilities are insured by our insurance subsidiary for losses up to $80 million per occurrence ($110 million effective January 1, 2025), subject, in most cases, to a $15 million per occurrence self-insured retention. The insurance subsidiary has obtained reinsurance for professional liability risks generally above a retention level of either $25 million or $35 million per occurrence, depending on the jurisdiction for the related claim. We purchase excess insurance on an occurrence reported basis for losses in excess of amounts insured by our insurance subsidiary. Provisions for losses related to professional liability risks were $627 million, $619 million and $517 million for the years ended December 31, 2024, 2023 and 2022, respectively. We recorded an increase to the provision for professional liability risks of $40 million during 2023 and a reduction to the provision for professional liability risks of $55 million for 2022, due to the receipt of updated actuarial information. Reserves for professional liability risks represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates. The estimated ultimate cost includes estimates of direct expenses and fees paid to outside counsel and experts, but does not include the general overhead costs of our insurance subsidiary or corporate office. Individual case reserves are established based upon the particular circumstances of each reported claim and represent our estimates of the future costs that will be paid on reported claims. Case reserves are reduced as claim payments are made and are adjusted upward or downward as our estimates regarding the amounts of future losses are revised. Once the case reserves for known claims are determined, information is stratified by loss layers and retentions, accident years, reported years, and geographic location of our hospitals. Several actuarial methods are employed to utilize this data to produce estimates of ultimate losses and reserves for incurred but not reported claims, including: paid and incurred extrapolation methods utilizing paid and incurred loss development to estimate ultimate losses; frequency and severity methods utilizing paid and incurred claims development to estimate ultimate average frequency (number of claims) and ultimate average severity (cost per claim); and Bornhuetter-Ferguson methods which add expected development to actual paid or incurred experience to estimate ultimate losses. These methods use our company-specific historical claims data and other information. Company-specific claim reporting and payment data collected over an approximate 20-year period is used in our reserve estimation process. This company-specific data includes information regarding our business, including historical paid losses and loss adjustment expenses, historical and current case loss reserves, actual and projected hospital statistical data, professional liability retentions for each policy year, geographic information and other data. Reserves and provisions for professional liability risks are based upon actuarially determined estimates. The estimated reserve ranges, net of amounts receivable under reinsurance contracts, were $1.855 billion to $2.221 billion at December 31, 2024 and $1.863 billion to $2.230 billion at December 31, 2023. Our estimated reserves for professional liability claims may change significantly if future claims differ from expected trends. We perform sensitivity analyses which model the volatility of key actuarial assumptions and monitor our reserves for adequacy relative to all our assumptions in the aggregate. Based on our analysis, we believe the estimated professional liability reserve ranges represent the reasonably likely outcomes for ultimate losses. We consider the number and severity of claims to be the most significant assumptions in estimating reserves for professional liabilities. A 2.5% change in the expected frequency trend could be reasonably likely and would increase the reserve estimate by $31 million or reduce the reserve estimate by $30 million. A 2.5% change in the expected claim severity trend could be reasonably likely and would increase the reserve estimate by $121 million or reduce the reserve estimate by $113 million. We believe adequate reserves have been recorded for our professional liability claims; however, due to the complexity of the claims, the extended period of time to resolve the claims and the wide range of potential outcomes, our ultimate liability for professional liability claims could change by more than the estimated sensitivity amounts and could change materially from our current estimates. Â 59 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Critical Accounting Policies and Estimates (Continued)Professional Liability Claims (continued)The reserves for professional liability risks cover approximately 2,100 individual claims at both December 31, 2024 and 2023 and estimates for unreported potential claims. The time period required to resolve these claims can vary depending upon the jurisdiction and whether the claim is settled or litigated. The average time period between the occurrence and final resolution for our professional liability claims is approximately five years, although the facts and circumstances of each individual claim can result in an occurrence-to-resolution timeframe that varies from this average. The estimation of the timing of payments beyond a year can vary significantly. Reserves for professional liability risks were $2.131 billion and $2.089 billion at December 31, 2024 and 2023, respectively. The current portion of these reserves, $587 million and $532 million at December 31, 2024 and 2023, respectively, is included in â€œother accrued expenses.â€ Obligations covered by reinsurance and excess insurance contracts are included in the reserves for professional liability risks, as we remain liable to the extent reinsurers and excess insurance carriers do not meet their obligations. Reserves for professional liability risks (net of $80 million and $42 million receivable under reinsurance and excess insurance contracts at December 31, 2024 and 2023, respectively) were $2.051 billion and $2.047 billion at December 31, 2024 and 2023, respectively. The estimated total net reserves for professional liability risks at December 31, 2024 and 2023 are comprised of $1.059 billion and $947 million, respectively, of case reserves for known claims and $992 million and $1.100 billion, respectively, of reserves for incurred but not reported claims. The 2024 increase in case reserves for known claims and the corresponding decrease in reserves for incurred but not reported claims is the result of changes in case management processes at our insurance subsidiary that include establishing case reserve estimates earlier and resolving claims quicker.Â Changes in our professional liability reserves, net of reinsurance recoverable, for the years ended December 31, are summarized in the following table (dollars in millions): Â Â 2024 Â Â 2023 Â Â 2022 Â Net reserves for professional liability claims, January 1 Â $ 2,047 Â Â $ 1,983 Â Â $ 1,967 Â Â Â Â Â Â Â Â Â Â Â Provision for current year claims Â Â 545 Â Â Â 573 Â Â Â 538 Â Unfavorable (favorable) development related to prior yearsâ€™ claims Â Â 82 Â Â Â 46 Â Â Â (21) Total provision Â Â 627 Â Â Â 619 Â Â Â 517 Â Â Â Â Â Â Â Â Â Â Â Â Payments for current year claims Â Â 12 Â Â Â 13 Â Â Â 4 Â Payments for prior yearsâ€™ claims Â Â 588 Â Â Â 537 Â Â Â 493 Â Total claim payments Â Â 600 Â Â Â 550 Â Â Â 497 Â Â Â Â Â Â Â Â Â Â Â Effect of new retroactive reinsurance contracts Â Â (23) Â Â (5) Â Â (4) Net reserves for professional liability claims, December 31 Â $ 2,051 Â Â $ 2,047 Â Â $ 1,983 Â Â Income Taxes We calculate our provision for income taxes using the asset and liability method, under which deferred tax assets and liabilities are recognized by identifying the temporary differences that arise from the recognition of items in different periods for tax and accounting purposes. Deferred tax assets generally represent the tax effects of amounts expensed in our income statement for which tax deductions will be claimed in future periods. Interest and penalties payable to taxing authorities are included as a component of our provision for income taxes. We have elected to treat taxes incurred on global intangible low-taxed income as a period expense. Although we believe we have properly reported taxable income and paid taxes in accordance with applicable laws, federal, state or foreign taxing authorities may challenge our tax positions upon audit. Significant judgment is required in determining and assessing the impact of uncertain tax positions. We report a liability for unrecognized tax benefits from uncertain tax positions taken or expected to be taken in our income tax returns. During each reporting period, we assess the facts and circumstances related to uncertain tax positions. If the realization of unrecognized tax benefits is deemed probable based upon new facts and circumstances, the estimated liability and the provision for income taxes are reduced in the current period. Final audit results may vary from our estimates. 60 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations Revenue/Volume Trends Our revenues depend upon inpatient occupancy levels, the ancillary services and therapy programs ordered by physicians and provided to patients, the volume of outpatient procedures and the charge and negotiated payment rates for such services. Gross charges typically do not reflect what our facilities are actually paid. Our facilities have entered into agreements with third-party payers, including government programs and managed care health plans, under which the facilities are paid based upon the cost of providing services, predetermined rates per diagnosis, fixed per diem rates or discounts from gross charges. We do not pursue collection of amounts related to patients who meet our guidelines to qualify for charity care; therefore, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. Revenues increased 8.7% to $70.603 billion for 2024 from $64.968 billion for 2023 and increased 7.9% for 2023 from $60.233 billion for 2022. The increase in revenues in 2024 can be primarily attributed to the combined impact of a 5.3% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission compared to the prior year. The increase in revenues in 2023 can be primarily attributed to the combined impact of a 4.9% increase in equivalent admissions and a 2.8% increase in revenue per equivalent admission compared to the prior year.Same facility revenues increased 7.9% for the year ended December 31, 2024 compared to the year ended December 31, 2023 and increased 7.6% for the year ended December 31, 2023 compared to the year ended December 31, 2022. The 7.9% increase for 2024 can be primarily attributed to the combined impact of a 4.5% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission. The 7.6% increase for 2023 can be primarily attributed to the net impact of a 4.8% increase in equivalent admissions and a 2.7% decline in revenue per equivalent admission.Consolidated admissions increased 5.0% during 2024 compared to 2023 and increased 2.7% during 2023 compared to 2022. Consolidated inpatient surgical volumes increased 2.2% during 2024 compared to 2023 and increased 1.3% during 2023 compared to 2022. Consolidated outpatient surgical volumes declined 1.9% during 2024 compared to 2023 and increased 2.1% during 2023 compared to 2022. Consolidated emergency room visits increased 4.8% during 2024 compared to 2023 and increased 4.1% during 2023 compared to 2022. Same facility admissions increased 4.9% during 2024 compared to 2023 and increased 3.3% during 2023 compared to 2022. Same facility inpatient surgical volumes increased 2.2% during 2024 compared to 2023 and increased 2.0% during 2023 compared to 2022. Same facility outpatient surgical volumes declined 1.6% during 2024 compared to 2023 and increased 2.5% during 2023 compared to 2022. Same facility emergency room visits increased 4.9% during 2024 compared to 2023 and increased 4.7% during 2023 compared to 2022. Same facility uninsured emergency room visits increased 13.5% and same facility uninsured admissions increased 1.0% during 2024 compared to 2023. Same facility uninsured emergency room visits increased 4.4% and same facility uninsured admissions declined 0.4% during 2023 compared to 2022. The approximate percentages of our admissions related to Medicare, managed Medicare, Medicaid, managed Medicaid, managed care and insurers and the uninsured for the years ended December 31, 2024, 2023 and 2022 are set forth below. Â Â Years Ended December 31, Â Â Â 2024 Â Â 2023 Â Â 2022 Â Medicare Â Â 20 % Â Â 21 % Â Â 22 % Managed Medicare Â Â 26 Â Â Â 25 Â Â Â 23 Â Medicaid Â Â 4 Â Â Â 4 Â Â Â 4 Â Managed Medicaid Â Â 11 Â Â Â 13 Â Â Â 14 Â Managed care and insurers Â Â 32 Â Â Â 30 Â Â Â 30 Â Uninsured Â Â 7 Â Â Â 7 Â Â Â 7 Â Â Â Â 100 % Â Â 100 % Â Â 100 % Â 61 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations (continued)Revenue/Volume Trends (continued)The approximate percentages of our inpatient revenues related to Medicare, managed Medicare, Medicaid, managed Medicaid, and managed care and insurers for the years ended December 31, 2024, 2023 and 2022 are set forth below. Â Â Years Ended December 31, Â Â Â 2024 Â Â 2023 Â Â 2022 Â Medicare Â Â 20 % Â Â 22 % Â Â 23 % Managed Medicare Â Â 19 Â Â Â 18 Â Â Â 17 Â Medicaid Â Â 10 Â Â Â 9 Â Â Â 7 Â Managed Medicaid Â Â 6 Â Â Â 6 Â Â Â 8 Â Managed care and insurers Â Â 45 Â Â Â 45 Â Â Â 45 Â Â Â Â 100 % Â Â 100 % Â Â 100 % At December 31, 2024, we owned and operated 46 hospitals and 28 surgery centers in the state of Florida. Our Florida facilitiesâ€™ revenues totaled $16.600 billion, $14.990 billion and $13.753 billion for the years ended December 31, 2024, 2023 and 2022, respectively. At December 31, 2024, we owned and operated 54 hospitals and 40 surgery centers in the state of Texas. Our Texas facilitiesâ€™ revenues totaled $19.832 billion, $17.871 billion and $16.472 billion for the years ended December 31, 2024, 2023 and 2022, respectively. During 2024, 2023 and 2022, 59%, 58% and 58%, respectively, of our admissions and 52%, 51% and 50%, respectively, of our revenues were generated by our Florida and Texas facilities. Uninsured admissions in Florida and Texas represented 74%, 73% and 74%, respectively, of our uninsured admissions during 2024, 2023 and 2022. We receive a significant portion of our revenues from government health programs, principally Medicare and Medicaid, which are highly regulated and subject to frequent and substantial changes. Some state Medicaid programs use, or have applied to use, waivers granted by CMS to implement Medicaid expansion, impose different eligibility or enrollment restrictions, or otherwise implement programs that vary from federal standards. We receive supplemental payments in several states. These supplemental payment programs are regularly reviewed by certain government agencies and some states have made requests to CMS to replace their existing supplemental payment programs. In May 2024, CMS issued a final rule related to Medicaid managed care programs that addresses access, financing and quality within these programs. This final rule addresses aspects of state directed program arrangements with new and updated requirements to ensure a more consistent and transparent approach for participating states. The various elements of the rule take effect between issuance and early 2028. It is possible that these developments, reviews and requests will result in the restructuring of or other significant changes to supplemental payment programs and could result in the payment programs being reduced or eliminated. Because deliberations about these programs are ongoing, we are unable to estimate the financial impact the program structure modifications and other program changes, if any, may have on our results of operations. Key Performance IndicatorsWe present certain metrics and statistical information that management uses when assessing our results of operations. We believe this information is useful to investors as it provides insight to how management evaluates operational performance and trends between reporting periods. Information on how these metrics and statistical information are defined is provided in the following tables summarizing operating results and operating data. 62 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations (continued)Operating Results Summary The following are comparative summaries of operating results and certain operating data for the years ended December 31, 2024, 2023 and 2022 (dollars in millions): Â Â 2024 Â Â 2023 Â Â 2022 Â Â Â Amount Â Â Ratio Â Â Amount Â Â Ratio Â Â Amount Â Â Ratio Â Revenues Â $ 70,603 Â Â Â 100.0 Â Â $ 64,968 Â Â Â 100.0 Â Â $ 60,233 Â Â Â 100.0 Â Salaries and benefits Â Â 31,170 Â Â Â 44.1 Â Â Â 29,487 Â Â Â 45.4 Â Â Â 27,685 Â Â Â 46.0 Â Supplies Â Â 10,755 Â Â Â 15.2 Â Â Â 9,902 Â Â Â 15.2 Â Â Â 9,371 Â Â Â 15.6 Â Other operating expenses Â Â 14,819 Â Â Â 21.0 Â Â Â 12,875 Â Â Â 19.8 Â Â Â 11,155 Â Â Â 18.5 Â Equity in earnings of affiliates Â Â (23) Â Â â€” Â Â Â (22) Â Â â€” Â Â Â (45) Â Â (0.1) Depreciation and amortization Â Â 3,312 Â Â Â 4.7 Â Â Â 3,077 Â Â Â 4.7 Â Â Â 2,969 Â Â Â 5.0 Â Interest expense Â Â 2,061 Â Â Â 2.9 Â Â Â 1,938 Â Â Â 3.0 Â Â Â 1,741 Â Â Â 2.9 Â Losses (gains) on sales of facilities Â Â (14) Â Â â€” Â Â Â 5 Â Â Â â€” Â Â Â (1,301) Â Â (2.2) Losses on retirement of debt Â Â â€” Â Â Â â€” Â Â Â â€” Â Â Â â€” Â Â Â 78 Â Â Â 0.1 Â Â Â Â 62,080 Â Â Â 87.9 Â Â Â 57,262 Â Â Â 88.1 Â Â Â 51,653 Â Â Â 85.8 Â Income before income taxes Â Â 8,523 Â Â Â 12.1 Â Â Â 7,706 Â Â Â 11.9 Â Â Â 8,580 Â Â Â 14.2 Â Provision for income taxes Â Â 1,866 Â Â Â 2.7 Â Â Â 1,615 Â Â Â 2.5 Â Â Â 1,746 Â Â Â 2.9 Â Net income Â Â 6,657 Â Â Â 9.4 Â Â Â 6,091 Â Â Â 9.4 Â Â Â 6,834 Â Â Â 11.3 Â Net income attributable to noncontrolling interests Â Â 897 Â Â Â 1.2 Â Â Â 849 Â Â Â 1.3 Â Â Â 1,191 Â Â Â 1.9 Â Net income attributable to HCA Healthcare, Inc. Â $ 5,760 Â Â Â 8.2 Â Â $ 5,242 Â Â Â 8.1 Â Â $ 5,643 Â Â Â 9.4 Â % changes from prior year: Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Revenues Â Â 8.7 % Â Â Â Â Â 7.9 % Â Â Â Â Â 2.5 % Â Â Â Income before income taxes Â Â 10.6 Â Â Â Â Â Â (10.2) Â Â Â Â Â (12.7) Â Â Â Net income attributable to HCA Healthcare, Inc. Â Â 9.9 Â Â Â Â Â Â (7.1) Â Â Â Â Â (18.9) Â Â Â Admissions(a) Â Â 5.0 Â Â Â Â Â Â 2.7 Â Â Â Â Â Â (0.7) Â Â Â Equivalent admissions(b) Â Â 5.3 Â Â Â Â Â Â 4.9 Â Â Â Â Â Â 2.1 Â Â Â Â Revenue per equivalent admission Â Â 3.2 Â Â Â Â Â Â 2.8 Â Â Â Â Â Â 0.4 Â Â Â Â Same facility % changes from prior year(c): Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Revenues Â Â 7.9 Â Â Â Â Â Â 7.6 Â Â Â Â Â Â 3.2 Â Â Â Â Admissions(a) Â Â 4.9 Â Â Â Â Â Â 3.3 Â Â Â Â Â Â 0.5 Â Â Â Â Equivalent admissions(b) Â Â 4.5 Â Â Â Â Â Â 4.8 Â Â Â Â Â Â 3.3 Â Â Â Â Revenue per equivalent admission Â Â 3.2 Â Â Â Â Â Â 2.7 Â Â Â Â Â Â (0.1) Â Â Â (a)Represents the total number of patients admitted to our hospitals and is used by management and certain investors as a general measure of inpatient volume. (b)Equivalent admissions are used by management and certain investors as a general measure of combined inpatient and outpatient volume. Equivalent admissions are computed by multiplying admissions (inpatient volume) by the sum of gross inpatient revenue and gross outpatient revenue and then dividing the resulting amount by gross inpatient revenue. The equivalent admissions computation â€œequatesâ€ outpatient revenue to the volume measure (admissions) used to measure inpatient volume, resulting in a general measure of combined inpatient and outpatient volume. (c)Same facility information excludes the operations of hospitals and their related facilities that were either acquired, divested or removed from service during the current and prior year. 63 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations (continued)Operating Results Summary (continued)Operating Data: Â Â 2024 Â Â 2023 Â Â 2022 Â Number of hospitals at end of period Â Â 190 Â Â Â 186 Â Â Â 182 Â Number of freestanding outpatient surgery centers at end of period(a) Â Â 124 Â Â Â 124 Â Â Â 126 Â Number of licensed beds at end of period(b) Â Â 49,985 Â Â Â 49,588 Â Â Â 49,281 Â Weighted average beds in service(c) Â Â 42,633 Â Â Â 41,873 Â Â Â 41,982 Â Admissions(d) Â Â 2,236,595 Â Â Â 2,130,728 Â Â Â 2,075,459 Â Equivalent admissions(e) Â Â 3,990,085 Â Â Â 3,788,434 Â Â Â 3,611,299 Â Average length of stay (days)(f) Â Â 4.8 Â Â Â 4.9 Â Â Â 5.1 Â Average daily census(g) Â Â 29,581 Â Â Â 28,721 Â Â Â 28,778 Â Occupancy rate(h) Â Â 73 % Â Â 72 % Â Â 72 % Emergency room visits(i) Â Â 9,789,265 Â Â Â 9,342,783 Â Â Â 8,971,951 Â Outpatient surgeries(j) Â Â 1,024,998 Â Â Â 1,044,415 Â Â Â 1,023,239 Â Inpatient surgeries(k) Â Â 540,704 Â Â Â 528,845 Â Â Â 522,151 Â Days revenues in accounts receivable(l) Â Â 54 Â Â Â 53 Â Â Â 53 Â Outpatient revenues as a % of patient revenues(m) Â Â 38 % Â Â 38 % Â Â 38 % (a)Excludes freestanding endoscopy centers (26 at December 31, 2024, 24 at December 31, 2023 and 21 at December 31, 2022). (b)Licensed beds are those beds for which a facility has been granted approval to operate from the applicable state licensing agency. (c)Represents the average number of beds in service, weighted based on periods owned. (d)Represents the total number of patients admitted to our hospitals and is used by management and certain investors as a general measure of inpatient volume. (e)Equivalent admissions are used by management and certain investors as a general measure of combined inpatient and outpatient volume. Equivalent admissions are computed by multiplying admissions (inpatient volume) by the sum of gross inpatient revenue and gross outpatient revenue and then dividing the resulting amount by gross inpatient revenue. The equivalent admissions computation â€œequatesâ€ outpatient revenue to the volume measure (admissions) used to measure inpatient volume, resulting in a general measure of combined inpatient and outpatient volume. (f)Represents the average number of days admitted patients stay in our hospitals. (g)Represents the average number of admitted patients in our hospital beds each day. (h)Represents the percentage of hospital beds in service that are occupied by patients (admitted and observations). Both average daily census and occupancy rate provide measures of the utilization of inpatient rooms. (i)Represents the number of patients treated in our emergency rooms. (j)Represents the number of surgeries performed on patients who were not admitted to our hospitals. Pain management and endoscopy procedures are not included in outpatient surgeries. (k)Represents the number of surgeries performed on patients who have been admitted to our hospitals. Pain management and endoscopy procedures are not included in inpatient surgeries. (l)Revenues per day is calculated by dividing the revenues for the fourth quarter of each year by the days in the quarter. Days revenues in accounts receivable is then calculated as accounts receivable at the end of the period divided by revenues per day. (m)Represents the percentage of patient revenues related to patients who are not admitted to our hospitals. Â 64 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations (continued)Years Ended December 31, 2024 and 2023 Net income attributable to HCA Healthcare, Inc. totaled $5.760 billion, or $22.00 per diluted share, for 2024, compared to $5.242 billion, or $18.97 per diluted share, for 2023. The 2024 results include gains on sales of facilities of $14 million, or $0.04 per diluted share. The 2024 results also include additional expenses and losses of revenues estimated at approximately $250 million, or $0.73 per diluted share, related to Hurricanes Helene and Milton, which impacted our facilities in North Carolina and certain facilities in Florida. The 2023 results include losses on sales of facilities of $5 million, or $0.04 per diluted share. Our provisions for income taxes for 2024 and 2023 include tax benefits of $102 million, or $0.39 per diluted share, and $93 million, or $0.34 per diluted share, respectively, related to employee equity award settlements. All â€œper diluted shareâ€ disclosures are based upon amounts net of the applicable income taxes. Shares used for diluted earnings per share were 261.806 million shares and 276.412 million shares for the years ended December 31, 2024 and 2023, respectively. During 2024 and 2023, we repurchased 17.798 million and 14.465 million shares, respectively, of our common stock. During 2024, consolidated admissions increased 5.0% and same facility admissions increased 4.9% compared to 2023. Consolidated and same facility inpatient surgeries each increased 2.2% during 2024 compared to 2023. Emergency room visits increased 4.8% on a consolidated basis and increased 4.9% on a same facility basis during 2024 compared to 2023. Revenues increased 8.7% to $70.603 billion for 2024 from $64.968 billion for 2023. The increase in revenues was due primarily to the combined impact of a 5.3% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission compared to 2023. Same facility revenues increased 7.9% due primarily to the combined impact of a 4.5% increase in equivalent admissions and a 3.2% increase in revenue per equivalent admission compared to 2023. Our revenues from Medicaid state directed and supplemental payment programs totaled approximately $4.9 billion and $3.9 billion in 2024 and 2023, respectively.Salaries and benefits, as a percentage of revenues, were 44.1% in 2024 and 45.4% in 2023. Salaries and benefits per equivalent admission increased 0.4% in 2024 compared to 2023. Same facility salaries and benefits per full time equivalent increased 1.8% for 2024 compared to 2023. We continue to utilize certain contract, overtime and other premium rate labor costs to support our clinical staff and patients. While these costs have declined compared to the prior year period, future costs may be affected by labor market conditions and other factors. Share-based compensation expense was $360 million in 2024 and $262 million in 2023.Supplies, as a percentage of revenues, were 15.2% in both 2024 and 2023. Supply costs per equivalent admission increased 3.1% in 2024 compared to 2023. Supply costs per equivalent admission increased 5.6% for medical devices and 3.2% for general medical and surgical items, but declined 2.4% for pharmacy supplies in 2024 compared to 2023. Other operating expenses, as a percentage of revenues, were 21.0% in 2024 and 19.8% in 2023. Other operating expenses are primarily comprised of contract services, professional fees, repairs and maintenance, rents and leases, utilities, insurance (including professional liability insurance) and nonincome taxes. The 1.2% increase in other operating expenses, as a percentage of revenues for 2024 compared to 2023, was primarily related to increased costs for state provider fees in certain states, professional fees and repairs and maintenance, primarily related to remediation activities in certain hospitals in the state of Florida in response to Hurricane Milton. We have seen inflation have a negative impact on certain of these expenses and expect inflationary pressures will continue to impact operating expenses in 2025. Provisions for losses related to professional liability risks were $627 million and $619 million for 2024 and 2023, respectively. We recorded an increase of $40 million, or $0.11 per diluted share, during 2023 to our provision for professional liability risks related to the receipt of updated actuarial information. Equity in earnings of affiliates was $23 million for 2024 and $22 million for 2023. Depreciation and amortization, as a percentage of revenues, were 4.7% in both 2024 and 2023. Depreciation expense was $3.294 billion for 2024 and $3.052 billion for 2023. The increase of $242 million in depreciation expense relates primarily to capital expenditures at our existing facilities. Â Â 65 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Results of Operations (continued)Years Ended December 31, 2024 and 2023 (continued)Interest expense increased to $2.061 billion for 2024 from $1.938 billion for 2023. The $123 million increase in interest expense was primarily due to an increase in the average debt balance. The average effective interest rate for our long-term debt was 5.0% for both 2024 and 2023. Our average debt balance was $41.388 billion for 2024 compared to $38.790 billion for 2023.Gains on sales of facilities were $14 million for 2024 and losses on sales of facilities were $5 million for 2023.The effective income tax rate was 24.5% for 2024 and 23.6% for 2023. The effective tax rate computations exclude net income attributable to noncontrolling interests as it relates to consolidated partnerships. Net income attributable to noncontrolling interests increased from $849 million for 2023 to $897 million for 2024. The increase in net income attributable to noncontrolling interests related primarily to the operations of one of our Texas markets and our surgery center partnerships. For results of operations comparisons relating to years ending December 31, 2023 and 2022, refer to our annual report on Form 10-K, Item 7. Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations for the year ended December 31, 2023, filed with the Securities and Exchange Commission (â€œSECâ€) on February 16, 2024. Liquidity and Capital Resources Our primary cash requirements are paying our operating expenses, servicing our debt, capital expenditures on our existing properties, acquisitions of hospitals and health care entities, repurchases of our common stock, dividends to stockholders and distributions to noncontrolling interests. Our primary cash sources are from operating activities, issuances of debt securities and sales of hospitals and health care entities. Cash provided by operating activities totaled $10.514 billion in 2024 compared to $9.431 billion in 2023 and $8.522 billion in 2022. The $1.083 billion increase in cash provided by operating activities for 2024, compared to 2023, was related primarily to an increase in net income of $542 million, excluding losses and gains on sales of facilities, and a positive change in working capital items of $351 million, mainly from a decline in inventories and other assets. The decrease in inventories during 2024 was the result of a targeted effort by our supply chain management to manage and reduce the inventory levels carried in our facilities. The $909 million increase in cash provided by operating activities for 2023, compared to 2022, was related primarily to a positive change in working capital items of $695 million, mainly from an increase in accounts payable and accrued expenses, and an increase in net income of $275 million, excluding losses and gains on sales of facilities and losses on retirement of debt. Cash payments for interest and income taxes increased $504 million for 2024 compared to 2023. Working capital totaled $1.237 billion at December 31, 2024 and $2.272 billion at December 31, 2023. The decline in working capital is primarily due to the $2.274 billion increase in long-term debt due within one year, offset by an increase of $998 million in cash and cash equivalents and an increase of $793 million in accounts receivable.Cash used in investing activities was $4.933 billion, $5.317 billion and $3.389 billion in 2024, 2023 and 2022, respectively. Excluding acquisitions, capital expenditures were $4.875 billion in 2024, $4.744 billion in 2023 and $4.395 billion in 2022. Planned capital expenditures are expected to approximate between $5.0 billion and $5.2 billion in 2025. At December 31, 2024, there were projects under construction which had an estimated additional cost to complete and equip over the next five years of approximately $4.7 billion. We expect to fund capital expenditures with internally generated and borrowed funds. We expended $266 million, $635 million and $224 million for acquisitions of hospitals and health care entities during 2024, 2023 and 2022, respectively. Cash flows from sales of hospitals and health care entities increased to $328 million of net proceeds for 2024 from $193 million of net proceeds for 2023, and was $1.237 billion in 2022 primarily related to proceeds from our sales of other health care entities. 66 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Liquidity and Capital Resources (continued)Cash used in financing activities totaled $4.582 billion in 2024, $4.094 billion in 2023 and $5.656 billion in 2022. During 2024, we had a net increase of $3.205 billion in our indebtedness, paid dividends of $690 million and paid $6.042 billion for repurchases of common stock. During 2023, we had a net increase of $1.295 billion in our indebtedness, paid dividends of $661 million and paid $3.811 billion for repurchases of common stock. During 2022, we had a net increase of $3.287 billion in our indebtedness, paid dividends of $653 million and paid $7.000 billion for repurchases of common stock. During 2024, 2023 and 2022, we made distributions to noncontrolling interests of $711 million, $640 million and $1.025 billion, respectively. The increase in distributions in 2022 was related to the sale of a controlling interest in a subsidiary of our group purchasing organization. We, or our affiliates, may in the future repurchase portions of our debt or equity securities, subject to certain limitations, from time to time in either the open market or through privately negotiated transactions, in accordance with applicable SEC and other legal requirements. The timing, prices, and sizes of purchases depend upon prevailing trading prices, general economic and market conditions, and other factors, including applicable securities laws. During January 2023, January 2024 and January 2025, our Board of Directors authorized $3 billion, $6 billion and $10 billion, respectively, for share repurchases of the Companyâ€™s outstanding common stock. The January 2023 authorization was completed during 2024, and at December 31, 2024, there was $764 million of share repurchase authorization that remained available under the January 2024 authorization. Funds for the repurchase of debt or equity securities have, and are expected to, come primarily from cash generated from operations and borrowed funds. During 2024, our Board of Directors declared four quarterly dividends of $0.66 per share, or $2.64 per share in the aggregate, on our common stock. On January 23, 2025, our Board of Directors declared a quarterly dividend of $0.72 per share on our common stock payable on March 31, 2025 to stockholders of record at the close of business on March 17, 2025. The timing and amount of future cash dividends will vary based on a number of factors, including future capital requirements for strategic transactions, share repurchases and investing in our existing markets, the availability of financing on acceptable terms, debt service requirements, changes to applicable tax laws or corporate laws, changes to our business model and periodic determinations by our Board of Directors that cash dividends are in the best interest of stockholders and are in compliance with all applicable laws and agreements of the Company. In addition to cash flows from operations, available sources of capital include amounts available under our senior secured credit facilities ($7.986 billion as of both December 31, 2024 and January 31, 2025) and anticipated access to public and private debt and equity markets. Investments of our insurance subsidiaries, held to maintain statutory equity levels and to provide liquidity to pay claims, totaled $657 million and $564 million at December 31, 2024 and 2023, respectively. The insurance subsidiary maintained net reserves for professional liability risks of $127 million and $121 million at December 31, 2024 and 2023, respectively. Our facilities are insured by our insurance subsidiary for losses up to $80 million per occurrence ($110 million effective January 1, 2025); however, this coverage is subject, in most cases, to a $15 million per occurrence self-insured retention. Net reserves for the self-insured professional liability risks retained were $1.924 billion and $1.926 billion at December 31, 2024 and 2023, respectively. Claims payments, net of reinsurance recoveries, during the next 12 months are expected to approximate $543 million. We estimate that approximately $507 million of the expected net claim payments during the next 12 months will relate to claims subject to the self-insured retention. Financing Activities We have significant debt service requirements. Our debt totaled $43.031 billion and $39.593 billion at December 31, 2024 and 2023, respectively. Our interest expense was $2.061 billion for 2024 and $1.938 billion for 2023. During 2024, we issued $4.500 billion aggregate principal amount of senior notes comprised of (i) $1.000 billion aggregate principal amount of 5.450% senior notes due 2031 (the â€œExisting 2031 Notesâ€), (ii) $1.300 billion aggregate principal amount of 5.600% senior notes due 2034, (iii) $1.500 billion aggregate principal amount of 6.000% senior notes due 2054 and (iv) $700 million aggregate principal amount of 6.100% senior notes due 2064. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes. During 2024, we repaid all of the $2.000 billion aggregate principal amount of 5.000% senior notes due 2024 at maturity. 67 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Liquidity and Capital Resources (continued)Financing Activities (continued)During 2024, we also issued $3.000 billion aggregate principal amount of senior notes comprised of (i) $750 million aggregate principal amount of 5.450% senior notes due 2031 (the â€œNew 2031 Notesâ€), (ii) $1.250 billion aggregate principal amount of 5.450% senior notes due 2034 and (iii) $1.000 billion aggregate principal amount of 5.950% senior notes due 2054. The New 2031 Notes represent a further issuance of our Existing 2031 Notes, issued during February 2024, and together with the New 2031 Notes, the aggregate principal amount of these notes is $1.750 billion. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes.Management believes that cash flows from operations, amounts available under our senior secured credit facilities and our anticipated access to public and private debt markets will be sufficient to meet expected liquidity needs for the foreseeable future. HCA Inc., a direct wholly-owned subsidiary of HCA Healthcare, Inc., is the primary obligor under a substantial portion of our indebtedness, including our senior secured credit facilities and senior notes. The senior secured credit facilities are fully and unconditionally guaranteed on a senior secured basis by substantially all existing and future, direct and indirect, 100% owned material domestic subsidiaries that are â€œUnrestricted Subsidiariesâ€ under our Indenture dated December 16, 1993 (except for certain special purpose subsidiaries that only guarantee and pledge their assets under our senior secured asset-based revolving credit facility). During 2022, the conditions in the senior secured indentures to permit the permanent release of the subsidiary guarantees and all collateral securing the senior secured notes were met. The subsidiary guarantees and collateral securing our senior secured credit facilities were not affected. Following this release of the subsidiary guarantees and collateral securing the senior secured notes, summarized financial information for HCA Healthcare, Inc., HCA Inc. and the subsidiary guarantors, and information about the subsidiary guarantees and affiliates whose securities were pledged as collateral are no longer required to be presented.All of the senior notes issued by HCA Inc. in 2014 or later are fully and unconditionally guaranteed on an unsecured basis by HCA Healthcare, Inc. The combined assets, liabilities, and results of operations of HCA Healthcare, Inc. and HCA Inc. are not materially different than the corresponding amounts presented in the consolidated financial statements of HCA Healthcare, Inc. As a result, summarized financial information of HCA Healthcare, Inc. and HCA Inc. is not required to be presented under Rule 13-01 of Regulation S-X.Market Risk We are exposed to market risk related to changes in market values of securities. Our insurance subsidiaries held $657 million of investment securities at December 31, 2024. These investments are carried at fair value, with changes in unrealized gains and losses that are not credit-related being recorded as adjustments to other comprehensive income. At December 31, 2024, we had net unrealized losses of $27 million on the insurance subsidiariesâ€™ investment securities. We are exposed to market risk related to market illiquidity. Investments in debt and equity securities of our insurance subsidiaries could be impaired by the inability to access the capital markets. Should the insurance subsidiaries require significant amounts of cash in excess of normal cash requirements to pay claims and other expenses on short notice, we may have difficulty selling these investments in a timely manner or be forced to sell them at a price less than what we might otherwise have been able to in a normal market environment. We may be required to recognize credit-related impairments on our investment securities in future periods should issuers default on interest payments or should the fair market valuations of the securities deteriorate due to ratings downgrades or other issue-specific factors. We are also exposed to market risk related to changes in interest rates. Debt of $1.238 billion at December 31, 2024 was subject to variable rates of interest, while the remaining debt balance of $41.793 billion at December 31, 2024 was subject to fixed rates of interest. Both the general level of interest rates and, for the senior secured credit facilities, our leverage affect our variable interest rates. Our variable debt is comprised primarily of amounts outstanding under the senior secured credit facilities. The average effective interest rate for our long-term debt was 5.0% for both 2024 and 2023. Â 68 HCA HEALTHCARE, INC.Â MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONAND RESULTS OF OPERATIONS (Continued)Â Market Risk (continued)The estimated fair value of our total long-term debt was $40.845 billion at December 31, 2024. The estimates of fair value are based upon the quoted market prices for the same or similar issues of long-term debt with the same maturities. Based on a hypothetical 1% increase in interest rates, the potential annualized reduction to future pretax earnings would be approximately $12 million. To mitigate the impact of fluctuations in interest rates, we generally target a majority of our debt portfolio to be maintained at fixed rates. We are exposed to currency translation risk related to our foreign operations. We currently do not consider the market risk related to foreign currency translation to be material to our consolidated financial statements or our liquidity. Tax Examinations During 2024, the Internal Revenue Service (â€œIRSâ€) completed its examination of our 2016, 2017 and 2018 income tax returns, resolving all federal income tax matters for those years, and the 2020 federal statute of limitations expired. At December 31, 2024, the IRS was examining the Companyâ€™s 2022 and 2023 income tax returns and the 2019 income tax returns of certain affiliates. We are subject to examination by the IRS for tax years after 2020, as well as by state and foreign taxing authorities. Management believes HCA Healthcare, Inc., its predecessors, subsidiaries and affiliates properly reported taxable income and paid taxes in accordance with applicable laws and agreements established with the IRS, state and foreign taxing authorities, and final resolution of any disputes will not have a material, adverse effect on our results of operations or financial position. However, if payments due upon final resolution of any issues exceed our recorded estimates, such resolutions could have a material, adverse effect on our results of operations or financial position. Item 7A. Quantitative and Qualitative Disclosures about Market Risk Information with respect to this Item is provided under the caption â€œMarket Riskâ€ under Item 7, â€œManagementâ€™s Discussion and Analysis of Financial Condition and Results of Operations.â€ Â 69 Â Item 8. Financial Statements and Supplementary Data Information with respect to this Item is contained in our consolidated financial statements indicated in the Index to Consolidated Financial Statements on Page F-1 of this annual report on Form 10-K. Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure None. Item 9A. Controls and Procedures 1. Conclusion Regarding the Effectiveness of Disclosure Controls and Procedures Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an evaluation of our disclosure controls and procedures, as such term is defined under Rule 13a-15(e) promulgated under the Securities Exchange Act of 1934, as amended (the â€œExchange Actâ€). Based on this evaluation, our principal executive officer and our principal financial officer concluded that our disclosure controls and procedures were effective as of the end of the period covered by this annual report. 2. Internal Control Over Financial Reporting (a) Managementâ€™s Report on Internal Control Over Financial Reporting Our management is responsible for establishing and maintaining effective internal control over financial reporting, as such term is defined in Exchange Act Rule 13a-15(f). Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Therefore, even those systems determined to be effective, can provide only reasonable assurance with respect to financial statement preparation and presentation. Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an assessment of the effectiveness of our internal control over financial reporting based on the framework in Internal Control â€” Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework). Based on our assessment under the framework in Internal Control â€” Integrated Framework, our management concluded that our internal control over financial reporting was effective as of December 31, 2024. Ernst & Young LLP, the independent registered public accounting firm that audited our consolidated financial statements included in this Form 10-K, has issued a report on our internal control over financial reporting, which is included herein. 70 Â (b) Attestation Report of the Independent Registered Public Accounting Firm Report of Independent Registered Public Accounting Firm To the Stockholders and the Board of Directors of HCA Healthcare, Inc. Opinion on Internal Control Over Financial Reporting We have audited HCA Healthcare, Inc.â€™s internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Controlâ€”Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework) (the COSO criteria). In our opinion, HCA Healthcare, Inc. (the Company) maintained, in all material respects, effective internal control over financial reporting as of December 31, 2024, based on the COSO criteria. We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of HCA Healthcare, Inc. as of December 31, 2024 and 2023, and the related consolidated statements of income, comprehensive income, stockholdersâ€™ equity (deficit), and cash flows for each of the three years in the period ended December 31, 2024, and the related notes and our report dated February 13, 2025 expressed an unqualified opinion thereon. Basis for Opinion The Companyâ€™s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting included in the accompanying Managementâ€™s Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Companyâ€™s internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, testing and evaluating the design and operating effectiveness of internal control based on the assessed risk, and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.Definition and Limitations of Internal Control Over Financial Reporting A companyâ€™s internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A companyâ€™s internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the companyâ€™s assets that could have a material effect on the financial statements.Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate. /s/ Ernst & Young LLP Nashville, Tennessee February 13, 2025 (c) Changes in Internal Control Over Financial Reporting During the fourth quarter of 2024, there were no changes in our internal control over financial reporting that materially affected or are reasonably likely to materially affect our internal control over financial reporting. 71 Â Item 9B. Other Information (b) During the three months ended December 31, 2024, no director or officer (as defined in Rule 16a-1(f) of the Exchange Act) of the Company adopted or terminated a â€œRule 10b5-1 trading arrangementâ€ or â€œnon-Rule 10b5-1 trading arrangement,â€ as each term is defined in Item 408(a) of Regulation S-K. Item 9C. Disclosure Regarding Foreign Jurisdictions that Prevent Inspections None. 72 Â PART III Item 10. Directors, Executive Officers and Corporate Governance The information required by this Item regarding the identity and business experience of our directors and executive officers is set forth under the heading â€œNominees for Electionâ€ and â€œElection of Directorsâ€ in the definitive proxy materials of HCA to be filed in connection with our 2025 Annual Meeting of Stockholders with respect to our directors and is set forth in Item 1 of Part I of this annual report on Form 10-K with respect to our executive officers. The information required by this Item contained in such definitive proxy materials is incorporated herein by reference. Information on the beneficial ownership reporting for our directors and executive officers required by this Item is contained under the caption â€œDelinquent Section 16(a) Reportsâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders and is incorporated herein by reference. Information on our Audit and Compliance Committee and Audit Committee Financial Experts required by this Item is contained under the caption â€œCorporate Governanceâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders and is incorporated herein by reference. We have a Code of Conduct which is applicable to all our directors, officers and employees (the â€œCode of Conductâ€). The Code of Conduct is available on the Ethics and Compliance and Governance Documents pages of our website at www.hcahealthcare.com. To the extent required pursuant to applicable SEC regulations, we intend to post amendments to or waivers from our Code of Conduct (to the extent applicable to our chief executive officer, principal financial officer or principal accounting officer) at this location on our website or report the same on a Current Report on Form 8-K. Our Code of Conduct is available free of charge upon request to our Investor Relations Department, HCA Healthcare, Inc., One Park Plaza, Nashville, TN 37203. We have adopted a securities trading policy (the â€œSecurities Trading Policyâ€) that governs the purchase, sale and/or other dispositions of our securities by all directors, officers and employees of the Company or any of our affiliates and subsidiaries, and by the Company itself. We believe that the Securities Trading Policy and related practices in respect of Company transactions are reasonably designed to promote compliance with insider trading laws, rules and regulations and listing standards applicable to the Company. A copy of our Securities Trading Policy is filed with this Annual Report on Form 10-K as Exhibit 19. Item 11. Executive Compensation The information required by this Item is set forth under the headings â€œExecutive Compensationâ€ and â€œCompensation Committee Interlocks and Insider Participationâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders, which information is incorporated herein by reference, except as to information required pursuant to Item 402(v) of SEC Regulation S-K, relating to pay versus performance. Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters Information about security ownership of certain beneficial owners required by this Item is set forth under the heading â€œSecurity Ownership of Certain Beneficial Owners and Management and Related Stockholder Mattersâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders, which information is incorporated herein by reference. 73 Â This table provides certain information as of December 31, 2024 with respect to our equity compensation plans: EQUITY COMPENSATION PLAN INFORMATION (Share and share unit amounts in millions) Â Â (a) Â (b) Â (c) Â Plan Category Â Number of securitiesto be issuedupon exercise ofoutstanding options,warrants and rights Â Weighted-averageexercise price ofoutstandingoptions,warrants and rights Â Number of securities remainingavailable for future issuanceunder equity compensationplans (excluding securitiesreflected in column(a)) Â Equity compensation plans approved byÂ Â Â security holders Â 7,118 (1) $170.31 (1) 16,934 (2) Equity compensation plans not approved byÂ Â Â security holders Â â€” Â â€” Â â€” Â Total Â 7,118 Â $170.31 Â 16,934 Â Â (1)Includes 1.356 million restricted share units which vest solely based upon continued employment over a specific period of time and 1.175 million performance share units which vest based upon continued employment over a specific period of time and the achievement of predetermined financial targets over time. The performance share units reported reflect the number of performance share units that would vest upon achievement of target performance; the number of performance share units that vest can vary from zero (for actual performance less than 90% of target) to two times the units granted (for actual performance of 110% or more of target). The weighted average exercise price does not take these restricted share units and performance share units into account. (2)Includes 7.316 million shares available for future grants under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates and 9.618 million shares of common stock reserved for future issuance under the HCA Healthcare, Inc. 2023 Employee Stock Purchase Plan. * For additional information concerning our equity compensation plans, see the discussion in Note 2 â€” Share-Based Compensation in the notes to the consolidated financial statements. Item 13. Certain Relationships and Related Transactions, and Director Independence The information required by this Item is set forth under the headings â€œCertain Relationships and Related Party Transactionsâ€ and â€œCorporate Governanceâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders, which information is incorporated herein by reference. Item 14. Principal Accountant Fees and Services The information required by this Item is set forth under the heading â€œRatification of Appointment of Independent Registered Public Accounting Firmâ€ in the definitive proxy materials to be filed in connection with our 2025 Annual Meeting of Stockholders, which information is incorporated herein by reference. 74 Â PART IV Item 15. Exhibits and Financial Statement Schedules (a) Documents filed as part of the report: 1. Financial Statements. The accompanying Index to Consolidated Financial Statements on page F-1 of this annual report on Form 10-K is provided in response to this item. 2. List of Financial Statement Schedules. All schedules are omitted because the required information is either not present, not present in material amounts or presented within the consolidated financial statements. 3. List of Exhibits 2.1 â€” Agreement and Plan of Merger, dated July 24, 2006, by and among HCA Inc., Hercules Holding II, LLC and Hercules Acquisition Corporation (filed as Exhibit 2.1 to the Companyâ€™s Current Report on Form 8-K filed July 25, 2006, and incorporated herein by reference). Â 2.2 â€” Merger Agreement, dated November 22, 2010, by and among HCA Inc., HCA Holdings, Inc., and HCA Merger Sub LLC (filed as Exhibit 2.1 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2010, and incorporated herein by reference). Â 3.1 â€” Amended and Restated Certificate of Incorporation of the Company (restated for SEC filing purposes only) (filed as Exhibit 3.1 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended June 30, 2020, and incorporated herein by reference). Â 3.2 â€” Third Amended and Restated Bylaws of the Company (filed as Exhibit 3.1 to the Companyâ€™s Current Report on Form 8-K filed December 19, 2022, and incorporated herein by reference). Â 4.1 â€” Description of Registered Securities (filed as Exhibit 4.1 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2022, and incorporated herein by reference). Â 4.2 â€” Specimen Certificate for shares of Common Stock, par value $0.01 per share, of the Company (filed as Exhibit 4.1 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended March 31, 2017, and incorporated herein by reference). Â 4.3 â€” Security Agreement, dated as of November 17, 2006, by and among HCA Inc., the subsidiary grantors party thereto and The Bank of New York, as collateral agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2006, and incorporated herein by reference). Â 4.4 â€” Pledge Agreement, dated as of November 17, 2006, by and among HCA Inc., the subsidiary pledgors party thereto and The Bank of New York, as collateral agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2006, and incorporated herein by reference). Â 4.5(a) â€” $13,550,000,000 â€” â‚¬1,000,000,000 Credit Agreement, dated as of November 17, 2006, by and among HCA Inc., HCA UK Capital Limited, the lending institutions from time to time parties thereto, Banc of America Securities LLC, J.P. Morgan Securities Inc., Citigroup Global Markets Inc. and Merrill Lynch, Pierce, Fenner & Smith Incorporated, as joint lead arrangers and joint bookrunners, Bank of America, N.A., as administrative agent, JPMorgan Chase Bank, N.A. and Citicorp North America, Inc., as co-syndication agents and Merrill Lynch Capital Corporation, as documentation agent (filed as Exhibit 4.8 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2006, and incorporated herein by reference). Â Â Â 4.5(b) â€”Â Amendment No. 1 to the Credit Agreement, dated as of February 16, 2007, by and among HCA Inc., HCA UK Capital Limited, the lending institutions from time to time parties thereto, Bank of America, N.A., as administrative agent, JPMorgan Chase Bank, N.A., and Citicorp North America, Inc., as Co-Syndication Agents, Banc of America Securities, LLC, J.P. Morgan Securities Inc., Citigroup Global Markets Inc. and Merrill Lynch, Pierce, Fenner & Smith Incorporated, as joint lead arrangers and bookrunners, Deutsche Bank Securities and Wachovia Capital Markets LLC, as joint bookrunners and Merrill Lynch Capital Corporation, as documentation agent (filed as Exhibit 4.7(b) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2006, and incorporated herein by reference). Â 4.5(c) â€” Amendment No. 2 to the Credit Agreement, dated as of March 2, 2009, by and among HCA Inc., HCA UK Capital Limited, the lending institutions from time to time parties thereto, Bank of America, N.A., as administrative agent, JPMorgan Chase Bank, N.A., and Citicorp North America, Inc., as 75 Â Â Â Co-Syndication Agents, Banc of America Securities, LLC, J.P. Morgan Securities Inc., Citigroup Global Markets Inc. and Merrill Lynch, Pierce, Fenner & Smith Incorporated, as joint lead arrangers and bookrunners, Deutsche Bank Securities and Wachovia Capital Markets LLC, as joint bookrunners and Merrill Lynch Capital Corporation, as documentation agent (filed as Exhibit 4.8(c) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2008, and incorporated herein by reference). Â 4.5(d) â€” Amendment No. 3 to the Credit Agreement, dated as of June 18, 2009, by and among HCA Inc., HCA UK Capital Limited, the lending institutions from time to time parties thereto, Bank of America, N.A., as administrative agent, JPMorgan Chase Bank, N.A., and Citicorp North America, Inc., as Co-Syndication Agents, Banc of America Securities, LLC, J.P. Morgan Securities Inc., Citigroup Global Markets Inc. and Merrill Lynch, Pierce, Fenner & Smith Incorporated, as joint lead arrangers and bookrunners, Deutsche Bank Securities and Wachovia Capital Markets LLC, as joint bookrunners and Merrill Lynch Capital Corporation, as documentation agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed June 22, 2009, and incorporated herein by reference). Â 4.5(e) â€” Extension Amendment No. 1 to the Credit Agreement, dated as of April 6, 2010, by and among HCA Inc., HCA UK Capital Limited, the lending institutions from time to time parties thereto, Bank of America, N.A., as administrative agent and collateral agent (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed April 8, 2010, and incorporated herein by reference). Â 4.5(f) â€” Amended and Restated Joinder Agreement No. 1, dated as of November 8, 2010, by and among each of the financial institutions listed as a â€œReplacement-1 Revolving Credit Lenderâ€ on Schedule A thereto, HCA Inc., Bank of America, N.A., as Administrative Agent and as Collateral Agent, and the other parties listed on the signature pages thereto (filed as Exhibit 4.1 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended September 30, 2010, and incorporated herein by reference). Â Â 4.5(g) â€” Restatement Agreement, dated as of May 4, 2011, by and among HCA Inc., HCA UK Capital Limited, the lenders party thereto and Bank of America, N.A., as administrative agent and collateral agent to the Credit Agreement, dated as of November 17, 2006, as amended on February 16, 2007, March 2, 2009, June 18, 2009, April 6, 2010 and November 8, 2010 (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed May 9, 2011, and incorporated herein by reference). Â 4.5(h) â€” Extension Amendment No. 1, dated as of April 25, 2012, by and among HCA Inc., HCA UK Capital Limited, each of the U.S. Guarantors, each of the European Guarantors, the lenders party thereto and Bank of America, N.A., as administrative agent, swingline lender and letter of credit issuer (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed April 26, 2012, and incorporated herein by reference). Â Â Â 4.5(i) â€” Restatement Agreement, dated as of February 26, 2014, to (i) the Credit Agreement, dated as of November 17, 2006 and as amended and restated as of May 4, 2011, by and among the HCA Inc., HCA UK Capital Limited, the lenders party thereto and Bank of America, N.A., as administrative agent and collateral agent and (ii) the U.S. Guarantee, dated as of November 17, 2006, by and among the guarantors party thereto and Bank of America, N.A., as administrative agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed February 28, 2014, and incorporated herein by reference). Â 4.5(j) â€” Supplement No. 14, dated as of November 9, 2015, to the U.S. Guarantee, dated as of November 17, 2006 and amended and restated on February 26, 2014, by and among the guarantors party thereto and Bank of America, N.A., as administrative agent (filed as Exhibit 4.4(j) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference). Â 4.5(k) â€” Schedule of Omitted Supplements to the U.S. Guarantee, dated as of November 17, 2006 and amended and restated on February 26, 2014, filed pursuant to Instruction 2 to Item 601 of Regulation S-K. Â 4.5(l) â€” Restatement Agreement, dated as of June 28, 2017, to the Credit Agreement, dated as of November 17, 2006, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed June 30, 2017, and incorporated herein by reference). Â 4.5(m) â€” Joinder Agreement No. 8, dated as of July 16, 2019, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed July 22, 2019, and incorporated herein by reference). Â 4.5(n) â€” Joinder Agreement No. 9, dated as of October 8, 2019, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the 76 Â Â Â lenders party thereto (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed October 10, 2019, and incorporated herein by reference). Â 4.5(o) â€” Joinder Agreement No. 10, dated as of November 20, 2019, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed November 21, 2019, and incorporated herein by reference). Â 4.5(p) â€” Restatement Agreement, dated as of June 30, 2021, to the Credit Agreement, dated as of November 17, 2006, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.10 to the Companyâ€™s Current Report on Form 8-K filed July 1, 2021, and incorporated herein by reference). Â Â Â 4.5(q) â€” Restatement Agreement dated as of January 4, 2023, by and among HCA Inc., as borrower, the guarantors party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed January 4, 2023, and incorporated herein by reference). Â Â Â 4.6(a) â€” Security Agreement, dated as November 17, 2006, and amended and restated as of March 2, 2009, by and among the Company, the Subsidiary Grantors named therein and Bank of America, N.A., as Collateral Agent (filed as Exhibit 4.10 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2008, and incorporated herein by reference). Â 4.6(b) â€” Supplement No. 2, dated as of October 27, 2011, to the Amended and Restated Security Agreement, dated as of March 2, 2009, as supplemented, by and among the subsidiary grantor named therein and Bank of America, N.A., as collateral agent (filed as Exhibit 4.5(b) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference). Â Â Â 4.6(c) â€” Schedule of Omitted Supplements to the Security Agreement, dated as of November 17, 2006 and amended and restated as of March 2, 2009, filed pursuant to Instruction 2 to Item 601 of Regulation S-K. Â 4.7(a) â€” Pledge Agreement, dated as of November 17, 2006, and amended and restated as of March 2, 2009, by and among the Company, the Subsidiary Pledgors named therein and Bank of America, N.A., as Collateral Agent (filed as Exhibit 4.11 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2008, and incorporated herein by reference). Â 4.7(b) â€” Supplement No. 1 dated as of October 27, 2011 to the Amended and Restated Pledge Agreement, dated as of March 2, 2009, by and among the subsidiary pledgors named therein and Bank of America, N.A., as collateral agent (filed as Exhibit 4.6(b) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference). Â 4.7(c) â€” Schedule of Omitted Supplements to the Pledge Agreement, dated as of November 6, 2006 and amended and restated as of March 2, 2009, filed pursuant to Instruction 2 to Item 601 of Regulation S-K. Â 4.8(a) â€” $2,500,000,000 Credit Agreement, dated as of September 30, 2011, by and among HCA Inc., the subsidiary borrowers party thereto, the lenders from time to time party thereto and Bank of America, N.A., as administrative agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed October 3, 2011, and incorporated herein by reference). Â 4.8(b) â€” Restatement Agreement, dated as of March 7, 2014, to the Credit Agreement, dated as of September 30, 2011, by and among HCA Inc., the subsidiary borrowers party thereto, the lenders party thereto and Bank of America, N.A. as administrative agent and collateral agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed March 11, 2014, and incorporated herein by reference). Â 4.8(c) â€” Joinder Agreement and Amendment No. 1, dated as of October 30, 2014, to the Credit Agreement, dated as of September 30, 2011 and amended and restated as of March 7, 2014, by and among HCA Inc., the subsidiary borrowers party thereto, the lenders party thereto and Bank of America, N.A. as administrative agent and collateral agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed October 31, 2014, and incorporated herein by reference). Â 4.8(d) â€” Restatement Agreement, dated as of June 28, 2017, to the Credit Agreement, dated as of September 30, 2011, by and among HCA Inc., as borrower, the subsidiary borrowers party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed June 30, 2017, and incorporated herein by reference). Â 77 Â 4.8(e) â€” Joinder Agreement, dated as of January 3, 2018, to the Credit Agreement, dated as of September 30, 2011 (as amended and restated on March 7, 2014, as further amended on October 30, 2014, and as further amended and restated on June 28, 2017), by and among the subsidiary borrowers party thereto and Bank of America, N.A., as administrative agent (filed as Exhibit 4.7(e) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference). Â 4.8(f) â€” Restatement Agreement, dated as of June 30, 2021, to the Credit Agreement, dated as of September 30, 2011, by and among HCA Inc., as parent borrower, the subsidiary borrowers party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.11 to the Companyâ€™s Current Report on Form 8-K filed July 1, 2021, and incorporated herein by reference). Â Â Â 4.8(g) â€” Amendment No. 1 to Credit Agreement dated as of January 4, 2023, by and among HCA Inc., as parent borrower, the subsidiary borrowers party thereto, Bank of America, N.A., as administrative agent and collateral agent, and the lenders party thereto (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed January 4, 2023, and incorporated herein by reference). Â Â Â 4.9(a) â€” Security Agreement, dated as of September 30, 2011, by and among HCA Inc., the subsidiary borrowers party thereto and Bank of America, N.A., as collateral agent (filed as Exhibit 4.5 to the Companyâ€™s Current Report on Form 8-K filed October 3, 2011, and incorporated herein by reference). Â 4.9(b) â€” Supplement No. 1, dated as of October 27, 2011, to the Security Agreement dated as of September 30, 2011, by and among the subsidiary borrower party thereto and Bank of America, N.A., as collateral agent (filed as Exhibit 4.8(b) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference). Â 4.9(c) â€” Schedule of Omitted Supplements to the Security Agreement dated as of September 30, 2011, filed pursuant to Instruction 2 to Item 601 of Regulation S-K. Â 4.10(a) â€” General Intercreditor Agreement, dated as of November 17, 2006, by and between Bank of America, N.A., as First Lien Collateral Agent, and The Bank of New York, as Junior Lien Collateral Agent (filed as Exhibit 4.13(a) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.10(b) â€” Receivables Intercreditor Agreement, dated as of November 17, 2006, by and among Bank of America, N.A., as ABL Collateral Agent, Bank of America, N.A., as CF Collateral Agent and The Bank of New York, as Bonds Collateral Agent (filed as Exhibit 4.13(b) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.10(c) â€” First Lien Intercreditor Agreement, dated as of April 22, 2009, by and among Bank of America, N.A. as Collateral Agent, Bank of America, N.A. as Authorized Representative under the Credit Agreement and Law Debenture Trust Company of New York as the Initial Additional Authorized Representative (filed as Exhibit 4.5 to the Companyâ€™s Current Report on Form 8-K filed April 28, 2009, and incorporated herein by reference). Â 4.10(d) â€” Additional General Intercreditor Agreement, dated as of August 1, 2011, by and among Bank of America, N.A., in its capacity as First Lien Collateral Agent, The Bank of New York Mellon, in its capacity as Junior Lien Collateral Agent and in its capacity as trustee for the Second Lien Notes issued on November 17, 2006, and The Bank of New York Mellon Trust Company, N.A., in its capacity as trustee for the Second Lien Notes issued on February 19, 2009 (filed as Exhibit 4.9 to the Companyâ€™s Current Report on Form 8-K filed August 1, 2011, and incorporated herein by reference). Â 4.10(e) â€” Additional Receivables Intercreditor Agreement, dated as of August 1, 2011, by and between Bank of America, N.A., as ABL Collateral Agent, and Bank of America, N.A., as New First Lien Collateral Agent (filed as Exhibit 4.10 to the Companyâ€™s Current Report on Form 8-K filed August 1, 2011, and incorporated herein by reference). Â 4.10(f) â€” Additional General Intercreditor Agreement, dated as of February 16, 2012, by and among Bank of America, N.A., in its capacity as First Lien Collateral Agent, The Bank of New York Mellon, in its capacity as Junior Lien Collateral Agent and in its capacity as trustee for the Second Lien Notes issued on November 17, 2006, and The Bank of New York Mellon Trust Company, N.A., in its capacity as trustee for the Second Lien Notes issued on February 19, 2009 (filed as Exhibit 4.9 to the Companyâ€™s Current Report on Form 8-K filed February 16, 2012, and incorporated herein by reference). Â 4.10(g) â€” Additional Receivables Intercreditor Agreement, dated as of February 16, 2012, by and between Bank of America, N.A., as ABL Collateral Agent, and Bank of America, N.A., as New First Lien Collateral 78 Â Â Â Agent (filed as Exhibit 4.10 to the Companyâ€™s Current Report on Form 8-K filed February 16, 2012, and incorporated herein by reference). Â Â Â 4.10(h) â€” Additional General Intercreditor Agreement, dated as of October 23, 2012, by and among Bank of America, N.A., in its capacity as First Lien Collateral Agent, The Bank of New York Mellon, in its capacity as Junior Lien Collateral Agent and in its capacity as trustee for the Second Lien Notes issued on November 17, 2006, and The Bank of New York Mellon Trust Company, N.A., in its capacity as trustee for the Second Lien Notes issued on February 19, 2009 (filed as Exhibit 4.10 to the Companyâ€™s Current Report on Form 8-K filed October 23, 2012, and incorporated herein by reference). Â Â Â 4.10(i) â€” Additional Receivables Intercreditor Agreement, dated as of October 23, 2012, by and between Bank of America, N.A., as ABL Collateral Agent, and Bank of America, N.A., as New First Lien Collateral Agent (filed as Exhibit 4.11 to the Companyâ€™s Current Report on Form 8-K filed October 23, 2012, and incorporated herein by reference). Â Â Â 4.11 â€” Registration Rights Agreement, dated as of November 22, 2010, by and among HCA Holdings, Inc., Hercules Holding II, LLC and certain other parties thereto (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2010, and incorporated herein by reference). Â 4.12 â€” Registration Rights Agreement, dated as of March 16, 1989, by and among HCA-Hospital Corporation of America and the persons listed on the signature pages thereto (filed as Exhibit 4.14 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.13 â€” Assignment and Assumption Agreement, dated as of February 10, 1994, by and between HCA-Hospital Corporation of America and Columbia Healthcare Corporation relating to the Registration Rights Agreement, as amended (filed as Exhibit 4.15 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.14(a) â€” Indenture, dated as of December 16, 1993, by and between the Company and The First National Bank of Chicago, as Trustee (filed as Exhibit 4.16(a) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.14(b) â€” First Supplemental Indenture, dated as of May 25, 2000, by and between the Company and Bank One Trust Company, N.A., as Trustee (filed as Exhibit 4.16(b) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.14(c) â€” Second Supplemental Indenture, dated as of July 1, 2001, by and between the Company and Bank One Trust Company, N.A., as Trustee (filed as Exhibit 4.16(c) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.14(d) â€” Third Supplemental Indenture, dated as of December 5, 2001, by and between the Company and The Bank of New York, as Trustee (filed as Exhibit 4.16(d) to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.14(e) â€” Fourth Supplemental Indenture, dated as of November 14, 2006, by and between the Company and The Bank of New York, as Trustee (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed November 16, 2006, and incorporated herein by reference). Â 4.15 â€” Form of Fixed Rate Global Medium-Term Note (filed as Exhibit 4.19 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â Â Â 4.16 â€” Form of Floating Rate Global Medium-Term Note (filed as Exhibit 4.20 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.17 â€” Form of 7.69% Note due 2025 (filed as Exhibit 4.10 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2004, and incorporated herein by reference). Â 4.18 â€” Form of 7.50% Debenture due 2095 (filed as Exhibit 4.23 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.19 â€” Form of 7.05% Debenture due 2027 (filed as Exhibit 4.24 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054), and incorporated herein by reference). Â 4.20 â€” 7.50% Note due 2033 in the principal amount of $250,000,000 (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed November 6, 2003, and incorporated herein by reference). Â 4.21 â€” Form of Indenture of HCA Inc. (filed as Exhibit 4.2 to the Registrantâ€™s Registration Statement on Form S-3 (File No. 333-175791), and incorporated herein by reference). Â 79 Â 4.22 â€” Indenture dated as of August 1, 2011, by and among HCA Inc., the guarantors named on Schedule I thereto, Delaware Trust Company (as successor to Law Debenture Trust Company of New York), as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.5 to the Companyâ€™s Registration Statement on Form S-3 (File No. 333-226709), and incorporated herein by reference). Â 4.23 â€” Indenture, dated as of December 6, 2012, by and among HCA Holdings, Inc., Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as registrar, paying agent and transfer agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed December 6, 2012, and incorporated herein by reference). Â Â Â 4.24 â€” Supplemental Indenture No. 10, dated as of October 17, 2014, by and among HCA Inc., HCA Holdings, Inc., the subsidiary guarantors named therein, Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed October 17, 2014, and incorporated herein by reference). Â 4.25 â€” Form of 5.25% Senior Secured Notes due 2025 (included in Exhibit 4.24). Â 4.26 â€” Supplemental Indenture No. 11, dated as of January 16, 2015, by and among HCA Inc., HCA Holdings, Inc., Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed January 16, 2015, and incorporated herein by reference). Â 4.27 â€” Form of 5.375% Senior Notes due 2025 (included in Exhibit 4.26). Â 4.28 â€” Supplemental Indenture No. 12, dated as of May 20, 2015, by and among HCA Inc., HCA Holdings, Inc., Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed May 20, 2015, and incorporated herein by reference). Â 4.29 â€” Supplemental Indenture No. 13, dated as of November 13, 2015, by and among HCA Inc., HCA Holdings, Inc., Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed November 13, 2015, and incorporated herein by reference). Â 4.30 â€” Form of 5.875% Senior Notes due 2026 (included in Exhibit 4.29). Â 4.31 â€” Supplemental Indenture No. 14, dated as of December 8, 2015, by and among HCA Inc., HCA Holdings, Inc., Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed December 8, 2015, and incorporated herein by reference). Â 4.32 â€” Supplemental Indenture No. 15, dated as of March 15, 2016, by and among HCA Inc., HCA Holdings, Inc., the subsidiary guarantors named therein, Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed March 15, 2016, and incorporated herein by reference). Â Â Â 4.33 â€” Form of 5.250% Senior Secured Notes due 2026 (included in Exhibit 4.32). Â 4.34 â€” Supplemental Indenture No. 16, dated as of August 15, 2016, by and among HCA Inc., HCA Holdings, Inc., the subsidiary guarantors named therein, Law Debenture Trust Company of New York, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed August 15, 2016, and incorporated herein by reference). Â 4.35 â€” Form of 4.500% Senior Secured Notes due 2027 (included in Exhibit 4.34). Â 4.36 â€” Supplemental Indenture No. 17, dated as of December 9, 2016, by and among HCA Inc., HCA Holdings, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.1 to the Companyâ€™s Current Report on Form 8-K filed December 9, 2016, and incorporated herein by reference). Â 4.37 â€” Supplemental Indenture No. 18, dated as of June 22, 2017, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank 80 Â Â Â Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed June 22, 2017, and incorporated herein by reference). Â 4.38 â€” Form of 5.500% Senior Secured Notes due 2047 (included in Exhibit 4.37). Â 4.39 â€” Supplemental Indenture No. 19, dated as of August 23, 2018, by and among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed August 23, 2018, and incorporated herein by reference). Â 4.40 â€” Form of 5.375% Senior Notes Due 2026 (included in Exhibit 4.39). Â 4.41 â€” Supplemental Indenture No. 20, dated as of August 23, 2018, by and among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed August 23, 2018, and incorporated herein by reference). Â 4.42 â€” Form of 5.625% Senior Notes Due 2028 (included in Exhibit 4.41). Â 4.43 â€” Supplemental Indenture No. 21, dated as of January 22, 2019, by and among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed January 22, 2019, and incorporated herein by reference). Â Â Â 4.44 â€” Supplemental Indenture No. 22, dated as of January 30, 2019, by and among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed January 30, 2019, and incorporated herein by reference). Â 4.45 â€” Form of 5.875% Senior Notes Due 2029 (included in Exhibit 4.44). Â 4.46 â€” Supplemental Indenture No. 23, dated as of June 12, 2019, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed June 12, 2019, and incorporated herein by reference). Â 4.47 â€” Supplemental Indenture No. 24, dated as of June 12, 2019, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed June 12, 2019, and incorporated herein by reference). Â 4.48 â€” Supplemental Indenture No. 25, dated as of June 12, 2019, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed June 12, 2019, and incorporated herein by reference). Â 4.49 â€” Form of 4 1/8% Senior Secured Notes due 2029 (included in Exhibit 4.46). Â 4.50 â€” Form of 5 1/8% Senior Secured Notes due 2039 (included in Exhibit 4.47). Â 4.51 â€” Form of 5 1/4% Senior Secured Notes due 2049 (included in Exhibit 4.48). Â 4.52 â€” Supplemental Indenture No. 26, dated as of February 26, 2020, by and among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed February 26, 2020, and incorporated herein by reference). Â 4.53 â€” Form of 3.500% Senior Notes Due 2030 (included in Exhibit 4.52). Â 4.54 â€” Supplemental Indenture No. 27, dated as of June 30, 2021, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed July 1, 2021, and incorporated herein by reference). Â 4.55 â€” Supplemental Indenture No. 28, dated as of June 30, 2021, by and among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed July 1, 2021, and incorporated herein by reference). Â 4.56 â€” Form of 2 3/8% Senior Secured Notes Due 2031 (included in Exhibit 4.54). Â Â 81 Â 4.57 â€” Form of 3 1/2% Senior Secured Notes Due 2051 (included in Exhibit 4.55). Â Â Â 4.58 â€” Supplemental Indenture No. 29, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.59 â€” Supplemental Indenture No. 30, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.60 â€” Supplemental Indenture No. 31, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.61 â€” Supplemental Indenture No. 32, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.5 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.62 â€” Supplemental Indenture No. 33, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein, Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.6 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.63 â€” Form of 3 1/8% Senior Secured Notes due 2027 (included in Exhibit 4.58). Â Â Â 4.64 â€” Form of 3 3/8% Senior Secured Notes due 2029 (included in Exhibit 4.59). Â Â Â 4.65 â€” Form of 3 5/8% Senior Secured Notes due 2032 (included in Exhibit 4.60). Â Â Â 4.66 â€” Form of 4 3/8% Senior Secured Notes due 2042 (included in Exhibit 4.61). Â Â Â 4.67 â€” Form of 4 5/8% Senior Secured Notes due 2052 (included in Exhibit 4.62). Â Â Â 4.68 â€” Registration Rights Agreement, dated as of March 9, 2022, among HCA Inc., HCA Healthcare, Inc., the subsidiary guarantors named therein and Citigroup Global Markets Inc., BofA Securities, Inc., J.P. Morgan Securities LLC and Morgan Stanley & Co. LLC as representatives of the other several initial purchasers named therein (filed as Exhibit 4.16 to the Companyâ€™s Current Report on Form 8-K filed March 10, 2022, and incorporated herein by reference). Â Â Â 4.69 â€” Supplemental Indenture No. 34, dated as of May 4, 2023, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed on May 4, 2023, and incorporated herein by reference). Â Â Â 4.70 â€” Supplemental Indenture No. 35, dated as of May 4, 2023, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed on May 4, 2023, and incorporated herein by reference). Â Â Â 4.71 â€” Supplemental Indenture No. 36, dated as of May 4, 2023, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed on May 4, 2023, and incorporated herein by reference). Â Â Â 4.72 â€” Form of 5.200% Senior Notes due 2028 (included in Exhibit 4.69). Â Â Â 4.73 â€” Form of 5.500% Senior Notes due 2033 (included in Exhibit 4.70). Â Â Â 4.74 â€” Form of 5.900% Senior Notes due 2053 (included in Exhibit 4.71). Â Â Â 4.75 â€” Supplemental Indenture No. 37, dated as of February 23, 2024, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.2 to the Companyâ€™s Current Report on Form 8-K filed on February 23, 2024, and incorporated herein by reference). Â Â Â 4.76 â€” Supplemental Indenture No. 38, dated as of February 23, 2024, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.3 to the Companyâ€™s Current Report on Form 8-K filed on February 23, 2024, and incorporated herein by reference). Â Â Â 4.77 â€” Supplemental Indenture No. 39, dated as of February 23, 2024, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed on February 23, 2024, and incorporated herein by reference). Â Â Â 82 Â 4.78 â€” Supplemental Indenture No. 40, dated as of February 23, 2024, among HCA Inc., HCA Healthcare, Inc., Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.5 to the Companyâ€™s Current Report on Form 8-K filed on February 23, 2024, and incorporated herein by reference). Â Â Â 4.79 â€” Form of 5.450% Senior Notes due 2031(included in Exhibit 4.75). Â Â Â 4.80 â€” Form of 5.600% Senior Notes due 2034 (included in Exhibit 4.76). Â Â Â 4.81 â€” Form of 6.000% Senior Notes due 2054 (included in Exhibit 4.77). Â Â Â 4.82 â€” Form of 6.100% Senior Notes due 2064 (included in Exhibit 4.78). Â Â Â 4.83 â€” Supplemental Indenture No. 41, dated as of August 12, 2024, among HCA Inc., HCA Healthcare, Inc., CSC Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.4 to the Companyâ€™s Current Report on Form 8-K filed on August 12, 2024, and incorporated herein by reference). Â Â Â 4.84 â€” Supplemental Indenture No. 42, dated as of August 12, 2024, among HCA Inc., HCA Healthcare, Inc., CSC Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.5 to the Companyâ€™s Current Report on Form 8-K filed on August 12, 2024, and incorporated herein by reference). Â Â Â 4.85 â€” Supplemental Indenture No. 43, dated as of August 12, 2024, among HCA Inc., HCA Healthcare, Inc., CSC Delaware Trust Company, as trustee, and Deutsche Bank Trust Company Americas, as paying agent, registrar and transfer agent (filed as Exhibit 4.6 to the Companyâ€™s Current Report on Form 8-K filed on August 12, 2024, and incorporated herein by reference). Â Â Â 4.86 â€” Form of 5.450% Senior Notes due 2034 (included in Exhibit 4.84). Â Â Â 4.87 â€” Form of 5.950% Senior Notes due 2054 (included in Exhibit 4.85). Â Â Â 10.1 â€” Form of Indemnity Agreement with certain officers and directors (filed as Exhibit 10.3 to the Companyâ€™s Registration Statement on Form S-4 (File No. 333-145054) and incorporated herein by reference). Â 10.2(a) â€” 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates as Amended and Restated (filed as Exhibit 10.11(b) to the Companyâ€™s Registration Statement on Form S-1 (File No. 333-171369), and incorporated herein by reference).* Â 10.2(b) â€” First Amendment to 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.1 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended June 30, 2011, and incorporated herein by reference).* Â 10.2(c) â€” Second Amendment to the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.1 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended March 31, 2013, and incorporated herein by reference).* Â 10.3(a) â€” Management Stockholderâ€™s Agreement, dated November 17, 2006 (filed as Exhibit 10.12 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2006, and incorporated herein by reference). Â 10.3(b) â€” Form of Omnibus Amendment to HCA Holdings, Inc.â€™s Management Stockholderâ€™s Agreements (filed as Exhibit 10.39 to the Companyâ€™s Registration Statement on Form S-1 (File No. 333-171369), and incorporated herein by reference). Â 10.4 â€” Form of Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed February 14, 2012, and incorporated herein by reference).* Â 10.5 â€” Retirement Agreement, dated as of January 1, 2002, by and between the Company and Thomas F. Frist, Jr., M.D. (filed as Exhibit 10.30 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2001, and incorporated herein by reference).* Â 10.6(a) â€” Amended and Restated HCA Supplemental Executive Retirement Plan, effective December 22, 2010, except as provided therein (filed as Exhibit 10.26 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2010, and incorporated herein by reference).* Â 10.6(b) â€” Amendment, dated December 22, 2020, to Amended and Restated HCA Supplemental Executive Retirement Plan (filed as Exhibit 10.7(b) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2020, and incorporated herein by reference).* Â 83 Â 10.7(a) â€” Amended and Restated HCA Restoration Plan, effective December 22, 2010 (filed as Exhibit 10.27 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2010, and incorporated herein by reference).* Â Â Â 10.7(b) â€” Amendment to the Amended and Restated HCA Restoration Plan, effective June 5, 2020 (filed as Exhibit 10.5 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended June 30, 2020, and incorporated herein by reference).* Â 10.8(a) â€” Employment Agreement dated November 16, 2006 (Samuel N. Hazen) (filed as Exhibit 10.27(d) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2006, and incorporated herein by reference).* Â 10.8(b) â€” Amendment to Employment Agreement effective February 9, 2011 (Samuel N. Hazen) (filed as Exhibit 10.29(j) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2010, and incorporated herein by reference).* Â 10.8(c) â€” Second Amendment to Employment Agreement effective January 29, 2015 (Samuel N. Hazen) (filed as Exhibit 10.23(i) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2014 (File No. 001-11239), and incorporated herein by reference).* Â 10.8(d) â€” Third Amendment to Employment Agreement effective January 27, 2016 (Samuel N. Hazen) (filed as Exhibit 10.23(j) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2015, and incorporated herein by reference).* Â 10.8(e) â€” Fourth Amendment to Employment Agreement effective November 14, 2016 (Samuel N. Hazen) (filed as Exhibit 10.16(l) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2016, and incorporated herein by reference).* Â 10.8(f) â€” Fifth Amendment to Employment Agreement effective January 1, 2019 (Samuel N. Hazen) (filed as Exhibit 10.14(i) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference).* Â Â Â 10.8(g) â€” Signing Bonus Agreement, dated as of January 24, 2022, by and between HCA Healthcare, Inc. and Michael R. McAlevey (filed as Exhibit 10.9(i) to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2022, and incorporated herein by reference).* Â Â Â 10.9 â€” Indemnification Priority and Information Sharing Agreement, dated as of November 1, 2009, by and between HCA Inc. and certain other parties thereto (filed as Exhibit 10.35 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2009, and incorporated herein by reference). Â 10.10 â€” Assignment and Assumption Agreement, dated November 22, 2010, by and among HCA Inc., HCA Holdings, Inc. and HCA Merger Sub LLC (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2010, and incorporated herein by reference). Â 10.11 â€” Omnibus Amendment to Various Stock and Option Plans and the Management Stockholdersâ€™ Agreement, dated November 22, 2010 (filed as Exhibit 10.2 to the Companyâ€™s Current Report on Form 8-K filed November 24, 2010, and incorporated herein by reference).* Â 10.12 â€” Omnibus Amendment to Stock Option Agreements Issued Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as amended, effective February 16, 2011 (filed as Exhibit 10.38 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2010, and incorporated herein by reference).* Â 10.13 â€” Stockholdersâ€™ Agreement, dated as of March 9, 2011, by and among the Company, Hercules Holding II, LLC and the other signatories thereto (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed March 16, 2011, and incorporated herein by reference). Â Â Â 10.14 â€” Amendment, dated as of September 21, 2011, to the Stockholdersâ€™ Agreement, dated as of March 9, 2011 (filed as Exhibit 10.2 to the Companyâ€™s Current Report on Form 8-K filed September 21, 2011, and incorporated herein by reference). Â 10.15 â€” Form of Director Restricted Share Unit Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.5 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended March 31, 2011, and incorporated herein by reference).* Â 10.16 â€” Executive Severance Policy (filed as Exhibit 10.46 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2013, and incorporated herein by reference).* Â 84 Â 10.17 â€” HCA Holdings, Inc. Employee Stock Purchase Plan (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed April 25, 2014 (File No. 001-11239), and incorporated herein by reference).* Â 10.18 â€” Form of 2015 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed February 4, 2015, and incorporated herein by reference).* Â 10.19 â€” Form of 2016 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.50 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2015, and incorporated herein by reference).* Â 10.20 â€” Form of Director Restricted Share Unit Agreement (Annual Award) Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.2 to the Companyâ€™s Quarterly Report on Form 10-Q for the quarter ended March 31, 2016, and incorporated herein by reference).* Â 10.21 â€” Form of 2017 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.42 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2016, and incorporated herein by reference).* Â 10.22 â€” Form of 2018 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.40 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2017, and incorporated herein by reference).* Â 10.23 â€” Form of 2019 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.41 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018, and incorporated herein by reference).* Â 10.24 â€” Form of 2020 Stock Appreciation Right Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.32 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2019, and incorporated herein by reference).* Â 10.25 â€” Form of 2020 Performance Share Unit Award Agreement Under the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated (filed as Exhibit 10.33 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2019, and incorporated herein by reference).* Â 10.26 â€” 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc., and its Affiliates (filed as Exhibit 4.4 to the Companyâ€™s Registration Statement on Form S-8, and incorporated herein by reference).* Â 10.27 â€” Form of Stock Appreciation Right Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 4.5 to the Companyâ€™s Registration Statement on Form S-8 (File No. 333-237967), and incorporated herein by reference).* Â 10.28 â€” Form of Employee Restricted Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 4.6 to the Companyâ€™s Registration Statement on Form S-8 (File No. 333-237967), and incorporated herein by reference).* Â 10.29 â€” Form of Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 4.7 to the Companyâ€™s Registration Statement on Form S-8 (File No. 333-237967), and incorporated herein by reference).* Â 10.30 â€” Form of Director Restricted Share Unit Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.2 to the Company Quarterly Report on Form 10-Q for the quarter ended March 31, 2020, and incorporated herein by reference).* Â 10.31 â€” Form of 2021 Stock Appreciation Right Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.37 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2020, and incorporated herein by reference).* Â 85 Â 10.32 â€” Form of 2021 Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.38 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2020, and incorporated herein by reference).* Â 10.33 â€” Form of 2022 Stock Appreciation Right Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.38 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2021, and incorporated herein by reference).* Â Â Â 10.34 â€” Form of 2022 Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.39 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2021, and incorporated herein by reference).* Â 10.35 â€” HCA Healthcare, Inc. 2022 Senior Officer Performance Excellence Program (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed on April 11, 2022, and incorporated herein by reference).* Â Â Â 10.36 â€” Form of 2023 Stock Appreciation Right Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.40 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2022, and incorporated herein by reference).* Â Â Â 10.37 â€” Form of 2023 Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.41 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2022, and incorporated herein by reference).* Â Â Â 10.38 â€” HCA Healthcare, Inc. 2023 Senior Officer Performance Excellence Program (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed on April 6, 2023, and incorporated herein by reference).* Â Â Â 10.39 â€” HCA Healthcare, Inc. 2023 Employee Stock Purchase Plan (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed on April 21, 2023, and incorporated herein by reference).* Â Â Â 10.40 â€” Form of 2024 Stock Appreciation Right Award Agreement under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.43 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023, and incorporated herein by reference).* Â Â Â 10.41 â€” Form of 2024 Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates (filed as Exhibit 10.44 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023, and incorporated herein by reference).* Â Â Â Â Â Â 10.42 â€” HCA Healthcare, Inc. 2024 Executive Officer Performance Excellence Program (filed as Exhibit 10.1 to the Companyâ€™s Current Report on Form 8-K filed on February 26, 2024, and incorporated herein by reference).* Â Â Â 10.43 â€” Form of 2025 Stock Appreciation Right Award Agreement under the 2020 Stock Incentive Plan forKey Employees of HCA Healthcare, Inc. and its Affiliates.* Â Â Â 10.44 â€” Form of 2025 Performance Share Unit Award Agreement Under the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates.* Â Â Â 19 â€” HCA Healthcare, Inc. Securities Trading Policy. Â Â Â 21 â€” List of Subsidiaries. Â 22 â€” List of Subsidiary Guarantors and Pledged Securities. Â 23 â€” Consent of Ernst & Young LLP. Â 31.1 â€” Certification of Chief Executive Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002. Â 31.2 â€” Certification of Chief Financial Officer Pursuant to Section 302 of the Sarbanes-Oxley Act of 2002. Â 32 â€” Certification Pursuant to 18 U.S.C. Section 1350, as Adopted Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002. Â Â Â 97 â€” HCA Healthcare, Inc. Compensation Recoupment Policy (filed as Exhibit 97 to the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023, and incorporated herein by reference). Â Â Â 86 Â 101 â€” The following financial information from our annual report on Form 10-K for the year ended December 31, 2024, filed with the SEC on February 13, 2025, formatted in Extensible Business Reporting Language (XBRL): (i) the consolidated balance sheets at December 31, 2024 and 2023, (ii) the consolidated income statements for the years ended December 31, 2024, 2023 and 2022, (iii) the consolidated comprehensive income statements for the years ended December 31, 2024, 2023 and 2022, (iv) the consolidated statements of stockholdersâ€™ equity (deficit) for the years ended December 31, 2024, 2023 and 2022, (v) the consolidated statements of cash flows for the years ended December 31, 2024, 2023 and 2022, and (vi) the notes to consolidated financial statements. Â 104 â€” The cover page from the Companyâ€™s Annual Report on Form 10-K for the year ended December 31, 2024, formatted in Inline XBRL (included in Exhibit 101). __________* Management compensatory plan or arrangement. Item 16. Form 10-K Summary None. 87 Â SIGNATURES Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized. Â Â HCA HEALTHCARE, INC. Â By: Â /S/ SAMUELÂ N. HAZEN Samuel N. HazenChief Executive Officer Dated: February 13, 2025 Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the Registrant and in the capacities and on the dates indicated. Â Â Â Signature Title Date /S/ SAMUELÂ N. HAZEN Chief Executive Officer and Director(Principal Executive Officer) February 13, 2025 Samuel N. Hazen /S/ MICHAELÂ A. MARKS Executive Vice President andChief Financial Officer(Principal Financial Officer) February 13, 2025 Michael A. Marks /S/ CHRISTOPHERÂ F. WYATT Senior Vice President andController(Principal Accounting Officer) February 13, 2025 Christopher F. Wyatt Â Â Â Â /S/ THOMASÂ F. FRISTÂ III Chairman and Director February 13, 2025 Thomas F. Frist III /S/ MEGÂ G. CROFTON Director February 13, 2025 Meg G. Crofton /S/ ROBERTÂ J. DENNIS Director February 13, 2025 Robert J. Dennis /S/ NANCY-ANNÂ DEPARLE Director February 13, 2025 Nancy-Ann DeParle /S/ WILLIAMÂ R. FRIST Director February 13, 2025 William R. Frist /S/ HUGHÂ F. JOHNSTON Director February 13, 2025 Hugh F. Johnston /S/ MICHAELÂ W. MICHELSON Director February 13, 2025 Michael W. Michelson /S/ WAYNEÂ J. RILEY Director February 13, 2025 Wayne J. Riley /S/ ANDREAÂ B. SMITH Director February 13, 2025 Andrea B. Smith Â 88 Â HCA HEALTHCARE, INC. INDEX TO CONSOLIDATED FINANCIAL STATEMENTS Â Â Page Report of Independent Registered Public Accounting Firm F-2 Consolidated Financial Statements: Consolidated Income Statements for the years ended December 31, 2024, 2023 and 2022 F-5 Consolidated Comprehensive Income Statements for the years ended December 31, 2024, 2023 and 2022 F-6 Consolidated Balance Sheets, December 31, 2024 and 2023 F-7 Consolidated Statements of Stockholdersâ€™ Equity (Deficit) for the years ended December 31, 2024, 2023 and 2022 F-8 Consolidated Statements of Cash Flows for the years ended December 31, 2024, 2023 and 2022 F-9 Notes to Consolidated Financial Statements F-10 Â Â Â F-1 Â Report of Independent Registered Public Accounting Firm To the Stockholders and the Board of Directors of HCA Healthcare, Inc. Opinion on the Financial Statements We have audited the accompanying consolidated balance sheets of HCA Healthcare, Inc. (the Company) as of December 31, 2024 and 2023, the related consolidated statements of income, comprehensive income, stockholdersâ€™ equity (deficit) and cash flows for each of the three years in the period ended December 31, 2024, and the related notes (collectively referred to as the â€œconsolidated financial statementsâ€). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company at December 31, 2024 and 2023, and the results of its operations and its cash flows for each of the three years in the period ended December 31, 2024, in conformity with U.S. generally accepted accounting principles. We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework), and our report dated February 13, 2025 expressed an unqualified opinion thereon. Basis for Opinion These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on the Companyâ€™s financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB. We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.Critical Audit Matters The critical audit matters communicated below are matters arising from the current period audit of the financial statements that were communicated or required to be communicated to the audit committee and that: (1) relate to accounts or disclosures that are material to the financial statements and (2) involved our especially challenging, subjective or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing separate opinions on the critical audit matters or on the accounts or disclosures to which they relate. F-2 Â Â Â Revenue Recognition â€“ Contractual Adjustments and Implicit Price Concessions Description of the Matter For the year ended December 31, 2024, the Companyâ€™s revenues were $70.603 billion. As discussed in Note 1 to the consolidated financial statements, revenues are based upon the estimated amounts the Company expects to be entitled to receive from patients and third-party payers. Estimates of contractual adjustments under managed care and commercial insurance plans and government payor programs are based upon the payment terms specified in the related contractual agreements or provided by government payor programs. Management continually reviews the contractual adjustments estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have healthcare coverage may have discounts applied (uninsured and other discounts). The Company also records estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues and accounts receivable at the estimated amounts the Company expects to collect. The primary collection risks relate to uninsured patient accounts, including amounts owed from patients after insurance has paid the amounts covered by the applicable agreement or program. Implicit price concessions relate primarily to amounts due directly from patients and are based upon managementâ€™s assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators.Â Auditing managementâ€™s estimates of contractual adjustments and implicit price concessions was complex and judgmental due to the significant data inputs and subjective assumptions utilized in determining related amounts. How We Addressed the Matter in Our Audit We tested internal controls that address the risks of material misstatement related to the measurement and valuation of revenues, including estimation of contractual adjustments and implicit price concessions. For example, we tested managementâ€™s internal controls over the key data inputs to the contractual adjustments and implicit price concession models, significant assumptions underlying managementâ€™s models, and managementâ€™s internal controls over retrospective reviews of historical reserve accuracy. Â To test the estimated contractual adjustments and implicit price concessions, we performed audit procedures that included, among others, assessing the methodologies and evaluating the significant assumptions discussed above and testing the completeness and accuracy of the underlying data used by the Company in its estimates. We compared the significant assumptions used by management to historical assumptions and to current industry and economic trends and considered changes, if any, to the Companyâ€™s business and other relevant factors. We also assessed the historical accuracy of managementâ€™s estimates as a source of potential corroborative or contrary evidence. Â Â Professional Liability and Related Provision Description of the Matter At December 31, 2024, the Companyâ€™s reserves for professional liability risks were $2.131 billion and the Companyâ€™s related provision for losses for the year ended December 31, 2024 was $627 million. As discussed in Note 1 to the consolidated financial statements, reserves for professional liability risks represent the estimated ultimate net cost of all reported and unreported losses incurred and unpaid through the consolidated balance sheet date. Management estimates professional liability reserves and provisions for losses using individual case-basis valuations and actuarial analyses. Trends in the average frequency (number of claims) and ultimate average severity (cost per claim) of claims are significant assumptions in estimating the reserves. Auditing managementâ€™s professional liability claims reserves was complex and judgmental due to the significant estimations required in determining the reserves, particularly the actuarial analyses and assumptions related to the effects of trends in average severity and average frequency of claims. Â F-3 Â Â Â How We Addressed the Matter in Our Audit We tested managementâ€™s internal controls that address the risks of material misstatement over the Companyâ€™s professional liability claims reserves estimation process. For example, we tested internal controls over managementâ€™s review of the actuarial analyses, the significant assumptions, and the completeness and accuracy of claims data used in the reserve estimation process. Â To test the Companyâ€™s determination of the estimated professional liability expense and reserves, we performed audit procedures that included, among others, testing the completeness and accuracy of underlying claims data used by the Company and its actuaries in its determination of reserves and reviewing the Companyâ€™s insurance contracts to validate self-insured limits, deductibles and coverage limits. Additionally, with the involvement of our actuarial specialists, we performed audit procedures that included, among others, assessing the actuarial analyses performed by management and its actuaries, testing the significant assumptions including consideration of Company-specific claim reporting and payment data, assessing the accuracy of managementâ€™s historical reserve estimates, and developing an independent range of reserves for comparison to the Companyâ€™s recorded amounts. Â /s/ Ernst & Young LLP We have served as the Companyâ€™s auditor since 1994. Nashville, Tennessee February 13, 2025 F-4 Â HCA HEALTHCARE, INC. CONSOLIDATED INCOME STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024, 2023 AND 2022 (Dollars in millions, except per share amounts) Â Â 2024 Â Â 2023 Â Â 2022 Â Revenues Â $ 70,603 Â Â $ 64,968 Â Â $ 60,233 Â Â Â Â Â Â Â Â Â Â Â Salaries and benefits Â Â 31,170 Â Â Â 29,487 Â Â Â 27,685 Â Supplies Â Â 10,755 Â Â Â 9,902 Â Â Â 9,371 Â Other operating expenses Â Â 14,819 Â Â Â 12,875 Â Â Â 11,155 Â Equity in earnings of affiliates Â Â (23) Â Â (22) Â Â (45) Depreciation and amortization Â Â 3,312 Â Â Â 3,077 Â Â Â 2,969 Â Interest expense Â Â 2,061 Â Â Â 1,938 Â Â Â 1,741 Â Losses (gains) on sales of facilities Â Â (14) Â Â 5 Â Â Â (1,301) Losses on retirement of debt Â Â â€” Â Â Â â€” Â Â Â 78 Â Â Â Â 62,080 Â Â Â 57,262 Â Â Â 51,653 Â Income before income taxes Â Â 8,523 Â Â Â 7,706 Â Â Â 8,580 Â Provision for income taxes Â Â 1,866 Â Â Â 1,615 Â Â Â 1,746 Â Net income Â Â 6,657 Â Â Â 6,091 Â Â Â 6,834 Â Net income attributable to noncontrolling interests Â Â 897 Â Â Â 849 Â Â Â 1,191 Â Net income attributable to HCA Healthcare, Inc. Â $ 5,760 Â Â $ 5,242 Â Â $ 5,643 Â Per share data: Â Â Â Â Â Â Â Â Â Basic earnings per share Â $ 22.27 Â Â $ 19.25 Â Â $ 19.43 Â Diluted earnings per share Â $ 22.00 Â Â $ 18.97 Â Â $ 19.15 Â Shares used in earnings per share calculations (in millions): Â Â Â Â Â Â Â Â Â Basic Â Â 258.603 Â Â Â 272.404 Â Â Â 290.348 Â Diluted Â Â 261.806 Â Â Â 276.412 Â Â Â 294.666 Â Â The accompanying notes are an integral part of the consolidated financial statements. F-5 Â HCA HEALTHCARE, INC. CONSOLIDATED COMPREHENSIVE INCOME STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024, 2023 AND 2022 (Dollars in millions) Â Â Â 2024 Â Â 2023 Â Â 2022 Â Net income Â $ 6,657 Â Â $ 6,091 Â Â $ 6,834 Â Other comprehensive income (loss) before taxes: Â Â Â Â Â Â Â Â Â Foreign currency translation Â Â (16) Â Â 41 Â Â Â (111) Â Â Â Â Â Â Â Â Â Â Unrealized gains (losses) on available-for-sale securities Â Â 1 Â Â Â 11 Â Â Â (55) Losses (gains) included in other operating expenses Â Â â€” Â Â Â (1) Â Â 1 Â Â Â Â 1 Â Â Â 10 Â Â Â (54) Â Â Â Â Â Â Â Â Â Â Â Defined benefit plans Â Â 65 Â Â Â 27 Â Â Â 49 Â Pension costs included in salaries and benefits Â Â 1 Â Â Â 3 Â Â Â 9 Â Â Â Â 66 Â Â Â 30 Â Â Â 58 Â Â Â Â Â Â Â Â Â Â Â Â Change in fair value of derivative financial instruments Â Â â€” Â Â Â â€” Â Â Â 6 Â Interest costs included in interest expense Â Â â€” Â Â Â â€” Â Â Â 2 Â Â Â Â â€” Â Â Â â€” Â Â Â 8 Â Other comprehensive income (loss) before taxes Â Â 51 Â Â Â 81 Â Â Â (99) Income taxes (benefits) related to other comprehensive income items Â Â 13 Â Â Â 16 Â Â Â (13) Other comprehensive income (loss) Â Â 38 Â Â Â 65 Â Â Â (86) Comprehensive income Â Â 6,695 Â Â Â 6,156 Â Â Â 6,748 Â Comprehensive income attributable to noncontrolling interests Â Â 897 Â Â Â 849 Â Â Â 1,191 Â Comprehensive income attributable to HCA Healthcare, Inc. Â $ 5,798 Â Â $ 5,307 Â Â $ 5,557 Â Â The accompanying notes are an integral part of the consolidated financial statements. F-6 Â HCA HEALTHCARE, INC. CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2024 AND 2023(Dollars in millions) Â Â Â 2024 Â Â 2023 Â ASSETS Â Â Â Â Â Â Current assets: Â Â Â Â Â Â Cash and cash equivalents Â $ 1,933 Â Â $ 935 Â Accounts receivable Â Â 10,751 Â Â Â 9,958 Â Inventories Â Â 1,738 Â Â Â 2,021 Â Other Â Â 1,992 Â Â Â 2,013 Â Â Â Â 16,414 Â Â Â 14,927 Â Â Â Â Â Â Â Â Property and equipment, at cost: Â Â Â Â Â Â Land Â Â 3,295 Â Â Â 3,120 Â Buildings Â Â 22,691 Â Â Â 21,560 Â Equipment Â Â 34,670 Â Â Â 31,998 Â Construction in progress Â Â 1,858 Â Â Â 1,870 Â Â Â Â 62,514 Â Â Â 58,548 Â Accumulated depreciation Â Â (33,100) Â Â (30,833) Â Â Â 29,414 Â Â Â 27,715 Â Â Â Â Â Â Â Investments of insurance subsidiaries Â Â 569 Â Â Â 477 Â Investments in and advances to affiliates Â Â 662 Â Â Â 756 Â Goodwill and other intangible assets Â Â 10,093 Â Â Â 9,945 Â Right-of-use operating lease assets Â Â 2,131 Â Â Â 2,207 Â Other Â Â 230 Â Â Â 184 Â Â Â $ 59,513 Â Â $ 56,211 Â Â Â Â Â Â Â Â Â LIABILITIES AND STOCKHOLDERSâ€™ EQUITY (DEFICIT) Â Â Â Â Â Â Current liabilities: Â Â Â Â Â Â Accounts payable Â $ 4,276 Â Â $ 4,233 Â Accrued salaries Â Â 2,304 Â Â Â 2,127 Â Other accrued expenses Â Â 3,899 Â Â Â 3,871 Â Long-term debt due within one year Â Â 4,698 Â Â Â 2,424 Â Â Â Â 15,177 Â Â Â 12,655 Â Â Â Â Â Â Â Â Long-term debt, less debt issuance costs and discounts of $369Â and $333 Â Â 38,333 Â Â Â 37,169 Â Professional liability risks Â Â 1,544 Â Â Â 1,557 Â Right-of-use operating lease obligations Â Â 1,863 Â Â Â 1,903 Â Income taxes and other liabilities Â Â 2,041 Â Â Â 1,867 Â Â Â Â Â Â Â Â Stockholdersâ€™ equity (deficit): Â Â Â Â Â Â Common stock $0.01Â par; authorized 1,800,000,000Â shares; outstandingÂ Â Â 249,981,400Â shares â€” 2024 and 265,537,300Â shares â€” 2023 Â Â 3 Â Â Â 3 Â Accumulated other comprehensive loss Â Â (387) Â Â (425) Retained deficit Â Â (2,115) Â Â (1,352) Stockholdersâ€™ deficit attributable to HCA Healthcare, Inc. Â Â (2,499) Â Â (1,774) Noncontrolling interests Â Â 3,054 Â Â Â 2,834 Â Â Â Â 555 Â Â Â 1,060 Â Â Â $ 59,513 Â Â $ 56,211 Â Â Â Â Â Â The accompanying notes are an integral part of the consolidated financial statements. F-7 Â HCA HEALTHCARE, INC. CONSOLIDATED STATEMENTS OF STOCKHOLDERSâ€™ EQUITY (DEFICIT) FOR THE YEARS ENDED DECEMBER 31, 2024, 2023 AND 2022 (Dollars in millions, except per share amounts) Â Equity (Deficit) Attributable to HCA Healthcare, Inc. Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Capital Â Â Accumulated Â Â Â Â Â Equity Â Â Â Â Â Common Stock Â Â in Excess Â Â Other Â Â Retained Â Â Attributable to Â Â Â Â Â Shares Â Â Par Â Â of Par Â Â Comprehensive Â Â Earnings Â Â Noncontrolling Â Â Â Â Â (in millions) Â Â Value Â Â Value Â Â Loss Â Â (Deficit) Â Â Interests Â Â Total Â Balances, December 31, 2021 Â Â 305.477 Â Â $ 3 Â Â $ â€” Â Â $ (404) Â $ (532) Â $ 2,422 Â Â $ 1,489 Â Comprehensive income (loss) Â Â Â Â Â Â Â Â Â Â Â Â Â (86) Â Â 5,643 Â Â Â 1,191 Â Â Â 6,748 Â Repurchase of common stock Â Â (30.747) Â Â Â Â Â (264) Â Â Â Â Â (6,736) Â Â Â Â Â (7,000) Share-based benefit plans Â Â 2.648 Â Â Â Â Â Â Â 282 Â Â Â Â Â Â Â Â Â Â Â Â Â Â 282 Â Cash dividends declaredÂ Â Â ($2.24Â per share) Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (655) Â Â Â Â (655) Distributions Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (1,025) Â Â (1,025) Other Â Â Â Â Â Â Â Â Â (18) Â Â Â Â Â Â Â Â 106 Â Â Â 88 Â Balances, December 31, 2022 Â Â 277.378 Â Â Â 3 Â Â Â â€” Â Â Â (490) Â Â (2,280) Â Â 2,694 Â Â Â (73) Comprehensive income Â Â Â Â Â Â Â Â Â Â Â Â Â 65 Â Â Â 5,242 Â Â Â 849 Â Â Â 6,156 Â Repurchase of common stock Â Â (14.465) Â Â Â Â Â (172) Â Â Â Â Â (3,670) Â Â Â Â Â (3,842) Share-based benefit plans Â Â 2.624 Â Â Â Â Â Â Â 172 Â Â Â Â Â Â Â Â Â Â Â 172 Â Cash dividends declaredÂ Â Â ($2.40Â per share) Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (658) Â Â Â Â Â (658) Distributions Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (640) Â Â (640) Other Â Â Â Â Â Â Â Â Â Â Â Â Â Â 14 Â Â Â (69) Â Â (55) Balances, December 31, 2023 Â Â 265.537 Â Â Â 3 Â Â Â â€” Â Â Â (425) Â Â (1,352) Â Â 2,834 Â Â Â 1,060 Â Comprehensive income Â Â Â Â Â Â Â Â Â Â Â Â Â 38 Â Â Â 5,760 Â Â Â 897 Â Â Â 6,695 Â Repurchase of common stock Â Â (17.798) Â Â Â Â Â (261) Â Â Â Â Â (5,803) Â Â Â Â Â (6,064) Share-based benefit plans Â Â 2.242 Â Â Â Â Â Â Â 261 Â Â Â Â Â Â Â Â Â Â Â Â 261 Â Cash dividends declaredÂ Â Â ($2.64Â per share) Â Â Â Â Â Â Â Â Â Â Â Â Â Â (688) Â Â Â Â Â (688) Distributions Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (711) Â Â (711) Other Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â (32) Â Â 34 Â Â Â 2 Â Balances, December 31, 2024 Â Â 249.981 Â Â $ 3 Â Â $ â€” Â Â $ (387) Â $ (2,115) Â $ 3,054 Â Â $ 555 Â Â The accompanying notes are an integral part of the consolidated financial statements. F-8 Â HCA HEALTHCARE, INC. CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2024, 2023 AND 2022 (Dollars in millions) Â Â 2024 Â Â 2023 Â Â 2022 Â Cash flows from operating activities: Â Â Â Â Â Â Â Â Â Net income Â $ 6,657 Â Â $ 6,091 Â Â $ 6,834 Â Adjustments to reconcile net income to net cash provided by Â Â Â operating activities: Â Â Â Â Â Â Â Â Â Increase (decrease) in cash from operating assets and liabilities: Â Â Â Â Â Â Â Â Â Accounts receivable Â Â (799) Â Â (935) Â Â (797) Inventories and other assets Â Â 334 Â Â Â (126) Â Â (59) Accounts payable and accrued expenses Â Â 359 Â Â Â 604 Â Â Â (296) Depreciation and amortization Â Â 3,312 Â Â Â 3,077 Â Â Â 2,969 Â Income taxes Â Â 22 Â Â Â 229 Â Â Â 571 Â Losses (gains) on sales of facilities Â Â (14) Â Â 5 Â Â Â (1,301) Losses on retirement of debt Â Â â€” Â Â Â â€” Â Â Â 78 Â Amortization of debt issuance costs and discounts Â Â 35 Â Â Â 35 Â Â Â 29 Â Share-based compensation Â Â 360 Â Â Â 262 Â Â Â 341 Â Other Â Â 248 Â Â Â 189 Â Â Â 153 Â Net cash provided by operating activities Â Â 10,514 Â Â Â 9,431 Â Â Â 8,522 Â Â Â Â Â Â Â Â Â Â Â Â Cash flows from investing activities: Â Â Â Â Â Â Â Â Â Purchase of property and equipment Â Â (4,875) Â Â (4,744) Â Â (4,395) Acquisition of hospitals and health care entities Â Â (266) Â Â (635) Â Â (224) Sales of hospitals and health care entities Â Â 328 Â Â Â 193 Â Â Â 1,237 Â Change in investments Â Â (115) Â Â (112) Â Â 14 Â Other Â Â (5) Â Â (19) Â Â (21) Net cash used in investing activities Â Â (4,933) Â Â (5,317) Â Â (3,389) Â Â Â Â Â Â Â Â Â Â Cash flows from financing activities: Â Â Â Â Â Â Â Â Â Issuances of long-term debt Â Â 7,495 Â Â Â 3,224 Â Â Â 5,997 Â Net change in revolving credit facilities Â Â (1,880) Â Â (1,020) Â Â 120 Â Repayment of long-term debt Â Â (2,410) Â Â (909) Â Â (2,830) Distributions to noncontrolling interests Â Â (711) Â Â (640) Â Â (1,025) Payment of debt issuance costs Â Â (67) Â Â (31) Â Â (53) Payment of dividends Â Â (690) Â Â (661) Â Â (653) Repurchase of common stock Â Â (6,042) Â Â (3,811) Â Â (7,000) Other Â Â (277) Â Â (246) Â Â (212) Net cash used in financing activities Â Â (4,582) Â Â (4,094) Â Â (5,656) Effect of exchange rate changes on cash and cash equivalents Â Â (1) Â Â 7 Â Â Â (20) Change in cash and cash equivalents Â Â 998 Â Â Â 27 Â Â Â (543) Cash and cash equivalents at beginning of period Â Â 935 Â Â Â 908 Â Â Â 1,451 Â Cash and cash equivalents at end of period Â $ 1,933 Â Â $ 935 Â Â $ 908 Â Interest payments Â $ 1,938 Â Â $ 1,892 Â Â $ 1,662 Â Income tax payments, net Â $ 1,844 Â Â $ 1,386 Â Â $ 1,175 Â Â Â Â Â Â The accompanying notes are an integral part of the consolidated financial statements. F-9 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTSÂ NOTE 1 â€” ACCOUNTING POLICIES Reporting Entity HCA Healthcare, Inc. is a holding company whose affiliates own and operate hospitals and related health care entities. The term â€œaffiliatesâ€ includes direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. At December 31, 2024 these affiliates owned and operated 190 hospitals, 124 freestanding surgery centers, 26 freestanding endoscopy centers and provided extensive outpatient and ancillary services. HCA Healthcare, Inc.â€™s facilities are located in 20 states and England. The terms â€œCompany,â€ â€œHCA,â€ â€œwe,â€ â€œourâ€ or â€œus,â€ as used herein and unless otherwise stated or indicated by context, refer to HCA Healthcare, Inc. and its affiliates. The terms â€œfacilitiesâ€ or â€œhospitalsâ€ refer to entities owned and operated by affiliates of HCA and the term â€œemployeesâ€ refers to employees of affiliates of HCA. Basis of Presentation The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates. The consolidated financial statements include all subsidiaries and entities controlled by HCA. We generally define â€œcontrolâ€ as ownership of a majority of the voting interest of an entity. The consolidated financial statements include entities in which we absorb a majority of the entityâ€™s expected losses, receive a majority of the entityâ€™s expected residual returns, or both, as a result of ownership, contractual or other financial interests in the entity. The accounts of acquired entities are included in our consolidated financial statements for periods subsequent to our acquisition of controlling interests. Significant intercompany transactions have been eliminated. Investments in entities we do not control, but in which we have a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. The majority of our expenses are â€œcosts of revenuesâ€ items. Costs that could be classified as general and administrative include our corporate office costs, which were $421 million, $353 million and $307 million for the years ended December 31, 2024, 2023 and 2022, respectively. Revenues Our revenues generally relate to contracts with patients in which our performance obligations are to provide health care services to the patients. Revenues are recorded during the period our obligations to provide health care services are satisfied. Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Our performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges), and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services we provide to the related patients typically specify payments at amounts less than our standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. F-10 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 1 â€” ACCOUNTING POLICIES (continued)Revenues (continued)Our revenues are based upon the estimated amounts we expect to be entitled to receive from patients and third-party payers. Estimates of contractual adjustments under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured and other discounts). We also record estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts we expect to collect. Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, are summarized in the following table (dollars in millions): Â Â Â Years Ended December 31, Â Â Â 2024 Â Â Ratio Â Â 2023 Â Â Ratio Â Â 2022 Â Â Ratio Â Medicare Â $ 10,780 Â Â Â 15.3 % Â $ 10,585 Â Â Â 16.3 % Â $ 10,447 Â Â Â 17.3 % Managed Medicare Â Â 11,987 Â Â Â 17.0 Â Â Â 10,496 Â Â Â 16.2 Â Â Â 9,201 Â Â Â 15.3 Â Medicaid Â Â 4,678 Â Â Â 6.6 Â Â Â 3,606 Â Â Â 5.6 Â Â Â 2,636 Â Â Â 4.4 Â Managed Medicaid Â Â 3,980 Â Â Â 5.6 Â Â Â 3,879 Â Â Â 6.0 Â Â Â 3,998 Â Â Â 6.6 Â Managed care and other insurers Â Â 34,954 Â Â Â 49.5 Â Â Â 31,819 Â Â Â 49.0 Â Â Â 29,120 Â Â Â 48.3 Â International (managed care and other insurers) Â Â 1,682 Â Â Â 2.4 Â Â Â 1,509 Â Â Â 2.3 Â Â Â 1,317 Â Â Â 2.2 Â Other Â Â 2,542 Â Â Â 3.6 Â Â Â 3,074 Â Â Â 4.6 Â Â Â 3,514 Â Â Â 5.9 Â Revenues Â $ 70,603 Â Â Â 100.0 % Â $ 64,968 Â Â Â 100.0 % Â $ 60,233 Â Â Â 100.0 % Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined (in relation to certain government programs, primarily Medicare, this is generally referred to as the â€œcost reportâ€ filing and settlement process). The adjustments to estimated Medicare and Medicaid reimbursement and disproportionate-share amounts, related primarily to cost reports filed during the respective year, resulted in net increases to revenues of $42 million, $84 million and $56 million in 2024, 2023 and 2022, respectively. The adjustments to estimated reimbursement amounts related primarily to cost reports filed during previous years resulted in net increases to revenues of $78 million in 2024, $58 million in 2023 and $42 million in 2022. The Emergency Medical Treatment and Labor Act (â€œEMTALAâ€) requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospitalâ€™s emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individualâ€™s ability to pay for treatment. Federal and state laws and regulations require, and our commitment to providing quality patient care encourages, us to provide services to patients who are financially unable to pay for the health care services they receive. Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level, are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied. F-11 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 1 â€” ACCOUNTING POLICIES (continued)Revenues (continued)The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is our primary source of cash and is critical to our operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable collection efforts have been performed. The estimates for implicit price concessions are based upon managementâ€™s assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of our revenues and accounts receivable (the â€œhindsight analysisâ€) as a primary source of information in estimating the collectability of our accounts receivable. We perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and writeoff data. We believe our quarterly updates to the estimated implicit price concession amounts at each of our hospital facilities provide reasonable estimates of our revenues and valuations of our accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of our accounts receivable or period-to-period comparisons of our revenues. At December 31, 2024 and 2023, estimated implicit price concessions of $7.773 billion and $7.283 billion, respectively, had been recorded to adjust our revenues and accounts receivable to the estimated amounts we expect to collect. To quantify the total impact of the trends related to uninsured patient accounts, we believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions): Â Â 2024 Â Â 2023 Â Â 2022 Â Patient care costs (salaries and benefits, supplies, other operatingÂ Â Â expenses and depreciation and amortization) Â $ 60,056 Â Â $ 55,341 Â Â $ 51,180 Â Cost-to-charges ratio (patient care costs as percentage of grossÂ Â Â patient charges) Â Â 10.1 % Â Â 10.5 % Â Â 11.0 % Total uncompensated care Â $ 43,231 Â Â $ 35,426 Â Â $ 31,734 Â Multiply by the cost-to-charges ratio Â Â 10.1 % Â Â 10.5 % Â Â 11.0 % Estimated cost of total uncompensated care Â $ 4,366 Â Â $ 3,720 Â Â $ 3,491 Â The total uncompensated care amounts include charity care of $15.942 billion, $14.425 billion and $13.615 billion for the years ended December 31, 2024, 2023 and 2022, respectively. The estimated cost of charity care was $1.610 billion, $1.515 billion and $1.498 billion for the years ended December 31, 2024, 2023 and 2022, respectively. Recent Pronouncements In December 2023, the FASB issued Accounting Standards Update 2023-09, Improvements to Income Tax Disclosures (â€œASU 2023-09â€), which requires enhanced annual disclosures for specific categories in the rate reconciliation and income taxes paid disaggregated by federal, state and foreign taxes. ASU 2023-09 is effective for public business entities for annual periods beginning on or after December 15, 2024. We plan to adopt ASU 2023-09 effective January 1, 2025 applying a retrospective approach to all prior periods presented in the financial statements. We do not believe the adoption of this new standard will have a material effect on our disclosures. F-12 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 1 â€” ACCOUNTING POLICIES (continued)Cash and Cash Equivalents Cash and cash equivalents include highly liquid investments with a maturity of three months or less when purchased. Our insurance subsidiariesâ€™ cash equivalent investments in excess of the amounts required to pay estimated professional liability claims during the next twelve months are not included in cash and cash equivalents as these funds are not available for general corporate purposes. Carrying values of cash and cash equivalents approximate fair value due to the short-term nature of these instruments. Accounts Receivable We receive payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care health plans, commercial insurance companies, employers and patients. We recognize that revenues and receivables from government agencies are significant to our operations, but do not believe there are significant credit risks associated with these government agencies. We do not believe there are any other significant concentrations of revenues from any particular payer that would subject us to any significant credit risks in the collection of our accounts receivable. Days revenues in accounts receivable were 54 days, 53 days and 53 days at December 31, 2024, 2023 and 2022, respectively. Changes in general economic conditions, revenue cycle service center operations, payer mix, payer claim processing, or federal or state governmental health care coverage could affect our collection of accounts receivable, cash flows and results of operations. Inventories Inventories are stated at the lower of cost (first-in, first-out) or market. Property and Equipment Depreciation expense, computed using the straight-line method, was $3.294 billion in 2024, $3.052 billion in 2023 and $2.941 billion in 2022. Buildings and improvements are depreciated over estimated useful lives ranging generally from 10 to 40 years. Estimated useful lives of equipment vary generally from four to 10 years. When events, circumstances or operating results indicate the carrying values of certain property and equipment expected to be held and used might be impaired, we prepare projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar assets and independent appraisals. Property and equipment to be disposed of are reported at the lower of their carrying amounts or fair value less costs to sell or close. The estimates of fair value are usually based upon recent sales of similar assets and market responses based upon discussions with and offers received from potential buyers. F-13 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 1 â€” ACCOUNTING POLICIES (continued)Investments of Insurance Subsidiaries At December 31, 2024 and 2023, the investment securities held by our insurance subsidiaries were classified as â€œavailable-for-saleâ€ as defined in Accounting Standards Codification (â€œASCâ€) No. 320, Investments â€” Debt Securities and are recorded at fair value. The investment securities are held for the purpose of providing a funding source to pay liability claims covered by the insurance subsidiaries. We perform quarterly assessments of individual investment securities to determine whether declines in fair value are due to credit-related or noncredit-related factors. Our investment securities evaluation process involves subjective judgments, often involves estimating the outcome of future events, and requires a significant level of professional judgment in determining whether a credit-related impairment has occurred. We evaluate, among other things, the financial position and near-term prospects of the issuer, conditions in the issuerâ€™s industry, liquidity of the investment, changes in the amount or timing of expected future cash flows from the investment, and recent downgrades of the issuer by a rating agency, to determine if, and when, a decline in the fair value of an investment below amortized cost is considered to be a credit-related impairment. The extent to which the fair value of the investment is less than amortized cost and our ability and intent to retain the investment, to allow for any anticipated recovery of the investmentâ€™s fair value, are important components of our investment securities evaluation process. Goodwill and Intangible Assets Goodwill is not amortized but is subject to annual impairment tests. In addition to the annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist. Impairment testing for goodwill is done at the reporting unit level. Reporting units are one level below the business segment level, and our impairment testing is performed at the operating division level. We compare the fair value of the reporting unit assets to the carrying amount, on at least an annual basis, to determine if there is potential impairment. If the fair value of the reporting unit assets is less than their carrying value, an impairment loss is recognized. Fair value is estimated based upon internal evaluations of each reporting unit that include quantitative analyses of market multiples, revenues and cash flows and reviews of recent sales of similar facilities. No goodwill impairments were recognized during 2024, 2023 or 2022. During 2024, goodwill increased by $170 million related to acquisitions and declined by $6 million related to foreign currency translation and other adjustments. During 2023, goodwill increased by $362 million related to acquisitions and declined by $50 million related to foreign currency translation and other adjustments. During 2024 and 2023, identifiable intangible assets declined by $16 million and $20 million, respectively, due to amortization and other adjustments. Identifiable intangible assets with finite lives are amortized over estimated lives ranging generally from three to 10 years. The gross carrying amount of amortizable identifiable intangible assets at both December 31, 2024 and 2023 was $274 million and accumulated amortization was $244 million and $228 million, respectively. The gross carrying amount of indefinite-lived identifiable intangible assets at both December 31, 2024 and 2023 was $293 million. Indefinite-lived identifiable intangible assets are not amortized but are subject to annual impairment tests, and impairment reviews are performed whenever circumstances indicate a possible impairment may exist. Debt Issuance Costs and Discounts Debt issuance costs and discounts are amortized based upon the terms of the respective debt obligations. The gross carrying amounts of debt issuance costs and discounts at December 31, 2024 and 2023 were $608 million and $559 million, respectively, and accumulated amortization was $239 million and $226 million, respectively. Amortization of debt issuance costs and discounts is included in interest expense and was $35 million, $35 million and $29 million for 2024, 2023 and 2022, respectively. F-14 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 1 â€” ACCOUNTING POLICIES (continued)Professional Liability Claims Reserves for professional liability risks were $2.131 billion and $2.089 billion at December 31, 2024 and 2023, respectively. The current portion of the reserves, $587 million and $532 million at December 31, 2024 and 2023, respectively, is included in â€œother accrued expensesâ€ in the consolidated balance sheets. Provisions for losses related to professional liability risks were $627 million, $619 million and $517 million for 2024, 2023 and 2022, respectively, and are included in â€œother operating expensesâ€ in our consolidated income statements. Provisions for losses related to professional liability risks are based upon actuarially determined estimates. We recorded an increase to the provision for professional liability risks of $40 million during 2023 and a reduction to the provision for professional liability risks of $55 million for 2022, due to the receipt of updated actuarial information. Loss and loss expense reserves represent the estimated ultimate net cost of all reported and unreported losses incurred and unpaid through the respective consolidated balance sheet dates. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. Adjustments to the estimated reserve amounts are included in current operating results. The reserves for professional liability risks cover approximately 2,100 individual claims at both December 31, 2024 and 2023 and estimates for unreported potential claims. The time period required to resolve these claims can vary depending upon the jurisdiction and whether the claim is settled or litigated. During 2024 and 2023, $600 million and $550 million, respectively, of net payments were made for professional and general liability claims. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate; however, there can be no assurance the ultimate liability will not exceed our estimates. A portion of our professional liability risks is insured through our insurance subsidiary. Subject, in most cases, to a $15 million per occurrence self-insured retention, our facilities are insured by our insurance subsidiary for losses up to $80 million per occurrence ($110 million effective January 1, 2025). The insurance subsidiary has obtained reinsurance for professional liability risks generally above a retention level of either $25 million or $35 million per occurrence, depending on the jurisdiction for the related claim. We also maintain professional liability insurance with unrelated commercial carriers for losses in excess of amounts insured by our insurance subsidiary. The obligations covered by reinsurance and excess insurance contracts are included in the reserves for professional liability risks, as we remain liable to the extent the reinsurers and excess insurance carriers do not meet their obligations under the reinsurance and excess insurance contracts. The amounts receivable under the reinsurance contracts were $35 million and $34 million at December 31, 2024 and 2023, respectively, recorded in â€œother assets,â€ and $45 million and $8 million at December 31, 2024 and 2023, respectively, recorded in â€œother current assets.â€ Financial Instruments Derivative financial instruments have been employed to manage risks, including interest rate exposures, and have not been used for trading or speculative purposes. Changes in the fair value of derivatives are recognized periodically either in earnings or in stockholdersâ€™ equity, as a component of other comprehensive income, depending on whether the derivative financial instrument qualifies for hedge accounting, and if so, whether it qualifies as a fair value hedge or a cash flow hedge. Gains and losses on derivatives designated as cash flow hedges, to the extent they are effective, are recorded in other comprehensive income, and subsequently reclassified to earnings to offset the impact of the hedged items when they occur. The net interest paid or received on interest rate swaps is recognized as interest expense. Noncontrolling Interests in Consolidated Entities The consolidated financial statements include all assets, liabilities, revenues and expenses of less than 100% owned entities that we control. Accordingly, we have recorded noncontrolling interests in the earnings and equity of such entities. Â F-15 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 2 â€" SHARE-BASED COMPENSATION Stock Incentive Plans Our stock incentive plans are designed to promote the long-term financial interests and growth of the Company by attracting and retaining management and other personnel, motivating them to achieve long range goals and aligning their interests with those of our stockholders. Stock appreciation right (â€œSARâ€) and restricted share unit (â€œRSUâ€) grants vest solely based upon continued employment over a specific period of time, and performance share unit (â€œPSUâ€) grants vest based upon both continued employment over a specific period of time and the achievement of predetermined financial targets over a specific period of time. At December 31, 2024 there were 7.316 million shares available for future grants. Employee Stock Purchase Plan Our employee stock purchase plan (â€œESPPâ€) provides our participating employees an opportunity to obtain shares of our common stock at a discount (through payroll deductions over three-month periods). At December 31, 2024, 9.618 million shares of common stock were reserved for ESPP issuances. During 2024, 2023 and 2022, the Company recognized $18 million, $17 million and $16 million, respectively, of compensation expense related to the ESPP. SAR, RSU and PSU Activity The fair value of each SAR award is estimated on the grant date, using valuation models and the weighted average assumptions indicated in the following table. Awards under our stock incentive plans generally vest based on continued employment (â€œTime SARsâ€ and â€œRSUsâ€) or based upon continued employment and the achievement of certain financial targets (â€œPerformance SARsâ€ and â€œPSUsâ€). PSUs have a three-year cumulative earnings per share target, and the number of PSUs earned can vary from zero (for actual performance of less than 90% of target) to two times the original PSU grant (for actual performance of 110% or more of target). Each grant is valued as a single award with an expected term equal to the average expected term of the component vesting tranches. The expected term of the share-based award is limited by the contractual term. We use historical exercise behavior data and other factors to estimate the expected term of the SARs. Compensation cost is recognized on the straight-line attribution method. The straight-line attribution method requires that total compensation expense recognized must at least equal the vested portion of the grant-date fair value. The expected volatility is derived using historical stock price information for our common stock and the volatility implied by the trading of options to purchase our stock on open-market exchanges. The risk-free interest rate is the approximate yield on United States Treasury Strips having a life equal to the expected share-based award life on the date of grant. The expected life is an estimate of the number of years a share-based award will be held before it is exercised. The expected dividend yield is estimated based on the assumption that the dividend yield at date of grant will be maintained over the expected life of the grant. Â Â Â 2024 Â Â 2023 Â Â 2022 Â Risk-free interest rate Â Â 3.94 % Â Â 3.69 % Â Â 1.64 % Expected volatility Â Â 33 % Â Â 36 % Â Â 34 % Expected life, in years Â Â 5.23 Â Â Â 5.14 Â Â Â 5.11 Â Expected dividend yield Â Â 0.87 % Â Â 0.95 % Â Â 0.95 % Â F-16 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 2 â€" SHARE-BASED COMPENSATION (continued)SAR, RSU and PSU Activity (continued)Information regarding Time SAR and Performance SAR activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands): Â Â TimeSARs Â Â PerformanceSARs Â Â TotalSARs Â Â WeightedAverageExercisePrice Â Â WeightedAverageRemainingContractual Term Â AggregateIntrinsic Value(dollars in millions) Â SARs outstanding, December 31, 2021 Â Â 6,162 Â Â Â 286 Â Â Â 6,448 Â Â $ 113.15 Â Â Â Â Â Â Granted Â Â 570 Â Â Â â€" Â Â Â 570 Â Â Â 236.00 Â Â Â Â Â Â Exercised Â Â (660) Â Â (159) Â Â (819) Â Â 90.84 Â Â Â Â Â Â Cancelled Â Â (112) Â Â â€" Â Â Â (112) Â Â 182.87 Â Â Â Â Â Â SARs outstanding, December 31, 2022 Â Â 5,960 Â Â Â 127 Â Â Â 6,087 Â Â Â 126.38 Â Â Â Â Â Â Granted Â Â 580 Â Â Â â€" Â Â Â 580 Â Â Â 253.49 Â Â Â Â Â Â Exercised Â Â (1,156) Â Â (83) Â Â (1,239) Â Â 95.29 Â Â Â Â Â Â Cancelled Â Â (59) Â Â â€" Â Â Â (59) Â Â 202.05 Â Â Â Â Â Â SARs outstanding, December 31, 2023 Â Â 5,325 Â Â Â 44 Â Â Â 5,369 Â Â Â 146.46 Â Â Â Â Â Â Granted Â Â 491 Â Â Â â€" Â Â Â 491 Â Â Â 305.44 Â Â Â Â Â Â Exercised Â Â (1,128) Â Â (44) Â Â (1,172) Â Â 111.02 Â Â Â Â Â Â Cancelled Â Â (101) Â Â â€" Â Â Â (101) Â Â 246.78 Â Â Â Â Â Â SARs outstanding, December 31, 2024 Â Â 4,587 Â Â Â â€" Â Â Â 4,587 Â Â $ 170.31 Â Â 5.3Â years Â $ 598 Â SARs exercisable, December 31, 2024 Â Â 3,322 Â Â Â â€" Â Â Â 3,322 Â Â $ 136.86 Â Â 4.3Â years Â $ 542 Â Â The weighted average fair values of SARs granted during 2024, 2023 and 2022 were $102.65, $87.47 and $69.55 per share, respectively. The intrinsic values of SARs exercised during 2024, 2023 and 2022 were $257 million, $207 million and $115 million, respectively. As of December 31, 2024, the unrecognized compensation cost related to nonvested SARs was $47 million. Information regarding RSU and PSU activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands): Â Â RSUs Â Â PSUs Â Â Total RSUsand PSUs Â Â WeightedAverageGrantDate FairValue Â RSUs and PSUs outstanding, December 31, 2021 Â Â 2,191 Â Â Â 2,083 Â Â Â 4,274 Â Â $ 150.32 Â Granted Â Â 611 Â Â Â 455 Â Â Â 1,066 Â Â Â 235.71 Â Performance adjustment Â Â â€" Â Â Â 699 Â Â Â 699 Â Â Â 138.45 Â Vested Â Â (878) Â Â (1,399) Â Â (2,277) Â Â 138.41 Â Cancelled Â Â (140) Â Â (123) Â Â (263) Â Â 183.86 Â RSUs and PSUs outstanding, December 31, 2022 Â Â 1,784 Â Â Â 1,715 Â Â Â 3,499 Â Â Â 179.18 Â Granted Â Â 609 Â Â Â 479 Â Â Â 1,088 Â Â Â 253.85 Â Performance adjustment Â Â â€" Â Â Â 697 Â Â Â 697 Â Â Â 144.42 Â Vested Â Â (717) Â Â (1,393) Â Â (2,110) Â Â 152.50 Â Cancelled Â Â (125) Â Â (88) Â Â (213) Â Â 217.78 Â RSUs and PSUs outstanding, December 31, 2023 Â Â 1,551 Â Â Â 1,410 Â Â Â 2,961 Â Â Â 214.71 Â Granted Â Â 582 Â Â Â 434 Â Â Â 1,016 Â Â Â 305.97 Â Performance adjustment Â Â â€" Â Â Â 566 Â Â Â 566 Â Â Â 174.55 Â Vested Â Â (639) Â Â (1,132) Â Â (1,771) Â Â 181.81 Â Cancelled Â Â (138) Â Â (103) Â Â (241) Â Â 260.96 Â RSUs and PSUs outstanding, December 31, 2024 Â Â 1,356 Â Â Â 1,175 Â Â Â 2,531 Â Â $ 260.95 Â Â F-17 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 2 â€" SHARE-BASED COMPENSATION (continued)SAR, RSU and PSU Activity (continued)Â The fair values of RSUs and PSUs that vested during 2024, 2023 and 2022 were $539 million, $550 million and $550 million, respectively. As of December 31, 2024, the unrecognized compensation cost related to RSUs and PSUs was $383 million. NOTE 3 â€" ACQUISITIONS AND DISPOSITIONS During 2024, we paid $112 million to acquire three hospital facilities in Texas and $154 million to acquire nonhospital health care entities. During 2023, we paid $229 million to acquire four hospital facilities in Texas and $406 million to acquire nonhospital health care entities. During 2022, we paid $224 million to acquire nonhospital health care entities (noncontrolling interests of $72 million were recorded). Purchase price amounts have been allocated to the related assets acquired and liabilities assumed based upon their respective fair values. The purchase price paid in excess of the fair value of identifiable net assets of these acquired entities aggregated $170 million, $362 million and $262 million in 2024, 2023 and 2022, respectively. The consolidated financial statements include the accounts and operations of the acquired entities subsequent to the respective acquisition dates. The pro forma effects of these acquired entities on our results of operations for periods prior to the respective acquisition dates were not significant. During 2024, we received proceeds of $295 million and recognized a pretax gain of $189 million ($145 million net of tax) related to the sale of a hospital facility in California. We also received proceeds of $33 million and recognized a pretax loss of $5 million ($4 million after tax) related to sales of real estate and other health care entity investments. In addition, we recognized a pretax loss of $170 million ($130 million after tax) related to a hospital facility in California that we have executed a definitive agreement to sell in 2025. During 2023, we received proceeds of $162 million for the sale of two hospital facilities in Louisiana. We also received proceeds of $31 million related to sales of real estate and other health care entity investments. We recognized a pretax loss of $5 million for these transactions. During 2022, we received proceeds of $326 million and recognized a pretax gain of $274 million ($200 million after tax) related to sales of real estate and other health care entity investments. We also received proceeds of $911 million and recognized a pretax gain of $1.027 billion ($527 million after tax and amounts attributable to noncontrolling interests) in 2022 related to the sale of a controlling interest in a subsidiary of our group purchasing organization. NOTE 4 â€" INCOME TAXES The provision for income taxes consists of the following (dollars in millions): Â Â 2024 Â Â 2023 Â Â 2022 Â Current: Â Â Â Â Â Â Â Â Â Federal Â $ 1,202 Â Â $ 1,118 Â Â $ 1,222 Â State Â Â 212 Â Â Â 213 Â Â Â 206 Â Foreign Â Â 20 Â Â Â 3 Â Â Â 18 Â Deferred: Â Â Â Â Â Â Â Â Â Federal Â Â 394 Â Â Â 241 Â Â Â 261 Â State Â Â 31 Â Â Â 21 Â Â Â 27 Â Foreign Â Â 7 Â Â Â 19 Â Â Â 12 Â Â Â $ 1,866 Â Â $ 1,615 Â Â $ 1,746 Â Â Our provision for income taxes for the years ended December 31, 2024, 2023 and 2022 included tax benefits of $102 million, $93 million and $77 million, respectively, related to the settlement of employee equity awards. The provision for income taxes reflects a $61 million reduction in interest (net of tax) and penalty expense and $36 million and $23 million of interest expense (net of tax) for the years ended December 31, 2024, 2023 and 2022, respectively. During 2024, we derecognized deferred tax assets and increased our tax provision by $276 million due to an internal restructuring of certain affiliates. Our foreign pretax income was $79 million, $85 million and $66 million for the years ended December 31, 2024, 2023 and 2022, respectively. F-18 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 4 â€" INCOME TAXES (continued)A reconciliation of the federal statutory rate to the effective income tax rate follows: Â Â 2024 Â Â 2023 Â Â 2022 Â Federal statutory rate Â Â 21.0 % Â Â 21.0 % Â Â 21.0 % State income taxes, net of federal tax benefit Â Â 2.7 Â Â Â 2.6 Â Â Â 2.3 Â Change in liability for uncertain tax positions Â Â (2.3) Â Â 0.4 Â Â Â 0.7 Â Tax benefit from settlements of employee equity awards Â Â (1.2) Â Â (1.2) Â Â (0.9) Internal restructuring of affiliates Â Â 3.5 Â Â Â â€" Â Â Â â€" Â Other items, net Â Â 0.8 Â Â Â 0.8 Â Â Â 0.5 Â Effective income tax rate on income attributable to HCA Healthcare, Inc. Â Â 24.5 Â Â Â 23.6 Â Â Â 23.6 Â Income attributable to noncontrolling interests from consolidated partnerships Â Â (2.6) Â Â (2.6) Â Â (3.3) Effective income tax rate on income before income taxes Â Â 21.9 % Â Â 21.0 % Â Â 20.3 % A summary of the items comprising our deferred tax assets and liabilities at December 31 follows (dollars in millions): Â Â 2024 Â Â 2023 Â Â Â Assets Â Â Liabilities Â Â Assets Â Â Liabilities Â Depreciation and fixed asset basis differences Â $ â€" Â Â $ 1,139 Â Â $ â€" Â Â $ 1,048 Â Allowances for professional liability and other risks Â Â 395 Â Â Â â€" Â Â Â 452 Â Â Â â€" Â Accounts receivable Â Â 418 Â Â Â â€" Â Â Â 363 Â Â Â â€" Â Compensation Â Â 285 Â Â Â â€" Â Â Â 308 Â Â Â â€" Â Right-of-use lease assets and obligations Â Â 478 Â Â Â 462 Â Â Â 506 Â Â Â 492 Â Other Â Â 297 Â Â Â 932 Â Â Â 592 Â Â Â 860 Â Â Â $ 1,873 Â Â $ 2,533 Â Â $ 2,221 Â Â $ 2,400 Â At December 31, 2024, state net operating loss carryforwards (expiring in years 2025 through 2042) available to offset future taxable income approximated $167 million. Utilization of net operating loss carryforwards in any one year may be limited. The following table summarizes the activity related to our gross unrecognized tax benefits, excluding accrued interest and penalties of $115 million and $177 million as of December 31, 2024 and 2023, respectively (dollars in millions): Â Â Â 2024 Â Â 2023 Â Balance at January 1 Â $ 639 Â Â $ 639 Â Additions based on tax positions related to the current year Â Â 40 Â Â Â 30 Â Additions for tax positions of prior years Â Â 63 Â Â Â 4 Â Reductions for tax positions of prior years Â Â (206) Â Â (10) Settlements Â Â (17) Â Â â€" Â Lapse of applicable statutes of limitations Â Â (15) Â Â (24) Balance at December 31 Â $ 504 Â Â $ 639 Â Â Unrecognized tax benefits of $295 million as of December 31, 2024 ($320 million as of December 31, 2023) would affect the effective rate, if recognized. Â During 2024, the Internal Revenue Service (â€œIRSâ€) completed its examination of our 2016, 2017 and 2018 income tax returns, resolving all federal income tax matters for those years, and the 2020 federal statute of limitations expired. We reduced our tax provision by $254 million, including interest of $118 million (net of tax). Of this amount, $181 million, including $47 million of interest (net of tax) related to the tax rate changes under the 2017 Tax Cuts and Jobs Act. F-19 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 4 â€" INCOME TAXES (continued)At December 31, 2024, the IRS was examining the Company's 2022 and 2023 income tax returns and the 2019 income tax returns of certain affiliates. We are subject to examination by the IRS for tax years after 2020, as well as by state and foreign taxing authorities. Depending on the resolution of any federal, state and foreign tax disputes, the completion of examinations by federal, state or foreign taxing authorities, or the expiration of statutes of limitation for specific taxing jurisdictions, we believe it is reasonably possible that our liability for unrecognized tax benefits may significantly increase or decrease within the next 12 months. However, we are currently unable to estimate the range of any possible change. NOTE 5 â€" EARNINGS PER SHARE We compute basic earnings per share using the weighted average number of common shares outstanding. We compute diluted earnings per share using the weighted average number of common shares outstanding plus the dilutive effect of outstanding SARs, RSUs and PSUs, computed using the treasury stock method. During 2024, 2023 and 2022, we repurchased 17.798 million shares, 14.465 million shares and 30.747 million shares, respectively, of our common stock. The following table sets forth the computations of basic and diluted earnings per share for the years ended December 31, 2024, 2023 and 2022 (dollars and shares in millions, except per share amounts): Â Â Â 2024 Â Â 2023 Â Â 2022 Â Net income attributable to HCA Healthcare, Inc. Â $ 5,760 Â Â $ 5,242 Â Â $ 5,643 Â Â Â Â Â Â Â Â Â Â Weighted average common shares outstanding Â Â 258.603 Â Â Â 272.404 Â Â Â 290.348 Â Effect of dilutive incremental shares Â Â 3.203 Â Â Â 4.008 Â Â Â 4.318 Â Shares used for diluted earnings per share Â Â 261.806 Â Â Â 276.412 Â Â Â 294.666 Â Earnings per share: Â Â Â Â Â Â Â Â Â Basic earnings per share Â $ 22.27 Â Â $ 19.25 Â Â $ 19.43 Â Diluted earnings per share Â $ 22.00 Â Â $ 18.97 Â Â $ 19.15 Â Â NOTE 6 â€" INVESTMENTS OF INSURANCE SUBSIDIARIES A summary of the insurance subsidiariesâ€™ investments at December 31 follows (dollars in millions): Â Â 2024 Â Â Â Â Â Â UnrealizedAmounts Â Â Â Â Â Â AmortizedCost Â Â Gains Â Â Losses Â Â FairValue Â Debt securities Â $ 388 Â Â $ â€" Â Â $ (27) Â $ 361 Â Money market funds and other Â Â 296 Â Â Â â€" Â Â Â â€" Â Â Â 296 Â Â Â $ 684 Â Â $ â€" Â Â $ (27) Â Â 657 Â Amounts classified as current assets Â Â Â Â Â Â Â Â Â Â Â Â (88) Investment carrying value Â Â Â Â Â Â Â Â Â Â Â $ 569 Â Â F-20 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 6 â€" INVESTMENTS OF INSURANCE SUBSIDIARIES (continued)Â Â 2023 Â Â Â Â Â UnrealizedAmounts Â Â Â Â Â AmortizedCost Â Â Gains Â Â Losses Â Â FairValue Â Debt securities Â $ 404 Â Â $ 1 Â Â $ (29) Â $ 376 Â Money market funds and other Â Â 188 Â Â Â â€" Â Â Â â€" Â Â Â 188 Â Â $ 592 Â Â $ 1 Â Â $ (29) Â Â 564 Â Amounts classified as current assets Â Â Â Â Â Â Â Â Â Â Â Â (87) Investment carrying value Â Â Â Â Â Â Â Â Â Â Â $ 477 Â Â At December 31, 2024 and 2023, the investments in debt securities of our insurance subsidiaries were classified as â€œavailable-for-sale.â€ Changes in unrealized gains and losses that are not credit-related are recorded as adjustments to other comprehensive income (loss). Scheduled maturities of investments in debt securities at December 31, 2024 were as follows (dollars in millions): Â Â Â AmortizedCost Â Â FairValue Â Due in one year or less Â $ 31 Â Â $ 31 Â Due after one year through five years Â Â 145 Â Â Â 140 Â Due after five years through ten years Â Â 147 Â Â Â 130 Â Due after ten years Â Â 65 Â Â Â 60 Â Â Â $ 388 Â Â $ 361 Â Â The average expected maturity of the investments in debt securities at December 31, 2024 was 4.4 years, compared to the average scheduled maturity of 8.1 years. Expected and scheduled maturities may differ because the issuers of certain securities have the right to call, prepay or otherwise redeem such obligations prior to their scheduled maturity date. Â NOTE 7 â€" ASSETS AND LIABILITIES MEASURED AT FAIR VALUE Accounting Standards Codification 820, Fair Value Measurements and Disclosures (â€œASC 820â€) emphasizes fair value is a market-based measurement, and fair value measurements should be determined based on the assumptions market participants would use in pricing assets or liabilities. ASC 820 utilizes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs classified within Levels 1 and 2 of the hierarchy) and the reporting entityâ€™s own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy). Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs observable for the asset or liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, which are typically based on an entityâ€™s own assumptions, as there is little, if any, related market activity. In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input significant to the fair value measurement in its entirety. Our assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment. The investments of our insurance subsidiaries are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. F-21 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 7 â€" ASSETS AND LIABILITIES MEASURED AT FAIR VALUE (continued)The following tables summarize the investments of our insurance subsidiaries measured at fair value on a recurring basis as of December 31, 2024 and 2023, aggregated by the level in the fair value hierarchy within which those measurements fall (dollars in millions): Â Â 2024 Â Â Â Â Â Â Fair Value Measurements Using Â Â Â Fair Value Â Â Quoted Prices inActive Markets forIdentical Assets(Level 1) Â Â Significant OtherObservable Inputs(Level 2) Â Â SignificantUnobservable Inputs(Level 3) Â Debt securities Â $ 361 Â Â $ â€" Â Â $ 361 Â Â $ â€" Â Money market funds and other Â Â 296 Â Â Â 296 Â Â Â â€" Â Â Â â€" Â Investments of insurance subsidiaries Â Â 657 Â Â Â 296 Â Â Â 361 Â Â Â â€" Â Less amounts classified as current assets Â Â (88) Â Â (88) Â Â â€" Â Â Â â€" Â Â Â $ 569 Â Â $ 208 Â Â $ 361 Â Â $ â€" Â Â Â 2023 Â Â Â Â Â Fair Value Measurements Using Â Â Fair Value Â Â Quoted Prices inActive Markets forIdentical Assets(Level 1) Â Â Significant OtherObservable Inputs(Level 2) Â Â SignificantUnobservable Inputs(Level 3) Â Debt securities Â $ 376 Â Â $ â€" Â Â $ 376 Â Â $ â€" Â Money market funds and other Â Â 188 Â Â Â 188 Â Â Â â€" Â Â Â â€" Â

Investments of insurance subsidiaries Â Â 564 Â Â Â 188 Â Â Â 376 Â Â Â â€” Â Less amounts classified as current assets Â Â (87) Â Â (87) Â Â â€” Â Â Â â€” Â Â $ 477 Â Â $ 101 Â Â $ 376 Â Â $ â€” Â Â The estimated fair value of our long-term debt was $40.845 billion and $38.253 billion at December 31, 2024 and 2023, respectively, compared to carrying amounts, gross of debt issuance costs, premiums and discounts, aggregating $43.400 billion and $39.926 billion, respectively. The estimates of fair value are generally based on Level 2 inputs, including quoted market prices or quoted market prices for similar issues of long-term debt with the same maturities. Â NOTE 8 â€" LONG-TERM DEBT A summary of long-term debt at December 31, including related interest rates at December 31, 2024, follows (dollars in millions): Â Â Â 2024 Â Â 2023 Â Senior secured asset-based revolving credit facility Â $ â€" Â Â $ 1,880 Â Senior secured revolving credit facility Â Â â€" Â Â Â â€" Â Senior secured term loan facilities (effective interest rate of 5.8%) Â Â 1,238 Â Â Â 1,313 Â Other senior secured debt (effective interest rate of 4.6%) Â Â 1,046 Â Â Â 967 Â Senior secured debt Â Â 2,284 Â Â Â 4,160 Â Senior unsecured notes (effective interest rate of 5.1%) Â Â 41,116 Â Â Â 35,766 Â Debt issuance costs and discounts Â Â (369) Â Â (333) Total debt (average life of 10.9Â years, rates averaging 5.1%) Â Â 43,031 Â Â Â 39,593 Â Less amounts due within one year Â Â 4,698 Â Â Â 2,424 Â Â Â $ 38,333 Â Â $ 37,169 Â Â F-22 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 8 â€" LONG-TERM DEBT (continued)During 2024, we issued $4.500 billion aggregate principal amount of senior notes comprised of (i) $1.000 billion aggregate principal amount of 5.450% senior notes due 2031 (the â€œExisting 2031 Notesâ€), (ii) $1.300 billion aggregate principal amount of 5.600% senior notes due 2034, (iii) $1.500 billion aggregate principal amount of 6.000% senior notes due 2054 and (iv) $700 million aggregate principal amount of 6.100% senior notes due 2064. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes. During 2024, we repaid all of the $2.000 billion aggregate principal amount of 5.000% senior notes due 2024 at maturity.During 2024, we also issued $3.000 billion aggregate principal amount of senior notes comprised of (i) $750 million aggregate principal amount of 5.450% senior notes due 2031 (the â€œNew 2031 Notesâ€), (ii) $1.250 billion aggregate principal amount of 5.450% senior notes due 2034 and (iii) $1.000 billion aggregate principal amount of 5.950% senior notes due 2054. The New 2031 Notes represent a further issuance of our Existing 2031 Notes, issued during February 2024, and together with the New 2031 Notes, the aggregate principal amount of these notes is $1.750 billion. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes.Senior Secured Credit Facilities And Other Senior Secured Debt We have entered into the following senior secured credit facilities: (i) a $4.500 billion asset-based revolving credit facility maturing on June 30, 2026 with a borrowing base of 85% of eligible accounts receivable, subject to customary reserves and eligibility criteria (none outstanding at December 31, 2024) (the â€œABL credit facilityâ€); (ii) a $3.500 billion senior secured revolving credit facility maturing on June 30, 2026 (none outstanding at December 31, 2024 without giving effect to certain outstanding letters of credit); and (iii) a $1.238 billion senior secured term loan facility maturing on June 30, 2026. We refer to the facilities described under (ii) and (iii) above, collectively, as the â€œcash flow credit facilityâ€ and, together with the ABL credit facility, the â€œsenior secured credit facilities.â€ Finance leases and other secured debt totaled $1.046 billion at December 31, 2024. Borrowings under the senior secured credit facilities bear interest at a rate equal to, at our option, either (a) a base rate determined by reference to the higher of (1) the federal funds rate plus 0.50% or (2) the prime rate of Bank of America or (b) a reference rate (the Secured Overnight Financing Rate (SOFR)) for the relevant interest period, plus, in each case, an applicable margin. The applicable margin for borrowings under the senior secured credit facilities may be reduced subject to attaining certain leverage ratios. The senior secured credit facilities contain a number of covenants that restrict, subject to certain exceptions, our (and some or all of our subsidiariesâ€™) ability to incur additional indebtedness, repay subordinated indebtedness, create liens on assets, sell assets, make investments, loans or advances, engage in certain transactions with affiliates, pay dividends and distributions, and enter into sale and leaseback transactions. In addition, we are required to satisfy and maintain a maximum total leverage ratio covenant under the cash flow credit facility and, in certain situations under the ABL credit facility, a minimum interest coverage ratio covenant. Senior Unsecured NotesSenior unsecured notes consist of (i) $40.541 billion aggregate principal amount of senior notes with maturities ranging from 2025 to 2064; (ii) an aggregate principal amount of $125 million medium-term notes maturing 2025; and (iii) an aggregate principal amount of $450 million debentures with maturities ranging from 2027 to 2095.General Debt Information The senior secured credit facilities are fully and unconditionally guaranteed by substantially all existing and future, direct and indirect, 100% owned material domestic subsidiaries that are â€œUnrestricted Subsidiariesâ€ under our Indenture (the â€œ1993 Indentureâ€) dated December 16, 1993 (except for certain special purpose subsidiaries that only guarantee and pledge their assets under our ABL credit facility). All obligations under the ABL credit facility, and the guarantees of those obligations, are secured, subject to permitted liens and other exceptions, by a first-priority lien on substantially all of the receivables of the borrowers and each guarantor under such ABL credit facility (the â€œReceivables Collateralâ€). F-23 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 8 â€" LONG-TERM DEBT (continued)General Debt Information (continued)All obligations under the cash flow credit facility and the guarantees of such obligations are secured, subject to permitted liens and other exceptions, by: â€¢a first-priority lien on the capital stock owned by HCA Inc., or by any guarantor, in each of their respective first-tier subsidiaries; â€¢a first-priority lien on substantially all present and future assets of HCA Inc. and of each guarantor other than (i) â€œPrincipal Propertiesâ€ (as defined in the 1993 Indenture), (ii) certain other real properties and (iii) deposit accounts, other bank or securities accounts, cash, leaseholds, motor-vehicles and certain other exceptions; and â€¢a second-priority lien on certain of the Receivables Collateral. Maturities of long-term debt in years 2026 through 2029 are $5.386 billion, $2.460 billion, $2.606 billion and $3.563 billion, respectively. Â NOTE 9 â€" LEASES We lease property and equipment under finance and operating leases. For leases with terms greater than 12 months, we record the related assets and obligations at the present value of lease payments over the term. Many of our leases include rental escalation clauses and renewal options that are factored into our determination of lease payments, when appropriate. We do not separate lease and nonlease components of contracts. Generally, we use our estimated incremental borrowing rate to discount the lease payments, as most of our leases do not provide a readily determinable implicit interest rate. The following table presents our lease-related assets and liabilities at December 31, 2024 and 2023 (dollars in millions): Â Â Balance Sheet Classification Â 2024 Â Â 2023 Â Assets: Â Â Â Â Â Â Â Â Operating leases Â Right-of-use operating lease assets Â $ 2,131 Â Â $ 2,207 Â Finance leases Â Property and equipment Â Â 646 Â Â Â 556 Â Total lease assets Â Â Â $ 2,777 Â Â $ 2,763 Â Liabilities: Â Â Â Â Â Â Â Â Current: Â Â Â Â Â Â Â Â Operating leases Â Other accrued expenses Â $ 343 Â Â $ 363 Â Finance leases Â Long-term debt due within one year Â Â 162 Â Â Â 166 Â Noncurrent: Â Â Â Â Â Â Â Â Operating leases Â Right-of-use operating lease obligations Â Â 1,863 Â Â Â 1,903 Â Finance leases Â Long-term debt Â Â 624 Â Â Â 541 Â Total lease liabilities Â Â Â $ 2,992 Â Â $ 2,973 Â Weighted-average remaining term: Â Â Â Â Â Â Â Â Operating leases Â Â Â 11.3Â years Â Â 11.8Â years Â Finance leases Â Â Â 10.5Â years Â Â 9.0Â years Â Weighted-average discount rate: Â Â Â Â Â Â Â Â Operating leases Â Â Â 5.1 % Â Â 4.9 % Finance leases Â Â Â Â 5.3 % Â Â 4.9 % Â F-24 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 9 â€" LEASES (continued)The following table presents certain information related to expenses for finance and operating leases for the years ended December 31, 2024, 2023 and 2022 (dollars in millions): Â Â 2024 Â Â 2023 Â Â 2022 Â Finance lease expense: Â Â Â Â Â Â Â Â Â Â Depreciation and amortization Â $ 159 Â Â $ 164 Â Â $ 163 Â Interest Â Â 37 Â Â Â 31 Â Â Â 29 Â Operating leases(1) Â Â 503 Â Â Â 495 Â Â Â 484 Â Short-term lease expense(1) Â Â 365 Â Â Â 337 Â Â Â 329 Â Variable lease expense(1) Â Â 181 Â Â Â 162 Â Â Â 163 Â Â Â $ 1,245 Â Â $ 1,189 Â Â $ 1,168 Â (1)Expenses are included in â€œother operating expensesâ€ in our consolidated income statements. The following table presents supplemental cash flow information for the years ended December 31, 2024, 2023 and 2022 (dollars in millions): Â Â Â 2024 Â Â 2023 Â Â 2022 Â Cash paid for amounts included in the measurement of lease liabilities: Â Â Â Â Â Â Â Â Â Â Operating cash flows for operating leases Â $ 490 Â Â $ 479 Â Â $ 473 Â Operating cash flows for finance leases Â Â 37 Â Â Â 31 Â Â Â 29 Â Financing cash flows for finance leases Â Â 172 Â Â Â 140 Â Â Â 124 Â Maturities of Lease Liabilities The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease liabilities recorded on the balance sheet at December 31, 2024 and 2023 (dollars in millions): Â Â Â 2024 Â Â 2023 Â Â Â OperatingLeases Â Â FinanceLeases Â Â OperatingLeases Â Â FinanceLeases Â Year 1 Â $ 455 Â Â $ 197 Â Â $ 452 Â Â $ 193 Â Year 2 Â Â 405 Â Â Â 146 Â Â Â 394 Â Â Â 155 Â Year 3 Â Â 344 Â Â Â 99 Â Â Â 340 Â Â Â 115 Â Year 4 Â Â 281 Â Â Â 81 Â Â Â 288 Â Â Â 60 Â Year 5 Â Â 221 Â Â Â 71 Â Â Â 228 Â Â Â 45 Â Thereafter Â Â 1,460 Â Â Â 497 Â Â Â 1,540 Â Â Â 356 Â Total minimum lease payments Â Â 3,166 Â Â Â 1,091 Â Â Â 3,242 Â Â Â 924 Â Less: amount of lease payments representing interest Â Â (960) Â Â (305) Â Â (976) Â Â (217) Present value of future minimum lease payments Â Â 2,206 Â Â Â 786 Â Â Â 2,266 Â Â Â 707 Â Less: current lease obligations Â Â (343) Â Â (162) Â Â (363) Â Â (166) Long-term lease obligations Â $ 1,863 Â Â $ 624 Â Â $ 1,903 Â Â $ 541 Â NOTE 10 â€" CONTINGENCIESWe operate in a highly regulated and litigious industry. As a result, various lawsuits, claims and legal and regulatory proceedings have been and can be expected to be instituted or asserted against us. We are also subject to claims and suits arising in the ordinary course of business, including claims for personal injuries or wrongful restriction of, or interference with, physiciansâ€™ staff privileges. In certain of these actions the claimants may seek punitive damages against us, which may not be covered by insurance. We are also subject to claims by various taxing authorities for additional taxes and related interest and penalties. The resolution of any such lawsuits, claims or legal and regulatory proceedings could have a material, adverse effect on our results of operations, financial position or liquidity. F-25 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 10 â€" CONTINGENCIES (continued)Government Investigations, Claims and Litigation Health care companies are subject to numerous investigations by various governmental agencies. Under the federal False Claims Act (â€œFCAâ€), private parties have the right to bring qui tam, or â€œwhistleblower,â€ suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities have received, and from time to time, other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our results of operations, financial position or liquidity. We accrue for such contingencies to the extent that it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. If we are a party to any proceeding that, either individually or in the aggregate, is probable or reasonably possible of having a material, adverse effect on the business, our results of operations, financial position or liquidity, we disclose a summary of such contingencies and the amount or range of reasonably possible losses in excess of recorded amounts or that we are unable to reasonably estimate the amount or range of losses.NOTE 11 â€" CAPITAL STOCK The amended and restated certificate of incorporation authorizes the Company to issue up to 1,800,000,000 shares of common stock, and our amended and restated by-laws set the number of directors constituting the board of directors of the Company at not less than three members, the exact number to be determined from time to time by resolution adopted by the affirmative vote of a majority of the total number of directors then in office. Share Repurchase Transactions During January 2025, January 2024, January 2023, January 2022 and February 2021, our Board of Directors authorized share repurchase programs for up to $10 billion, $6 billion, $3 billion, $8 billion and $6 billion, respectively, of the Companyâ€™s outstanding common stock. During 2024, we repurchased 17.798 million shares of our common stock at an average price of $337.74 per share through market purchases pursuant to the January 2023 authorization (which was completed during 2024) and the January 2024 authorization. At December 31, 2024, we had $764 million of repurchase authorization available under the January 2024 authorization. During 2023, we repurchased 14.465 million shares of our common stock at an average price of $263.47 per share through market purchases pursuant to the January 2022 authorization (which was completed during 2023) and the January 2023 authorization. During 2022, we repurchased 30.747 million shares of our common stock at an average price of $227.67 per share through market purchases pursuant to the February 2021 authorizations (which were completed during 2022) and the January 2022 authorization. Â NOTE 12 â€" EMPLOYEE BENEFIT PLANS We maintain defined contribution benefit plans that are available to employees who meet certain minimum requirements. The plans require that we match participant contributions up to certain maximum levels (generally, 100% of the first 3% to 9%, depending upon years of vesting service, of compensation deferred by participants). Benefits expense under these plans totaled $689 million for 2024, $659 million for 2023 and $606 million for 2022. Our matching contributions are funded during the year following the participant contributions. We maintain the noncontributory, nonqualified Restoration Plan to provide retirement benefits for eligible employees. Eligibility for the Restoration Plan is based upon earning eligible compensation in excess of a base amount and attaining 1,000 or more hours of service during the plan year. Company credits to participantsâ€™ hypothetical account balances (the Restoration Plan is not funded) depend upon participantsâ€™ compensation, years of vesting service, hypothetical investment returns (gains or losses) and certain IRS limitations. The amount recognized under this plan was $31 million expense for 2024, $40 million expense for 2023 and a $27 million credit for 2022. Accrued benefits liabilities under this plan totaled $229 million at December 31, 2024 and $227 million at December 31, 2023. F-26 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 12 â€" EMPLOYEE BENEFIT PLANS (continued)We maintain a Supplemental Executive Retirement Plan (â€œSERPâ€) for certain executives (the SERP is not funded). The plan is designed to ensure that upon retirement the participant receives the value of a prescribed life annuity from the combination of the SERP and our other benefit plans. Benefits expense under the plan was $7 million for 2024, $10 million for 2023 and $22 million for 2022. Accrued benefits liabilities under this plan totaled $109 million at December 31, 2024 and $106 million at December 31, 2023. We maintain defined benefit pension plans which resulted from certain hospital acquisitions in prior years. The amount recognized under these plans was a $6 million credit for 2024, $2 million expense for 2023, and an $11 million credit for 2022. Net assets available for benefits in excess of the projected benefit obligation under these plans were $118 million and $43 million at December 31, 2024 and 2023, respectively. NOTE 13 â€" SEGMENT AND GEOGRAPHIC INFORMATION Effective January 1, 2024, we adopted Accounting Standards Update 2023-07, Segment Reporting (Topic 280): Improvements to Reportable Segment Disclosures. We operate in one line of business, which is operating hospitals and related health care entities. We operate in three geographically organized groups: the National, Atlantic and American Groups. At December 31, 2024, the National Group included 55 hospitals located in Alaska, California, Idaho, Indiana, Kentucky, Nevada, New Hampshire, North Carolina, Tennessee, Utah and Virginia, the Atlantic Group included 62 hospitals located in Florida, Georgia, Northern Kansas, Missouri and South Carolina, and the American Group included 65 hospitals located in Colorado, Central Kansas, Louisiana and Texas. The eight hospitals we operate in England are included in the Corporate and other group.Adjusted segment EBITDA is defined as income before depreciation and amortization, interest expense, losses and gains on sales of facilities, losses on retirement of debt, income taxes and net income attributable to noncontrolling interests. We use adjusted segment EBITDA as an analytical indicator for purposes of allocating resources to geographic areas and assessing their performance. Adjusted segment EBITDA is commonly used as an analytical indicator within the health care industry, and also serves as a measure of leverage capacity and debt service ability. Adjusted segment EBITDA should not be considered as a measure of financial performance under generally accepted accounting principles, and the items excluded from adjusted segment EBITDA are significant components in understanding and assessing financial performance. Because adjusted segment EBITDA is not a measurement determined in accordance with generally accepted accounting principles and is thus susceptible to varying calculations, adjusted segment EBITDA, as presented, may not be comparable to other similarly titled measures of other companies. The geographic distributions of our revenues, salaries and benefits, supplies, other operating expenses, equity in earnings or losses of affiliates, adjusted segment EBITDA, depreciation and amortization, assets and goodwill and other intangible assets that are provided to the Chief Operating Decision Maker, which is the Chief Executive Officer, are summarized in the following tables (dollars in millions) and represent the operating segments at December 31, 2024:Â Â Â For the Year Ended December 31, 2024 Â Â Â NationalGroup Â Â AtlanticGroup Â Â AmericanGroup Â Revenues Â $ 19,614 Â Â $ 23,171 Â Â $ 24,601 Â Â Â Â Â Â Â Â Â Â Â Â Salaries and benefits Â Â 7,483 Â Â Â 8,525 Â Â Â 8,529 Â Supplies Â Â 2,812 Â Â Â 3,553 Â Â Â 4,035 Â Other operating expenses Â Â 4,892 Â Â Â 6,124 Â Â Â 6,363 Â Equity in (earnings) losses of affiliates Â Â 2 Â Â Â (3) Â Â (62) Â Â Â 15,189 Â Â Â 18,199 Â Â Â 18,865 Â Adjusted segment EBITDA Â $ 4,425 Â Â $ 4,972 Â Â $ 5,736 Â Â F-27 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 13 â€" SEGMENT AND GEOGRAPHIC INFORMATION (continued) Â Â For the Year Ended December 31, 2023 Â Â Â NationalGroup Â Â AtlanticGroup Â Â AmericanGroup Â Revenues Â $ 18,105 Â Â $ 21,167 Â Â $ 22,318 Â Â Â Â Â Â Â Â Â Â Â Â Salaries and benefits Â Â 7,196 Â Â Â 8,058 Â Â Â 8,080 Â Supplies Â Â 2,658 Â Â Â 3,331 Â Â Â 3,616 Â Other operating expenses Â Â 4,253 Â Â Â 5,289 Â Â Â 5,473 Â Equity in (earnings) losses of affiliates Â Â (2) Â Â (3) Â Â (59) Â Â Â 14,105 Â Â Â 16,675 Â Â Â 17,110 Â Adjusted segment EBITDA Â $ 4,000 Â Â $ 4,492 Â Â $ 5,208 Â Â Â Â Â For the Year Ended December 31, 2022 Â Â Â NationalGroup Â Â AtlanticGroup Â Â AmericanGroup Â Revenues Â $ 16,767 Â Â $ 19,324 Â Â $ 20,858 Â Â Â Â Â Â Â Â Â Â Â Â Salaries and benefits Â Â 6,959 Â Â Â 7,752 Â Â Â 7,757 Â Supplies Â Â 2,569 Â Â Â 3,088 Â Â Â 3,331 Â Other operating expenses Â Â 3,624 Â Â Â 4,606 Â Â Â 4,711 Â Equity in (earnings) losses of affiliates Â Â (1) Â Â (3) Â Â (43) Â Â Â 13,151 Â Â Â 15,443 Â Â Â 15,756 Â Adjusted segment EBITDA Â $ 3,616 Â Â $ 3,881 Â Â $ 5,102 Â Â Â Â For the Year Ended December 31, Â Â Â 2024 Â Â 2023

Â Â 2022 Â Adjusted segment EBITDA: Â Â Â Â Â Â Â Â Â National Group Â $ 4,425 Â Â $ 4,000 Â Â $ 3,616 Â Atlantic Group Â Â 4,972 Â Â Â 4,492 Â Â Â 3,881 Â American Group Â Â 5,736 Â Â Â 5,208 Â Â Â 5,102 Â Â Â Â 15,133 Â Â Â 13,700 Â Â Â 12,599 Â Adjustments to reconcile Total Adjusted segmentÂ Â EBITDA to consolidated Income before income taxes: Â Â Â Â Â Â Â Â Â Corporate and Other Â Â 1,251 Â Â Â 974 Â Â Â 532 Â Depreciation and amortization Â Â 3,312 Â Â Â 3,077 Â Â Â 2,969 Â Interest expense Â Â 2,061 Â Â Â 1,938 Â Â Â 1,741 Â Losses (gains) on sales of facilities Â Â (14) Â Â 5 Â Â Â (1,301) Losses on retirement of debt Â Â â€” Â Â Â â€” Â Â Â 78 Â Income before income taxes Â $ 8,523 Â Â $ 7,706 Â Â $ 8,580 Â Â F-28 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 13 â€” SEGMENT AND GEOGRAPHIC INFORMATION (continued) Â Â For the Year Ended December 31, Â Â Â 2024 Â Â 2023 Â Â 2022 Â Revenues: Â Â Â Â Â Â Â Â Â National Group Â $ 19,614 Â Â $ 18,105 Â Â $ 16,767 Â Atlantic Group Â Â 23,171 Â Â Â 21,167 Â Â Â 19,324 Â American Group Â Â 24,601 Â Â Â 22,318 Â Â Â 20,858 Â Corporate and other Â Â 3,217 Â Â Â 3,378 Â Â Â 3,284 Â Â Â $ 70,603 Â Â $ 64,968 Â Â $ 60,233 Â Â Â Â Â Â Â Â Â Â Â Â Depreciation and amortization: Â Â Â Â Â Â Â Â Â National Group Â $ 857 Â Â $ 834 Â Â $ 801 Â Atlantic Group Â Â 1,061 Â Â Â 989 Â Â Â 921 Â American Group Â Â 1,083 Â Â Â 971 Â Â Â 937 Â Corporate and other Â Â 311 Â Â Â 283 Â Â Â 310 Â Â Â $ 3,312 Â Â $ 3,077 Â Â $ 2,969 Â Â Â Â Â December 31, Â Â Â 2024 Â Â 2023 Â Â 2022 Â Assets: Â Â Â Â Â Â Â Â Â National Group Â $ 12,855 Â Â $ 12,487 Â Â $ 11,793 Â Atlantic Group Â Â 17,168 Â Â Â 16,098 Â Â Â 15,092 Â American Group Â Â 20,714 Â Â Â 19,786 Â Â Â 17,934 Â Corporate and other Â Â 8,776 Â Â Â 7,840 Â Â Â 7,619 Â Â Â $ 59,513 Â Â $ 56,211 Â Â $ 52,438 Â Â Â Â NationalGroup Â Â AtlanticGroup Â Â AmericanGroup Â Â Corporateand Other Â Â Total Â Goodwill and other intangible assets: Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â Balance at December 31, 2021 Â $ 1,212 Â Â $ 1,970 Â Â $ 5,062 Â Â $ 1,296 Â Â $ 9,540 Â Acquisitions Â Â 75 Â Â Â 90 Â Â Â 90 Â Â Â 7 Â Â Â 262 Â Foreign currency translation, amortization and other Â Â (43) Â Â (3) Â Â â€” Â Â Â (103) Â Â (149) Balance at December 31, 2022 Â Â 1,244 Â Â Â 2,057 Â Â Â 5,152 Â Â Â 1,200 Â Â Â 9,653 Â Acquisitions Â Â â€” Â Â Â 8 Â Â Â 326 Â Â Â 28 Â Â Â 362 Â Foreign currency translation, amortization and other Â Â (3) Â Â (1) Â Â â€” Â Â Â (66) Â Â (70) Balance at December 31, 2023 Â Â 1,241 Â Â Â 2,064 Â Â Â 5,478 Â Â Â 1,162 Â Â Â 9,945 Â Acquisitions Â Â â€” Â Â Â 61 Â Â Â 105 Â Â Â 4 Â Â Â 170 Â Foreign currency translation, amortization and other Â Â (4) Â Â (1) Â Â 3 Â Â Â (20) Â Â (22) Balance at December 31, 2024 Â $ 1,237 Â Â $ 2,124 Â Â $ 5,586 Â Â $ 1,146 Â Â $ 10,093 Â Â F-29 HCA HEALTHCARE, INC. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)Â NOTE 14 â€” OTHER COMPREHENSIVE LOSS The components of accumulated other comprehensive loss are as follows (dollars in millions): Â Â Â UnrealizedGains (Losses) onAvailable-for-SaleSecurities Â Â ForeignCurrencyTranslationAdjustments Â Â DefinedBenefitPlans Â Â Changein FairValue ofDerivativeInstruments Â Â Total Â Balances at December 31, 2021 Â $ 12 Â Â $ (278) Â $ (132) Â $ (6) Â $ (404) Unrealized losses on available-for-sale securities, netÂ Â Â of $12Â income tax benefit Â Â (43) Â Â Â Â Â Â Â Â Â Â Â (43) Foreign currency translation adjustments, net of $16Â Â Â income tax benefit Â Â Â Â Â (95) Â Â Â Â Â Â Â Â (95) Defined benefit plans, net of $11Â of income taxes Â Â Â Â Â Â Â Â 38 Â Â Â Â Â Â 38 Â Change in fair value of derivative instruments, net ofÂ Â Â $1Â of income taxes Â Â Â Â Â Â Â Â Â Â Â 5 Â Â Â 5 Â Expense reclassified into operations from otherÂ Â Â comprehensive income, net of none, $2Â and $1Â Â Â income tax benefits, respectively Â Â 1 Â Â Â Â Â Â 7 Â Â Â 1 Â Â Â 9 Â Balances at December 31, 2022 Â Â (30) Â Â (373) Â Â (87) Â Â â€” Â Â Â (490) Unrealized gains on available-for-sale securities, netÂ Â Â of $2Â of income taxes Â Â 9 Â Â Â Â Â Â Â Â Â Â Â Â Â 9 Â Foreign currency translation adjustments, net of $7Â Â Â of income taxes Â Â Â Â Â 34 Â Â Â Â Â Â Â Â 34 Â Defined benefit plans, net of $6Â of income taxes Â Â Â Â Â Â Â Â 21 Â Â Â Â Â Â 21 Â Expense (benefit) reclassified into operations fromÂ Â Â other comprehensive income, net of noneÂ of incomeÂ Â Â taxes and $1Â income tax benefit, respectively Â Â (1) Â Â Â Â Â 2 Â Â Â Â Â Â 1 Â Balances at December 31, 2023 Â Â (22) Â Â (339) Â Â (64) Â Â â€” Â Â Â (425) Unrealized gains on available-for-sale securities Â Â 1 Â Â Â Â Â Â Â Â Â Â Â Â Â 1 Â Foreign currency translation adjustments, net of $2Â Â Â income tax benefit Â Â Â Â Â (14) Â Â Â Â Â Â Â Â (14) Defined benefit plans, net of $15Â of income taxes Â Â Â Â Â Â Â Â 50 Â Â Â Â Â Â 50 Â Expense reclassified into operations fromÂ Â Â other comprehensive income Â Â Â Â Â Â Â Â Â 1 Â Â Â Â Â Â 1 Â Balances at December 31, 2024 Â $ (21) Â $ (353) Â $ (13) Â $ â€” Â Â $ (387) Â Â NOTE 15 â€” OTHER ACCRUED EXPENSES A summary of other accrued expenses at December 31 follows (dollars in millions): Â Â 2024 Â Â 2023 Â Professional liability risks Â $ 587 Â Â $ 532 Â Defined contribution benefit plans Â Â 704 Â Â Â 668 Â Right-of-use operating leases Â Â 343 Â Â Â 363 Â Taxes other than income Â Â 419 Â Â Â 382 Â Interest Â Â 502 Â Â Â 414 Â Employee medical benefits Â Â 206 Â Â Â 199 Â Other Â Â 1,138 Â Â Â 1,313 Â Â Â $ 3,899 Â Â $ 3,871 Â Â F-30 EX-4.5(K) 2 hca-ex4_5k.htm EX-4.5(K) EX-4.5(k) Exhibit 4.5(k)Â Schedule of Omitted Supplements to U.S. Guarantee AgreementÂ The supplements to the U.S. guarantee agreement referenced below are substantially identical in all material respects to the Supplement No. 14 dated as of November 9, 2015 to the U.S. Guarantee dated as of November 17, 2006, as amended and restated as of February 26, 2014, as supplemented (the â€œU.S. Guarantee Agreementâ€) and filed as Exhibit 4.5(j) to the Companyâ€™s annual report on Form 10-K for the fiscal year ended December 31, 2024 (the â€œAnnual Reportâ€), except as to the names of the additional U.S. guarantors listed on the signature pages thereto and the dates on which such supplements to the U.S. Guarantee Agreement were entered into. These supplements to the U.S. Guarantee Agreement are not being filed as exhibits to the Annual Report in reliance on Instruction 2 to Item 601 of Regulation S-K.Â Supplements to the U.S. Guarantee Agreement entered into among HCA Inc., Bank of America, N.A., as administrative agent, and the following subsidiaries as additional U.S. guarantors, as of the dates indicated: Â Supplement Number Date Additional U.S. Guarantors No. 13 January 9, 2015 â€¢Citrus Memorial Hospital, Inc.â€¢Citrus Memorial Property Management, Inc.â€¢CHCA Pearland, L.Pâ€¢Columbia Healthcare System of Louisiana, Inc.â€¢HCA Pearland GP, Inc.â€¢Mountain Division â€“ CVH, LLCâ€¢Pearland Partner, LLCâ€¢Primary Health, Inc.â€¢Southpoint, LLCâ€¢Vision Consulting Group LLCâ€¢Vision Holdings, LLCâ€¢WCP Properties, LLC No. 15 January 10, 2017 â€¢East Florida âˆ’ DMC, Inc.â€¢H2U Wellness Centers, LLCâ€¢JPM AA Housing, LLCâ€¢MediCredit, Inc.â€¢Oklahoma Holding Company, LLCâ€¢Outpatient Services Holdings, Inc.â€¢Oviedo Medical Center, LLCâ€¢SSHR Holdco, LLCâ€¢The Outsource Group, Inc. No. 16 January 3, 2018 â€¢Cy-Fair Medical Center Hospital, LLCâ€¢Houston NW Manager, LLCâ€¢Houston âˆ’ PPH, LLC Â Â â€¢North Houston âˆ’ TRMC, LLCâ€¢Savannah Health Services, LLCâ€¢Sebring Health Services, LLCâ€¢Southeast Georgia Health Services, LLCâ€¢Weatherford Health Services, LLC No. 17 March 31, 2020 â€¢CarePartners HHA Holdings, LLLPâ€¢CarePartners HHA, LLLP â€¢CarePartners Rehabilitation Hospital, LLLP â€¢Clinical Education Shared Services, LLC â€¢Columbia Florida Group, Inc. â€¢Columbia Physician Services â€“ Florida Group, Inc. â€¢FMH Health Services, LLC â€¢HCA Eastern Group, Inc.â€¢hInsight-Mobile Heartbeat Holdings, LLCâ€¢Las Encinas Hospital â€¢MH Angel Medical Center, LLLPâ€¢MH Blue Ridge Medical Center, LLLPâ€¢MH Highlands-Cashiers Medical Center, LLLPâ€¢MH Hospital Holdings, Inc. â€¢MH Hospital Manager, LLCâ€¢MH Master Holdings, LLLP â€¢MH Master, LLCâ€¢MH Mission Hospital McDowell, LLLPâ€¢MH Mission Hospital, LLLP â€¢MH Mission Imaging, LLLPâ€¢MH Transylvania Regional Hospital, LLLPâ€¢Mobile Heartbeat, LLC No. 18 January 1, 2022 â€¢Davie Medical Center, LLCâ€¢Springfield Health Services, LLC No. 19 March 31, 2023 â€¢Cactus Nevada Holdings, LLC No. 20 June 30, 2023 â€¢West Jordan Health Services, LLC EX-4.6(C) 3 hca-ex4_6c.htm EX-4.6(C) EX-4.6(c) Exhibit 4.6(c)Â Schedule of Omitted Supplements to Security AgreementÂ The supplements to the security agreement referenced below are substantially identical in all material respects to the Supplement No. 2 dated as of October 27, 2011 to the Security Agreement dated as of November 17, 2006, amended and restated as of March 2, 2009, as supplemented (the â€œSecurity Agreementâ€) and filed as Exhibit 4.6(b) to the Companyâ€™s annual report on Form 10-K for the fiscal year ended December 31, 2024 (the â€œAnnual Reportâ€), except as to the names of the additional subsidiary grantors listed on the signature pages thereto and the dates on which such supplements to the Security Agreement were entered into. These supplements to the Security Agreement are not being filed as exhibits to the Annual Report in reliance on Instruction 2 to Item 601 of Regulation S-K.Â Supplements to the Security Agreement entered into among HCA Inc., Bank of America, N.A., as collateral agent, and the following subsidiaries as additional subsidiary grantors, as of the dates indicated: Supplement Number Date Additional Subsidiary Grantors No. 3 November 4, 2011 Spalding Rehabilitation L.L.C. No. 4 January 27, 2012 â€¢HealthTrust Workforce Solutions, LLCâ€¢Parallon Business Solutions, LLCâ€¢Parallon Enterprises, LLC â€¢Parallon Health Information Solutions, LLCâ€¢Parallon Payroll Solutions, LLCâ€¢Parallon Physician Services, LLCâ€¢PTS Solutions, LLC No. 5 December 7, 2012 HCA American Finance LLC No. 7 December 6, 2013 Poinciana Medical Center, Inc. No. 8 December 6, 2013 U.S. Collections, Inc. No. 9 December 6, 2013 West Florida â€“ MHT, LLC No. 10 December 6, 2013 West Florida â€“ PPH, LLC No. 12 December 6, 2013 North Texas â€“ MCA, LLC No. 13 January 9, 2015 â€¢Citrus Memorial Hospital, Inc.â€¢Citrus Memorial Property Management, Inc.â€¢CHCA Pearland, L.Pâ€¢Columbia Healthcare System of Louisiana, Inc.â€¢HCA Pearland GP, Inc.â€¢Mountain Division â€“ CVH, LLCâ€¢Pearland Partner, LLCâ€¢Primary Health, Inc.â€¢Southpoint, LLCâ€¢Vision Consulting Group LLCâ€¢Vision Holdings, LLCâ€¢WCP Properties, LLC No. 14 November 9, 2015 â€¢Putnam Community Medical Center of North Florida, LLC No. 15 January 10, 2017 â€¢East Florida âˆ’ DMC, Inc.â€¢H2U Wellness Centers, LLCâ€¢JPM AA Housing, LLCâ€¢MediCredit, Inc.â€¢Oklahoma Holding Company, LLCâ€¢Outpatient Services Holdings, Inc.â€¢Oviedo Medical Center, LLCâ€¢SSHR Holdco, LLCâ€¢The Outsource Group, Inc. No. 16 January 3, 2018 â€¢Cy-Fair Medical Center Hospital, LLCâ€¢Houston NW Manager, LLCâ€¢Houston âˆ’ PPH, LLCâ€¢North Houston âˆ’ TRMC, LLCâ€¢Savannah Health Services, LLCâ€¢Sebring Health Services, LLCâ€¢Southeast Georgia Health Services, LLCâ€¢Weatherford Health Services, LLC No. 17 March 31, 2020 â€¢CarePartners HHA Holdings, LLLPâ€¢CarePartners HHA, LLLP â€¢CarePartners Rehabilitation Hospital, LLLP â€¢Clinical Education Shared Services, LLC â€¢Columbia Florida Group, Inc. â€¢Columbia Physician Services â€“ Florida Group, Inc. â€¢FMH Health Services, LLC â€¢HCA Eastern Group, Inc.â€¢hInsight-Mobile Heartbeat Holdings, LLCâ€¢Las Encinas Hospital â€¢MH Angel Medical Center, LLLPâ€¢MH Blue Ridge Medical Center, LLLPâ€¢MH Highlands-Cashiers Medical Center, LLLPâ€¢MH Hospital Holdings, Inc. â€¢MH Hospital Manager, LLCâ€¢MH Master Holdings, LLLP Â Â â€¢MH Master, LLCâ€¢MH Mission Hospital McDowell, LLLPâ€¢MH Mission Hospital, LLLP â€¢MH Mission Imaging, LLLPâ€¢MH Transylvania Regional Hospital, LLLPâ€¢Mobile Heartbeat, LLC No. 18 January 1, 2022 â€¢Davie Medical Center, LLCâ€¢Springfield Health Services, LLC No. 19 March 31, 2023 â€¢Cactus Nevada Holdings, LLC No. 20 June 30, 2023 â€¢West Jordan Health Services, LLC EX-4.7(C) 4 hca-ex4_7c.htm EX-4.7(C) EX-4.7(c) Exhibit 4.7(c)Â Schedule of Omitted Supplements to Pledge AgreementÂ The supplements to the pledge agreement referenced below are substantially identical in all material respects to the Supplement No. 1 dated as of October 27, 2011 to the Pledge Agreement dated as of November 6, 2006, and amended and restated as of March 2, 2009, as supplemented (the â€œPledge Agreementâ€) and filed as Exhibit 4.7(b) to the Companyâ€™s annual report on Form 10-K for the fiscal year ended December 31, 2024 (the â€œAnnual Reportâ€), except as to the names of the additional pledgors listed on the signature pages thereto and the dates on which such supplements to the Pledge Agreement were entered into. These supplements to the Pledge Agreement are not being filed as exhibits to the Annual Report in reliance on Instruction 2 to Item 601 of Regulation S-K.Â Supplements to the Pledge Agreement entered into among HCA Inc., Bank of America, N.A., as collateral agent, and the following subsidiaries as additional pledgors, as of the dates indicated: Â Supplement Number Date Additional Pledgors No. 2 November 4, 2011 Spalding Rehabilitation L.L.C. No. 3 January 27, 2012 â€¢HealthTrust Workforce Solutions, LLCâ€¢Parallon Business Solutions, LLCâ€¢Parallon Enterprises, LLC â€¢Parallon Health Information Solutions, LLCâ€¢Parallon Payroll Solutions, LLCâ€¢Parallon Physician Services, LLCâ€¢PTS Solutions, LLC No. 4 December 7, 2012 HCA American Finance LLC No. 6 December 6, 2013 Poinciana Medical Center, Inc. No. 7 December 6, 2013 U.S. Collections, Inc. No. 8 December 6, 2013 West Florida â€“ MHT, LLC No. 9 December 6, 2013 West Florida â€“ PPH, LLC No. 11 December 6, 2013 North Texas â€“ MCA, LLC No. 12 January 9, 2015 â€¢Citrus Memorial Hospital, Inc.â€¢Citrus Memorial Property Management, Inc.â€¢CHCA Pearland, L.Pâ€¢Columbia Healthcare System of Louisiana, Inc.â€¢HCA Pearland GP, Inc.â€¢Mountain Division â€“ CVH, LLCâ€¢Pearland Partner, LLCâ€¢Primary Health, Inc.â€¢Southpoint, LLCâ€¢Vision Consulting Group LLCâ€¢Vision Holdings, LLCâ€¢WCP Properties, LLC No. 13 November 9, 2015 â€¢Putnam Community Medical Center of North Florida, LLC No. 14 January 10, 2017 â€¢East Florida âˆ’ DMC, Inc.â€¢H2U Wellness Centers, LLCâ€¢JPM AA Housing, LLCâ€¢MediCredit, Inc.â€¢Oklahoma Holding Company, LLCâ€¢Outpatient Services Holdings, Inc.â€¢Oviedo Medical Center, LLCâ€¢SSHR Holdco, LLCâ€¢The Outsource Group, Inc. No. 15 January 3, 2018 â€¢Cy-Fair Medical Center Hospital, LLCâ€¢Houston NW Manager, LLCâ€¢Houston âˆ’ PPH, LLCâ€¢North Houston âˆ’ TRMC, LLCâ€¢Savannah Health Services, LLCâ€¢Sebring Health Services, LLCâ€¢Southeast Georgia Health Services, LLCâ€¢Weatherford Health Services, LLC No. 16 March 31, 2020 â€¢CarePartners HHA Holdings, LLLPâ€¢CarePartners HHA, LLLP â€¢CarePartners Rehabilitation Hospital, LLLP â€¢Clinical Education Shared Services, LLC â€¢Columbia Florida Group, Inc. â€¢Columbia Physician Services â€“ Florida Group, Inc. â€¢FMH Health Services, LLC â€¢HCA Eastern Group, Inc.â€¢hInsight-Mobile Heartbeat Holdings, LLCâ€¢Las Encinas Hospital â€¢MH Angel Medical Center, LLLPâ€¢MH Blue Ridge Medical Center, LLLPâ€¢MH Highlands-Cashiers Medical Center, LLLPâ€¢MH Hospital Holdings, Inc. â€¢MH Hospital Manager, LLCâ€¢MH Master Holdings, LLLP Â Â â€¢MH Master, LLCâ€¢MH Mission Hospital McDowell, LLLPâ€¢MH Mission Hospital, LLLP â€¢MH Mission Imaging, LLLPâ€¢MH Transylvania Regional Hospital, LLLPâ€¢Mobile Heartbeat, LLC No. 17 January 1, 2022 â€¢Davie Medical Center, LLCâ€¢Springfield Health Services, LLC No. 18 March 31, 2023 â€¢Cactus Nevada Holdings, LLC No. 19 June 30, 2023 â€¢West Jordan Health Services, LLC EX-4.9(C) 5 hca-ex4_9c.htm EX-4.9(C) EX-4.9(c) Exhibit 4.9(c)Â Schedule of Omitted Supplements to Security AgreementÂ The supplements to the security agreement referenced below are substantially identical in all material respects to the Supplement No. 1 dated as of October 27, 2011 to the Security Agreement dated as of September 30, 2011, as supplemented (the â€œSecurity Agreementâ€) and filed as Exhibit 4.9(b) to the Companyâ€™s annual report on Form 10-K for the fiscal year ended December 31, 2024 (the â€œAnnual Reportâ€), except as to the names of the additional subsidiary grantors listed on the signature pages thereto and the dates on which such supplements to the Security Agreement were entered into. These supplements to the Security Agreement are not being filed as exhibits to the Annual Report in reliance on Instruction 2 to Item 601 of Regulation S-K.Â Supplements to the Security Agreement entered into among HCA Inc., Bank of America, N.A., as collateral agent, and the following subsidiaries as additional subsidiary grantors, as of the dates indicated: Supplement Number Date Additional Subsidiary Grantors No. 2 November 4, 2011 Spalding Rehabilitation L.L.C. No. 3 January 27, 2012 â€¢HealthTrust Workforce Solutions, LLCâ€¢Parallon Business Solutions, LLCâ€¢Parallon Enterprises, LLC â€¢Parallon Health Information Solutions, LLCâ€¢Parallon Payroll Solutions, LLCâ€¢Parallon Physician Services, LLCâ€¢PTS Solutions, LLC No. 4 December 7, 2012 HCA American Finance LLC No. 6 December 6, 2013 Poinciana Medical Center, Inc. No. 7 December 6, 2013 U.S. Collections, Inc. No. 8 December 6, 2013 West Florida â€“ MHT, LLC No. 9 December 6, 2013 West Florida â€“ PPH, LLC No. 11 December 6, 2013 North Texas â€“ MCA, LLC No. 12 March 25, 2014 AR Holding 31, LLC No. 12 January 9, 2015 â€¢Citrus Memorial Hospital, Inc.â€¢Citrus Memorial Property Management, Inc.â€¢CHCA Pearland, L.Pâ€¢Columbia Healthcare System of Louisiana, Inc.â€¢HCA Pearland GP, Inc.â€¢Mountain Division â€“ CVH, LLCâ€¢Pearland Partner, LLCâ€¢Primary Health, Inc.â€¢Southpoint, LLCâ€¢Vision Consulting Group LLCâ€¢Vision Holdings, LLCâ€¢WCP Properties, LLC No. 13 November 9, 2015 â€¢Putnam Community Medical Center of North Florida, LLC No. 14 January 10, 2017 â€¢East Florida âˆ’ DMC, Inc.â€¢H2U Wellness Centers, LLCâ€¢JPM AA Housing, LLCâ€¢MediCredit, Inc.â€¢Oklahoma Holding Company, LLCâ€¢Outpatient Services Holdings, Inc.â€¢Oviedo Medical Center, LLCâ€¢SSHR Holdco, LLCâ€¢The Outsource Group, Inc. No. 15 January 3, 2018 â€¢Cy-Fair Medical Center Hospital, LLCâ€¢Houston NW Manager, LLCâ€¢Houston âˆ’ PPH, LLCâ€¢North Houston âˆ’ TRMC, LLCâ€¢Savannah Health Services, LLCâ€¢Sebring Health Services, LLCâ€¢Southeast Georgia Health Services, LLCâ€¢Weatherford Health Services, LLC No. 16 March 31, 2020 â€¢CarePartners HHA Holdings, LLLPâ€¢CarePartners HHA, LLLP â€¢CarePartners Rehabilitation Hospital, LLLP â€¢Clinical Education Shared Services, LLC â€¢Columbia Florida Group, Inc. â€¢Columbia Physician Services â€“ Florida Group, Inc. â€¢FMH Health Services, LLC â€¢HCA Eastern Group, Inc.â€¢hInsight-Mobile Heartbeat Holdings, LLCâ€¢Las Encinas Hospital â€¢MH Angel Medical Center, LLLPâ€¢MH Blue Ridge Medical Center, LLLPâ€¢MH Highlands-Cashiers Medical Center, LLLPâ€¢MH Hospital Holdings, Inc. â€¢MH Hospital Manager, LLCâ€¢MH Master Holdings, LLLP Â Â â€¢MH Master, LLCâ€¢MH Mission Hospital McDowell, LLLPâ€¢MH Mission Hospital, LLLP â€¢MH Mission Imaging, LLLPâ€¢MH Transylvania Regional Hospital, LLLPâ€¢Mobile Heartbeat, LLC No. 17 January 1, 2022 â€¢Davie Medical Center, LLCâ€¢Springfield Health Services, LLC No. 18 March 31, 2023 â€¢Cactus Nevada Holdings, LLC No. 19 June 30, 2023 â€¢West Jordan Health Services, LLC Â EX-10.43 6 hca-ex10_43.htm EX-10.43 EX-10.43 Exhibit 10.43 Form of HCA Healthcare, Inc.Stock Appreciation Rights AgreementÂ This STOCK APPRECIATION RIGHTS AGREEMENT (the â€œAgreementâ€), dated as of _______________ (the â€œGrant Dateâ€) is made by and between HCA Healthcare, Inc., a Delaware corporation (together with its Subsidiaries, Successors and other applicable Service Recipients, hereinafter referred to as the â€œCompanyâ€), and the individual whose name is set forth below, who is an employee of the Company and hereinafter referred to as the â€œGranteeâ€. Â WHEREAS, the Company wishes to carry out the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates, as may be amended and restated from time to time (the â€œPlanâ€), the terms of which are hereby incorporated by reference and made a part of this Agreement; andÂ WHEREAS, the Committee has determined that it would be to the advantage and best interest of the Company and its shareholders to grant an award of Stock Appreciation Rights (â€œSARsâ€) as provided for herein to the Grantee as an incentive for increased efforts during his or her term of office, employment or service with the Company, and has advised the Company thereof and instructed the undersigned officers to issue said SARs;Â NOW, THEREFORE, in consideration of the mutual covenants herein contained and other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto do hereby agree as follows:Â Â Â STOCK APPRECIATION RIGHTS GRANTÂ Â Grantee: [Participant Name] [Participant Address] Aggregate number of SARs granted hereunder: [SAR Award] Base Price of all SARs granted hereunder: [Base Price] Grant Date: [Grant Date]Â Â Â Â Â Â ARTICLE IDEFINITIONS Any capitalized terms herein not otherwise defined herein shall have the meaning set forth in the Plan. ARTICLE IIGRANT OF SARSSection 2.1. Grant of SARs For good and valuable consideration, on and as of the date hereof the Company grants to the Grantee an award of SARs (the â€œAwardâ€) on the terms and conditions set forth in this Agreement. Each SAR represents the right to receive pursuant to this Agreement, upon exercise of the SAR, a payment from the Company in shares of Common Stock having a value equal to the excess of the Fair Market Value of one Share on the exercise date over the Base Price (as defined below).Section 2.2. Base Price Subject to Section 2.4, the base price of each SAR granted pursuant to this Agreement (the â€œBase Priceâ€) shall be as set forth on the first page of this Agreement and shall be equal to the Fair Market Value on the Grant Date.Section 2.3. No Guarantee of Employment Nothing in this Agreement or in the Plan shall confer upon the Grantee any right to continue in the employ of the Company nor interfere with or restrict in any way the rights of the Company, which are hereby expressly reserved, to terminate the employment of the Grantee at any time for any reason whatsoever, with or without cause, subject to the applicable provisions of, if any, the Granteeâ€™s employment agreement with the Company or offer letter provided by the Company to the Grantee.Section 2.4. Adjustments to SARs The SARs shall be subject to the adjustment provisions of Sections 8 and 9 of the Plan, provided, however, that in the event of the payment of an extraordinary dividend by the Company to its stockholders, then: first, the Base Price of each SAR shall be reduced by the amount of the dividend per share paid, but only to the extent the Committee determines it to be permitted under applicable tax laws and it will not have adverse tax consequences to the Grantee; and, if such reduction cannot be fully effected due to such tax laws, second, the Company shall pay to the Grantee a cash payment, on a per SAR basis, equal to the balance of the amount of the dividend not permitted to be applied to reduce the Base Price of the applicable SARs as follows: (a) for each Â Share with respect to which a vested SAR relates, promptly following the date of such dividend payment; and (b), for each Share with respect to which an unvested SAR relates, on the date on which such SAR becomes vested and exercisable with respect to such Share. ARTICLE IIIPERIOD OF EXERCISABILITY Section 3.1. Commencement of Exercisability(a) So long as the Grantee continues to be employed by the Company, this Award shall become vested and exercisable with respect to 25% of the SARs on each of the first four anniversaries of the Grant Date (each such date, together with any date on which the SARs shall vest pursuant to Section 3.1(b)(1) or Section 3.1(b)(3), a â€œVesting Dateâ€). Except as provided in Section 3.1(b), or as otherwise provided by the Committee, no part of this Award shall become vested as to any additional SARs as of any date following the termination of Granteeâ€™s employment with the Company for any reason and any SAR, which is (or determined to be) unvested as of the Granteeâ€™s termination of employment, shall immediately expire without payment therefor.(b) Notwithstanding the foregoing, any unvested SARs may become vested prior to the applicable Vesting Date, or continue to vest (and not be forfeited) following Granteeâ€™s termination of employment, under the following circumstances:(1) Upon the occurrence of a Change in Control:(A) In the event the entity surviving the Change in Control (the â€œSuccessorâ€) assumes the Award granted hereby, if the Granteeâ€™s employment with the Successor is terminated without Cause by the Successor, or terminates for Good Reason by the Grantee or on account of Granteeâ€™s death, Permanent Disability, or Retirement prior to an applicable Vesting Date, all unvested SARs not previously forfeited shall immediately vest and become exercisable as of the date of such termination of employment for the applicable period set forth in Section 3.2; (B) In the event the Successor does not assume the Award granted hereby, all SARs not previously forfeited shall vest (if not already vested) immediately prior to the effective date of the Change in Control, and shall be cancelled in exchange for the payment described in Section 9(b)(i) of the Plan as of the effective date of the Change in Control; (2) Upon the Granteeâ€™s Retirement on or after the first anniversary of the Grant Date, except as otherwise provided by Section 3.1(b)(1), any unvested SARs shall immediately thereupon vest and shall not be forfeited, but shall become exercisable only at the time such SARs would have become exercisable in accordance with Section 3(a) or this Section 3(b) had the Grantee remained employed with the Company through each applicable Vesting Date or Â Granteeâ€™s earlier death or Permanent Disability; for the avoidance of doubt, in the event of Granteeâ€™s Retirement prior to such one year anniversary of the Grant Date, unless otherwise provided in Section 3.1(b)(1)(A), no part of this Award shall become vested and all SARs subject to this Award shall immediately expire without payment therefor. (3) In the event of the Granteeâ€™s termination of employment on account of Granteeâ€™s death or Permanent Disability on or after the first anniversary of the Grant Date, all unexercised SARs not previously forfeited shall vest and become exercisable immediately upon such termination; for the avoidance of doubt, in the event of Granteeâ€™s termination of employment due to death or Permanent Disability prior to such one year anniversary of the Grant Date, unless otherwise provided in Section 3.1(b)(1)(A), no part of this Award shall become vested and all SARs subject to this Award shall immediately expire without payment therefor. Section 3.2. Expiration of SARs The Grantee may not exercise any SAR granted pursuant to this Award, and any unexercised SAR shall immediately expire without any payment therefor, after the first to occur of the following events: (a) The tenth anniversary of the Grant Date so long as the Grantee remains employed with the Company through such date; (b) The fourth anniversary of the date of the Granteeâ€™s termination of employment with the Company, if the Granteeâ€™s employment terminates by reason of death or Permanent Disability; (c) Immediately upon the date of the Granteeâ€™s termination of employment by the Company for Cause; (d) One hundred and eighty (180) days after the date of the Granteeâ€™s termination of employment by the Company without Cause (for any reason other than as set forth in Section 3.2(b)); (e) One hundred and eighty (180) days after the date of the Granteeâ€™s termination of employment with the Company by the Grantee for Good Reason; (f) The fourth anniversary of the date of the Granteeâ€™s termination of employment with the Company by the Grantee upon Retirement; or (g) Sixty (60) days after the date of the Granteeâ€™s termination of employment with the Company by the Grantee without Good Reason (except due to Retirement, death or Permanent Disability). Â For the avoidance of doubt, for purposes of this Agreement, Granteeâ€™s employment shall not be deemed to have terminated so long as Grantee remains employed by, or otherwise continues to render substantial services to, any Service Recipient. ARTICLE IVEXERCISESection 4.1. Person Eligible to Exercise The Grantee may exercise only that portion of this Award that has both vested and become exercisable at the time Grantee desires to exercise this Award and that has not expired pursuant to Section 3.2. During the lifetime of the Grantee, only the Grantee (or his or her duly authorized legal representative) may exercise the SARs granted pursuant to this Award or any portion thereof. After the death of the Grantee, any vested and exercisable portion of this Award may, prior to the time when such portion becomes unexercisable under Section 3.2, be exercised by his personal representative or by any person empowered to do so under the Granteeâ€™s will or under the then applicable laws of descent and distribution.Section 4.2. Partial Exercise Any vested and exercisable portion of this Award, or the entire Award, if then wholly vested and exercisable, may be exercised in whole or in part at any time prior to the time when the Award or portion thereof becomes unexercisable under Section 3.2.Section 4.3. Manner of Exercise Subject to the Companyâ€™s code of conduct and securities trading policies as in effect from time to time, this Award, or any exercisable portion thereof, may be exercised solely by delivering to the Company or its designated agent all of the following prior to the time when the Award or such portion expires under Section 3.2: (a) Notice in writing (or such other medium acceptable to the Company or its designated agent) signed or acknowledged by the Grantee or other person then entitled to exercise the Award that states the number of SARs subject to the Award in respect of which the Award is thereby being exercised and complies with all applicable rules established by the Committee; (b) (i) Full payment (in cash or by check or by a combination thereof) of the amount necessary to satisfy the applicable withholding tax obligation with respect to which the Award or portion thereof is exercised, or (ii) indication that the Grantee elects to satisfy the applicable withholding tax obligation through an arrangement that is compliant with the Sarbanes-Oxley Act of 2002 (and any other applicable laws and exchange rules) and that provides for the delivery of irrevocable instructions to a broker to sell Shares obtained upon the Â exercise of all or a portion of the Award and to deliver promptly to the Company an amount to satisfy the withholding tax obligation that would otherwise be required to be paid by the Grantee to the Company pursuant to clause (i) of this subsection (b), or (iii) if made available by the Company, indication that the Grantee elects to have the number of Shares that would otherwise be issued to the Grantee upon exercise of such Award (or portion thereof) reduced by a number of Shares having an aggregate Fair Market Value, on the date of such exercise, equal to the payment to satisfy the applicable withholding tax obligation that would otherwise be required to be made by the Grantee to the Company pursuant to clause (i) of this subsection (b). (c) If required by the Company, a bona fide written representation and agreement, in a form satisfactory to the Company, signed by the Grantee or other person then entitled to exercise such Award or portion thereof, stating that the shares of Common Stock are being acquired for his own account, for investment and without any present intention of distributing or reselling said shares or any of them except as may be permitted under the Securities Act of 1933, as amended (the â€œActâ€), and then applicable rules and regulations thereunder, and that the Grantee or other person then entitled to exercise such Award or portion thereof will indemnify the Company against and hold it free and harmless from any loss, damage, expense or liability resulting to the Company if any sale or distribution of the shares by such person is contrary to the representation and agreement referred to above; provided, however, that the Company may, in its reasonable discretion, take whatever additional actions it deems reasonably necessary to ensure the observance and performance of such representation and agreement and to effect compliance with the Act and any other federal or state securities laws or regulations; and (d) In the event the Award or portion thereof shall be exercised pursuant to Section 4.1 by any person or persons other than the Grantee, appropriate proof of the right of such person or persons to exercise the Award. Without limiting the generality of the foregoing, the Company may require an opinion of counsel acceptable to it to the effect that any subsequent transfer of shares acquired on exercise of this Award (or portion thereof) does not violate the Act, and may issue stop-transfer orders covering such Shares. Share certificates evidencing stock issued on exercise of any portion of this Award shall bear an appropriate legend referring to the provisions of subsection (c) above and the agreements herein. The written representation and agreement referred to in subsection (c) above shall, however, not be required if the shares to be issued pursuant to such exercise have been registered under the Act, and such registration is then effective in respect of such shares.Section 4.4. Conditions to Issuance of Stock Certificates The Shares issuable (whether by certificate or otherwise) upon the exercise of this Award, or any portion thereof, may be either previously authorized but unissued Shares or issued Shares, which have then been reacquired by the Â Company. Such Shares shall be fully paid and nonassessable. If share certificates are to be issued, the Company shall not be required to issue or deliver any certificate or certificates for Shares purchased upon the exercise of this Award or portion thereof prior to fulfillment of all of the following conditions: (a) The obtaining of approval or other clearance from any state or federal governmental agency which the Committee shall, in its reasonable and good faith discretion, determine to be necessary or advisable; and (b) The lapse of such reasonable period of time following the exercise of the Award as the Committee may from time to time establish for reasons of administrative convenience or as may otherwise be required by applicable law.Section 4.5. Rights as Stockholder Except as otherwise provided in Section 2.4 of this Agreement, the holder of any SARs subject to this Award shall not be, nor have any of the rights or privileges of, a stockholder of the Company in respect of any Shares issuable upon the exercise of this Award or any portion thereof unless and until certificates representing such Shares shall have been issued by the Company to such holder, or the Company or its designated agent has otherwise recorded the appropriate book entries evidencing Granteeâ€™s ownership of the Shares. ARTICLE VMISCELLANEOUSSection 5.1. Administration The Committee shall have the power to interpret the Plan, the Policy (as defined below) and this Agreement and to adopt such rules for the administration, interpretation and application thereof as are consistent therewith and to interpret or revoke any such rules. All actions taken and all interpretations and determinations made by the Committee with respect to the Plan, the Policy and this Agreement shall be final and binding upon the Grantee, the Company and all other interested persons. No member of the Committee shall be personally liable for any action, determination or interpretation made in good faith with respect to the Plan, the Policy or this Agreement. In its absolute discretion, the Board may at any time and from time to time exercise any and all rights and duties of the Committee under the Plan and this Agreement.Section 5.2. Award Not Transferable No part of, or interest in, this Award shall be liable for the debts, contracts or engagements of the Grantee or his successors in interest or shall be subject to disposition by transfer, alienation, anticipation, pledge, encumbrance, assignment or any other means whether such disposition be voluntary or Â involuntary or by operation of law by judgment, levy, attachment, garnishment or any other legal or equitable proceedings (including bankruptcy), and any attempted disposition thereof shall be null and void and of no effect; provided, however, that this Section 5.2 shall not prevent transfers by will or by the applicable laws of descent and distribution.Section 5.3. Notices Any notice to be given under the terms of this Agreement to the Company shall be addressed to the Company in care of its Secretary or its designee, and any notice to be given to the Grantee shall be addressed to him at the address (including an electronic address) reflected in the Companyâ€™s books and records. By a notice given pursuant to this Section 5.3, either party may hereafter designate a different address for notices to be given to him. Any notice, which is required to be given to the Grantee, shall, if the Grantee is then deceased, be given to the Granteeâ€™s personal representative if such representative has previously informed the Company of his status and address by written notice under this Section 5.3. Any notice shall have been deemed duly given when (i) delivered in person, (ii) delivered in an electronic form approved by the Company, (iii) enclosed in a properly sealed envelope or wrapper addressed as aforesaid, deposited (with postage prepaid) in a post office or branch post office regularly maintained by the United States Postal Service, or (iv) enclosed in a properly sealed envelope or wrapper addressed as aforesaid, deposited (with fees prepaid) in an office regularly maintained by FedEx, UPS, or comparable non-public mail carrier.Section 5.4. Titles; Pronouns Titles are provided herein for convenience only and are not to serve as a basis for interpretation or construction of this Agreement. The masculine pronoun shall include the feminine and neuter, and the singular the plural, where the context so indicates.Section 5.5. Applicability of Plan; Compensation Recoupment Policy (a)Plan Governs. The Grantee hereby acknowledges receipt of a copy of the Plan and agrees to be bound by all the terms and provisions thereof. The terms of this Agreement are governed by the terms of the Plan, and in the case of any inconsistency between the terms of this Agreement and the terms of the Plan, the terms of the Plan shall govern. (b)Compensation Recoupment Policy. The Grantee hereby acknowledges that (i) the HCA Healthcare, Inc. Compensation Recoupment Policy dated as of November 27, 2023 and as amended from time to time (the â€œPolicyâ€) constitutes a â€œclawbackâ€ or recoupment policy adopted by the Committee that is described in Section 6(j) of the Plan, (ii) this Award is subject to the terms and Â conditions of the Policy and any other item described in Section 6(j) of the Plan, and (iii) all compensation received by the Grantee pursuant to this Award, including any proceeds, gains or other economic benefit actually or constructively received upon receipt or exercise of this Award or upon the receipt or resale of any Shares received upon exercise of this Award, shall be subject to reduction, cancellation, forfeiture and/or recoupment to the extent necessary to comply with the Policy or any other item described in Section 6(j) of the Plan, whether or not this Award constitutes Incentive-Based Compensation (as defined in the Policy). Section 5.6. Amendment Subject to the restrictions contained in Sections 6 and 10 of the Plan, the Committee may waive any conditions or rights under, amend any terms of, or alter, suspend, discontinue, cancel or terminate, the Award, prospectively or retroactively; provided that any such waiver, amendment, alteration, suspension, discontinuance, cancellation or termination that would adversely affect the rights of the Grantee or any holder or beneficiary of the Award in more than a de minimis way shall not to that extent be effective without the consent of the Grantee, holder or beneficiary affected.Section 5.7 Governing Law The validity, interpretation, construction and performance of this Agreement shall be governed by the laws of the State of Delaware without giving effect to the conflicts of law principles thereof, except to the extent that such laws are preempted by Federal law.Section 5.8 ArbitrationÂ Any dispute or disagreement which may arise under, or as a result of, or in any way related to, the interpretation, construction or application of this Agreement shall be determined by the Committee and shall be final, binding and conclusive on the Grantee and the Company for all purposes. In the event of any controversy among the parties hereto arising out of, or relating to, this Agreement which cannot be resolved in accordance with the foregoing, such controversy shall be finally, exclusively and conclusively settled by mandatory arbitration conducted expeditiously in accordance with the American Arbitration Association rules, by a single independent arbitrator. Such arbitration process shall take place within the Nashville, Tennessee metropolitan area. The decision of the arbitrator shall be final and binding upon all parties hereto and shall be rendered pursuant to a written decision, which contains a detailed recital of the arbitratorâ€™s reasoning. Judgment upon the award rendered may be entered in any court having jurisdiction thereof. Each party shall bear its own legal fees and expenses, unless otherwise determined by the arbitrator. If the Grantee substantially prevails on any of his or her substantive legal claims, then the Company shall reimburse all legal fees and arbitration fees incurred by the Grantee to arbitrate the dispute. Â Section 5.9 Successors in InterestÂ This Agreement shall inure to the benefit of and be binding upon any successor to the Company. This Agreement shall inure to the benefit of the Granteeâ€™s legal representatives. All obligations imposed upon the Grantee and all rights granted to the Company under this Agreement shall be binding upon the Granteeâ€™s heirs, executors, administrators and successors.Section 5.10 Severability If any provision of this Agreement is, or becomes, or is deemed to be invalid, illegal, or unenforceable in any jurisdiction or as to any Person or the Award, or would disqualify the Plan or Award under any laws deemed applicable by the Committee, such provision shall be construed or deemed amended to conform to the applicable laws, or if it cannot be construed or deemed amended without, in the determination of the Committee, materially altering the intent of the Plan or the Award, such provision shall be stricken as to such jurisdiction, Person or Award, and the remainder of the Plan and Award shall remain in full force and effect.Section 5.11 Integration This Agreement and the Plan constitute the entire agreement between the parties with respect to this Award and supersedes all prior agreements and discussions between the parties concerning such subject matter. IN WITNESS WHEREOF, this Agreement has been executed and delivered by the parties hereto. HCA HEALTHCARE, INC. By:______________________ Its: _________________________ Grantee: (electronically accepted)______ EX-10.44 7 hca-ex10_44.htm EX-10.44 EX-10.44 Exhibit 10.44 Form of HCA Healthcare, Inc.Performance Share Unit Agreement This PERFORMANCE SHARE UNIT AGREEMENT (this â€œAgreementâ€) is made and entered into as of the ____ day of _________, 20__ (the â€œGrant Dateâ€), between HCA Healthcare, Inc., a Delaware corporation (together with its Subsidiaries, Successors and other applicable Service Recipients, as applicable, the â€œCompanyâ€), and [Participant Name], (the â€œGranteeâ€). Capitalized terms not otherwise defined herein shall have the meaning ascribed to such terms in the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates, as may be amended and restated from time to time (the â€œPlanâ€). WHEREAS, the Company has adopted the Plan, which permits the issuance of Performance-Based Awards, including Other Stock-Based Awards that provide the right to receive Shares upon the attainment of performance objectives (a â€œPerformance Share Unitâ€); and WHEREAS, the Committee has determined that Grantee is entitled to a Grant of Performance Share Units under the Plan on the terms and conditions set forth herein; NOW, THEREFORE, the parties hereto agree as follows:Â PERFORMANCE SHARE UNIT GRANT Grantee: [Participant Name] [Participant Address] Target Number of Performance Share Units Granted Hereunder (â€œTarget Awardâ€): [Award] Grant Date: [Grant Date] Â 1.Grant of Performance Share Unit Award. 1.1.The Company hereby grants to the Grantee the award (â€œAwardâ€) of Performance Share Units (â€œPSUsâ€) set forth above on the terms and conditions set forth in this Agreement and as otherwise provided in the Plan. A bookkeeping account will be maintained by the Company to keep track of the PSUs and any Dividend Equivalent Units that may accrue as provided in Section 3.1.2.The Granteeâ€™s rights with respect to the Award shall remain forfeitable at all times prior to the dates on which the PSUs shall vest in accordance with Section 2 hereof. This Award may not be assigned, alienated, pledged, attached, sold or otherwise transferred or encumbered by the Grantee other than Â by will or the laws of descent and distribution. Any sale, assignment, transfer, pledge, hypothecation, loan or other disposition other than in accordance with this Section 1.2 shall be null and void.2.Vesting and Payment.2.1.General. Except as provided in Section 2.2, Section 2.3or Section 2.4, the Award shall vest as of the end of the period over which performance is measured as set forth on Exhibit A (such period, the â€œPerformance Periodâ€, and the last day of such period, the â€œNormal Vesting Dateâ€), but only if and to the extent (a) the Company has achieved the performance targets over the Performance Period as determined by the Committee, and (b) the Grantee has remained in service with the Company continuously until the Normal Vesting Date. The number of PSUs that vest may be greater than or less than the Target Award, as more specifically set forth on Exhibit A.2.2.Death; Disability; Retirement; Involuntary Termination Without Cause.(a)Notwithstanding Section 2.1, in the event of the Granteeâ€™s death prior to the Normal Vesting Date, the Grantee shall be deemed vested in a number of PSUs equal to the Target Award, multiplied by a fraction, the numerator of which is the number of days during the Performance Period during which Grantee was employed by the Company, and the denominator of which is the total number of days in the Performance Period (such fraction, the â€œProration Factorâ€) immediately prior to the Granteeâ€™s death; provided, that this Section 2.2(a) shall not apply if the Granteeâ€™s death occurs prior to the first anniversary of the Grant Date. (b)Notwithstanding Section 2.1, in the event the Granteeâ€™s employment with the Company terminates prior to the Normal Vesting Date on account of the Granteeâ€™s Permanent Disability, the Grantee shall remain eligible to vest on the Normal Vesting Date in a number of PSUs equal to the product of (i) the number of PSUs that would otherwise vest if the Grantee remained employed with the Company until the Normal Vesting Date based on the attainment of the performance targets determined by the Committee in accordance with Exhibit A hereto, multiplied by (ii) the Proration Factor; provided, that this Section 2.2(b) shall not apply if Granteeâ€™s employment terminates prior to the first anniversary of the Grant Date. Any PSUs to which this Section 2.2(b) becomes applicable shall settle at the time set forth in Section 2.5, or if earlier, upon the determination of the number of PSUs that shall be eligible to vest in connection with a Change in Control as described in Section 2.4. (c)Notwithstanding Section 2.1, in the event Granteeâ€™s employment terminates on account of Retirement or as a result of an involuntary termination without Cause by the Company, Grantee shall remain eligible to vest on the Normal Vesting Date in a number of PSUs equal to the product of (i) the number of PSUs that would otherwise vest if the Grantee Â remained employed with the Company until the Normal Vesting Date based on the attainment of the performance targets determined by the Committee in accordance with Exhibit Ahereto, multiplied by (ii) the Proration Factor; provided, that this Section 2.2(c) shall not apply if Granteeâ€™s employment terminates prior to the first anniversary of the Grant Date. Any PSUs to which this Section 2.2(c) becomes applicable shall settle at the time set forth in Section 2.5, or if earlier, upon the determination of the number of PSUs that shall be eligible to vest in connection with a Change in Control as described in Section 2.4. (d)In the event Granteeâ€™s employment has terminated as described in Section 2.2(b) or Section 2.2(c), and Grantee subsequently dies more than six months prior to the Normal Vesting Date, the provisions of Section 2.2(b) or Section 2.2(c) shall be applied as if the performance targets had been achieved at the 100% Target Award level, and the applicable number of PSUs (after applying the applicable proration) shall immediately thereupon vest and be settled. 2.3.Termination of Employment. Except as provided in Section 2.2, Section 2.4 or as otherwise provided by the Committee, if the Granteeâ€™s service with the Company terminates for any reason prior to the Normal Vesting Date, the Grantee shall forfeit all rights with respect to all PSUs subject to this Award that are not vested on such date of termination.2.4.Change in Control. Upon the occurrence of a Change in Control,(a)Subject to Section 2.4(c), in the event the Successor assumes the Award granted hereby, (1) any in process Performance Periods shall end upon the date immediately preceding the Change in Control, (2) the number of PSUs that shall be eligible to vest shall be the Target Award, (3) such Target Award shall vest on the Normal Vesting Date, provided that the Grantee remains employed with the Successor through the Normal Vesting Date and (4) notwithstanding Section 2.3 and the previous clause, in the event the Granteeâ€™s employment with the Successor is terminated without Cause by the Successor, or terminates for Good Reason by the Grantee or on account of Granteeâ€™s death or Permanent Disability prior to the Normal Vesting Date, the Target Award shall vest on the date of such termination of employment and the applicable Shares shall be released to the Grantee (or Granteeâ€™s estate or other legal representative) on such date.(b)In the event the Successor does not assume the Award granted hereby, a number of PSUs equal to the Target Award shall vest as of the effective date of the Change in Control and the appropriate number of Shares shall be released in accordance with Section 2.5 subject to Section 9(b) of the Plan. Â (c)In the event Grantee is Retirement eligible at the time of a Change in Control and the Successor assumes the Award granted hereby, a number of PSUs equal to the Target Award, multiplied by the Proration Factor applied as if the Granteeâ€™s employment terminated on account of Retirement on the effective date of the Change in Control, shall vest as of the effective date of the Change in Control and the appropriate number of Shares shall be released in accordance with Section 2.5. In addition, a number of PSUs equal to the difference between the Target Award and the number of PSUs settled on the effective date of the Change in Control shall remain unvested but shall become eligible to vest under terms and conditions similar to those set forth in Section 2.4(a)(3) and Section 2.4(a)(4).2.5.Settlement. The Grantee shall be entitled to settlement of the PSUs covered by this Agreement at the time that such PSUs vest pursuant to Section 2.1, Section 2.2 or Section 2.4, as applicable, or if applicable, the date on which the Committee provides the determination set forth in Section 2.1(a) (any such date, the â€œSettlement Dateâ€). Such settlement shall be made as promptly as practicable thereafter (but in no event after the earlier of the thirtieth day following the Settlement Date or the date that is two months and fifteen days following the Normal Vesting Date), through the issuance to the Grantee (or to the executors or administrators of Granteeâ€™s estate in the event of the Granteeâ€™s death) of a stock certificate (or evidence such Shares have been registered in the name of the Grantee with the relevant stock agent) for a number of Shares equal to the number of such vested PSUs and any Dividend Equivalent Units that may have accrued pursuant to Section 3 hereof; provided, that any cash-based Dividend Equivalent Rights granted pursuant to Section 3 hereof and any fractional Dividend Equivalent Units shall be paid in cash when (and only if) the PSUs to which they relate settle to the Grantee.2.6.Withholding Obligations. Except as otherwise provided by the Committee, upon the settlement of any PSUs subject to this Award, the Company shall reduce the number of Shares (and the amount of cash, in the case of cash-based Dividend Equivalent Rights) that would otherwise be issued to the Grantee upon settlement of the Award by a number of Shares (and cash, if applicable) having an aggregate Fair Market Value on the date of such issuance equal to the amount necessary to satisfy the applicable withholding tax obligation of the Company with respect to which the Award is being settled; provided, that in the event Shares are not otherwise deliverable to the Grantee at the time a Company withholding obligation arises, the Company may satisfy such obligation from wages or other amounts payable to the Grantee as may be allowed by law, or by requiring the Grantee to remit such withholding taxes to the Company in cash or by check.3.Dividend Rights. The Grantee shall receive Dividend Equivalent Rights in respect of the PSUs covered by this Award at the time of any payment of dividends to stockholders on Shares. At the Companyâ€™s option, the PSUs will be credited with either (a) additional Performance Share Units (the â€œDividend Equivalent Unitsâ€) Â (including fractional units) for cash dividends paid on shares of the Companyâ€™s Common Stock by (i) multiplying the cash dividend paid per Share by the number of PSUs (and previously credited Dividend Equivalent Units) outstanding and unpaid, and (ii) dividing the product determined above by the Fair Market Value of a Share, in each case, on the dividend record date, or (b) a cash amount equal to the amount that would be payable to the Grantee as a stockholder in respect of a number of Shares equal to the number of PSUs (and previously credited Dividend Equivalent Units) outstanding and unpaid as of the dividend record date; provided, that cash-based Dividend Equivalent Rights shall be credited unless the Committee affirmatively elects to credit Dividend Equivalent Units. The PSUs will be credited with Dividend Equivalent Units for stock dividends paid on shares of the Companyâ€™s Common Stock by multiplying the stock dividend paid per Share by the number of PSUs (and previously credited Dividend Equivalent Units) outstanding and unpaid on the dividend record date. Each Dividend Equivalent Unit shall have a value equal to one Share. Each Dividend Equivalent Unit or cash Dividend Equivalent Right will vest and be settled or payable at the same time as the PSU to which the Dividend Equivalent Right relates. For the avoidance of doubt, no Dividend Equivalent Rights shall accrue under this Section 3 in the event that any Dividend Equivalent Rights or other applicable adjustments pursuant to Section 5 hereof provide similar benefits. 4.No Right to Continued Service. Nothing in this Agreement or the Plan shall be interpreted or construed to confer upon the Grantee any right to continue service as an officer or employee of the Company or any Service Recipient.5.Adjustments. The provisions of Section 8 and Section 9 of the Plan are hereby incorporated by reference, and the PSUs (and any Dividend Equivalent Units) are subject to such provisions. Any determination made by the Committee or the Board pursuant to such provisions shall be made in accordance with the provisions of the Plan and shall be final and binding for all purposes of the Plan and this Agreement.6.Applicability of the Plan; Compensation Recoupment Policy.6.1.Plan Governs. The Grantee hereby acknowledges receipt of a copy of the Plan and agrees to be bound by all the terms and provisions thereof. The terms of this Agreement are governed by the terms of the Plan, and in the case of any inconsistency between the terms of this Agreement and the terms of the Plan, the terms of the Plan shall govern. 6.2.Compensation Recoupment Policy. The Grantee hereby acknowledges that (i) the HCA Healthcare, Inc. Compensation Recoupment Policy dated as of November 27, 2023 and as amended from time to time (the â€œPolicyâ€) constitutes a â€œclawbackâ€ or recoupment policy adopted by the Committee that is described in Section 6(j) of the Plan, (ii) this Award is subject to the terms and Â conditions of the Policy and any other item described in Section 6(j) of the Plan, and (iii) all compensation received by the Grantee pursuant to this Award, including any proceeds, gains or other economic benefit actually or constructively received upon receipt or exercise of this Award or upon the receipt or resale of any Shares received upon exercise of this Award, shall be subject to reduction, cancellation, forfeiture and/or recoupment to the extent necessary to comply with the Policy or any other item described in Section 6(j) of the Plan, whether or not this Award constitutes Incentive-Based Compensation (as defined in the Policy).6.3.Committee Discretion Binding. The Committee shall have the power to interpret the Plan, the Policy and this Agreement and to adopt such rules for the administration, interpretation and application thereof as are consistent therewith and to interpret or revoke any such rules. All actions taken and all interpretations and determinations made by the Committee with respect to the Plan, the Policy and this Agreement shall be final and binding upon the Grantee, the Company and all other interested persons. No member of the Committee shall be personally liable for any action, determination or interpretation made in good faith with respect to the Plan, the Policy or this Agreement.7.Modification of Agreement. Subject to the restrictions contained in Sections 6 and 10 of the Plan, the Committee may waive any conditions or rights under, amend any terms of, or alter, suspend, discontinue, cancel or terminate, the Award, prospectively or retroactively; provided that any such waiver, amendment, alteration, suspension, discontinuance, cancellation or termination that would adversely affect the rights of the Grantee or any holder or beneficiary of the Award in more than a de minimis way shall not to that extent be effective without the consent of the Grantee, holder or beneficiary affected.8.Section 409A. Notwithstanding anything herein to the contrary, to the maximum extent permitted by applicable law, the settlement of the PSUs (including any Dividend Equivalent Rights related thereto) to be made to the Grantee pursuant to this Agreement is intended to qualify as a â€œshort-term deferralâ€ pursuant to Section 1.409A-1(b)(4) of the Regulations and this Agreement shall be interpreted consistently therewith. However, under certain circumstances, settlement of the PSUs or any Dividend Equivalent Rights may not so qualify, and in that case, the Committee shall administer the grant and settlement of such PSUs and any Dividend Equivalent Rights in strict compliance with Section 409A of the Code. Further, notwithstanding anything herein to the contrary, if at the time of the Granteeâ€™s termination of employment with the Company and all Service Recipients, the Grantee is a â€œspecified employeeâ€ as defined in Section 409A of the Code, and the deferral of the commencement of any payments or benefits otherwise payable hereunder as a result of such termination of service is necessary in order to prevent the imposition of any accelerated or additional tax under Section 409A of the Code, then the Company will defer the commencement of the payment of any such payments or benefits hereunder (without any reduction Â in such payments or benefits ultimately paid or provided to the Grantee) to the minimum extent necessary to satisfy Section 409A of the Code until the date that is six months and one day following the Granteeâ€™s termination of employment with the Company (or the earliest date as is permitted under Section 409A of the Code), if such payment or benefit is payable upon a termination of employment. For purposes of this Agreement, a â€œtermination of employmentâ€ shall have the same meaning as â€œseparation from serviceâ€ under Section 409A of the Code and Grantee shall be deemed to have remained employed so long as Grantee has not â€œseparated from serviceâ€ with the Company or Successor. Each payment of PSUs (and related Dividend Equivalent Units) constitutes a â€œseparate paymentâ€ for purposes of Section 409A of the Code.9.Severability. If any provision of this Agreement is, or becomes, or is deemed to be invalid, illegal, or unenforceable in any jurisdiction or as to any Person or the Award, or would disqualify the Plan or Award under any laws deemed applicable by the Committee, such provision shall be construed or deemed amended to conform to the applicable laws, or if it cannot be construed or deemed amended without, in the determination of the Committee, materially altering the intent of the Plan or the Award, such provision shall be stricken as to such jurisdiction, Person or Award, and the remainder of the Plan and Award shall remain in full force and effect.10.Governing Law. The validity, interpretation, construction and performance of this Agreement shall be governed by the laws of the State of Delaware without giving effect to the conflicts of law principles thereof, except to the extent that such laws are preempted by Federal law.11.Successors in Interest. This Agreement shall inure to the benefit of and be binding upon any successor to the Company. This Agreement shall inure to the benefit of the Granteeâ€™s legal representatives. All obligations imposed upon the Grantee and all rights granted to the Company under this Agreement shall be binding upon the Granteeâ€™s heirs, executors, administrators and successors.12.Resolution of Disputes. Any dispute or disagreement which may arise under, or as a result of, or in any way related to, the interpretation, construction or application of this Agreement shall be determined by the Committee and shall be final, binding and conclusive on the Grantee and the Company for all purposes. In the event of any controversy among the parties hereto arising out of, or relating to, this Agreement which cannot be resolved in accordance with the foregoing, such controversy shall be finally, exclusively and conclusively settled by mandatory arbitration conducted expeditiously in accordance with the American Arbitration Association rules, by a single independent arbitrator. Such arbitration process shall take place within the Nashville, Tennessee metropolitan area. The decision of the arbitrator shall be final Â and binding upon all parties hereto and shall be rendered pursuant to a written decision, which contains a detailed recital of the arbitratorâ€™s reasoning. Judgment upon the award rendered may be entered in any court having jurisdiction thereof. Each party shall bear its own legal fees and expenses, unless otherwise determined by the arbitrator. If the Grantee substantially prevails on any of his or her substantive legal claims, then the Company shall reimburse all legal fees and arbitration fees incurred by the Grantee to arbitrate the dispute. 13.Notices.Any notice to be given under the terms of this Agreement to the Company shall be addressed to the Company in care of its Secretary or its designee, and any notice to be given to the Grantee shall be addressed to him at the address (including an electronic address) then reflected in the Companyâ€™s books and records. By a notice given pursuant to this Section 13, either party may hereafter designate a different address for notices to be given to him. Any notice, which is required to be given to the Grantee, shall, if the Grantee is then deceased, be given to the Granteeâ€™s personal representative if such representative has previously informed the Company of his status and address by written notice under this Section 13. Any notice shall have been deemed duly given when (i) delivered in person, (ii) delivered in an electronic form approved by the Company, (iii) enclosed in a properly sealed envelope or wrapper addressed as aforesaid, deposited (with postage prepaid) in a post office or branch post office regularly maintained by the

United States Postal Service, or (iv) enclosed in a properly sealed envelope or wrapper addressed as aforesaid, deposited (with fees prepaid) in an office regularly maintained by FedEx, UPS, or comparable non-public mail carrier.IN WITNESS WHEREOF, the parties have caused this Performance Share Unit Agreement to be duly executed effective as of the day and year first above written. HCA Healthcare, Inc. By:____________________________ Grantee: (electronically accepted)Â Â HCA Healthcare, Inc.2025 Performance Share Unit AwardPerformance Targets 1.Target Award. The target number of PSUs for the Grantee is as set forth on the first page of the Award Agreement. For the avoidance of doubt, all percentages associated with the Award shall be of the Target Award. 2.Performance Period. The Performance Period for this Award shall begin on January 1, 2025 and end on December 31, 2027. 3.Performance Goal. The performance goal for this Award is Cumulative EPS over the Performance Period. For purposes of this Exhibit A, Cumulative EPS means the sum of the Companyâ€™s â€œdiluted earnings per shareâ€ of each of the three fiscal years of the Company within the Performance Period as reported in the Companyâ€™s audited financial statements for each such year, adjusted to exclude the effects of: (a) gains or losses on sales of facilities, (b) gains or losses on extinguishment of debt, (c) asset or investment impairment charges, (d) legal claim costs (disclosed as separate line item in consolidated income statement), (e) expenses, or adjustments to expenses, for share-based compensation recognized under ASC Topic 718 related to the Performance Share Units that results from EPS performance above or below the Target EPS during the Performance Period, (f) gains or losses on acquisition or disposition of controlling interest in equity investment or consolidated entity, and (g) any other gains, expenses or losses resulting from significant, unusual and/or nonrecurring events, as described in managementâ€™s discussion and analysis of financial condition and results of operations appearing in the Companyâ€™s annual report for the applicable fiscal year, as determined in good faith by the Board or the Committee. 4.Percentage of PSUs Earned. Following the end of the Performance Period, the Committee shall have sole and complete discretion to determine the extent to which PSUs have become earned and shall vest according to the following schedule: Cumulative EPS Percentage of TargetAward Earned Greater than or equal to 110% of Target EPS 200% 100% of Target EPS 100% 85% of Target EPS 25% Less than 85% of Target EPS 0% Thus, up to 200% of the Target Award may be earned if maximum performance is achieved for the Performance Period. Vesting related to performance between the percentages of Target EPS listed above will be determined by straight line interpolation. Any PSUs subject to this Award not earned and vested as provided above on the applicable determination date shall be forfeited. EX-19 8 hca-ex19.htm EX-19 EX-19 Exhibit 19 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 1Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â SCOPE:Â Â All employees of HCA Healthcare, Inc. (â€œHCAâ€) and its affiliates and subsidiaries and members of HCAâ€™s Board of Directors. Â PURPOSE:Â Â Federal and state securities laws prohibit persons who are aware of material information about a company that has not been disclosed to the public from engaging in certain transactions involving that companyâ€™s securities. These laws also prohibit persons who are aware of such material, nonpublic information from disclosing this information to others who may engage in certain transactions involving that companyâ€™s securities. Accordingly, the purpose of this policy is to place certain limitations on transactions in publicly traded securities of HCA and certain other companies in order to promote compliance with applicable law.Â POLICY: Â 1.Employees of HCA and its affiliates and subsidiaries, members of HCAâ€™s Board of Directors and any entities controlled by such individuals are subject to the prohibition on engaging in transactions in HCA common stock (including equity incentive awards and publicly traded securities of HCA held in employee plans, retirement plans and managed accounts) or other publicly traded or derivative securities of HCA (including debt securities) (collectively referred to in this policy as â€œHCA Securitiesâ€) when aware of material, nonpublic information relating to HCA. In addition, material, nonpublic information relating to HCA may not be shared with friends, family members or others who do not need the information as part of their work for HCA. See Section 1 under â€œProcedureâ€ below.Â 2.Employees of HCA and its affiliates and subsidiaries and members of HCAâ€™s Board of Directors may in the course of providing services to HCA come into possession of material, nonpublic information relating to other companies, including current or prospective customers, suppliers, joint venture participants, competitors or parties to potential corporate development transactions. The prohibition on transactions in HCA Securities while an individual is aware of material, nonpublic information relating to HCA also applies to transactions in securities of other companies in the event the individual is aware of material, nonpublic information regarding such companies. See Section 1 under â€œProcedureâ€ below.Â 3.Members of HCAâ€™s Board of Directors, executive officers, division presidents and CFOs, market presidents and CFOs, corporate vice presidents and certain other designated persons (referred to in this policy as â€œCompany Insidersâ€) and Related Persons (as defined in Section 2 under â€œProcedureâ€ below) are prohibited from effecting transactions in HCA Securities during specified periods prior to releases of financial results, during special blackout periods or from engaging in transactions in Â Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 2Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â which they may profit from short-term speculative swings in the value of HCA Securities. See Section 2 under â€œProcedureâ€ below.Â 4.Neither Company Insiders nor Related Persons may engage in any transaction in which such persons may profit from short-term speculative swings in the value of HCA Securities or in any hedging transaction that is designed to reduce or limit the personsâ€™ economic risk with respect to the personsâ€™ holdings, ownership or interest in HCA Securities. See Section 3 under â€œProcedureâ€ below.Â 5.Company Insiders and Related Persons are subject to the Companyâ€™s pre-clearance procedures with respect to HCA Securities. See Section 4 under â€œProcedureâ€ below.Â 6.Members of HCAâ€™s Board of Directors, executive officers and all direct and indirect beneficial owners of more than 10% of HCAâ€™s common stock (referred to in this policy as â€œSection 16 Insidersâ€) are subject to the reporting and short-swing liability provisions of Section 16 of the Securities Exchange Act of 1934. See Section 5 under â€œProcedureâ€ below.Â 7.The consequences of violating insider trading laws can include civil and criminal penalties, including jail terms, as well as termination of employment by HCA. See Section 8 under â€œProcedureâ€ below.Â 8.HCA will not engage in transactions in HCA Securities in violation of any applicable securities laws. HCA may engage in transactions in HCA Securities under a trading plan that complies with SEC Rule 10b5-1.Â PROCEDURE: Â 1.Prohibition Against Trading While Aware of Material, Nonpublic Information.Â This section applies to everyone, including HCA directors and officers and all worldwide employees of HCA and its affiliates and subsidiaries and entities controlled by a person subject to this policy. Transactions that may be necessary or justifiable for independent reasons (such as a personal need to raise money for an emergency expenditure) are not excepted by the Securities and Exchange Commission (the â€œSECâ€) from the securities laws nor are they excepted from this policy. But, there is an exception for buying or selling under a trading plan that complies with SEC Rule 10b5-1.Â If an individual has material, nonpublic information relating to HCA or if, during the course of employment or service to HCA, material, nonpublic information is learned about another company 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 3Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â (such as a current or prospective customer, supplier, joint venture participant, competitor or party to a potential corporate development transaction), that individual may not, directly or indirectly, buy, sell, transfer, pledge, gift, contribute, effect any employee stock purchase plan election, effect any HCA equity plan transaction or effect other transactions (other than transactions executed under a 10b5-1 trading plan in compliance with this Policy and applicable law and the cash exercise of a stock option acquired pursuant to HCA equity plans) in HCA common stock (including equity incentive awards and publicly traded securities of HCA held in employee plans, retirement plans and managed accounts) or other publicly traded or derivative securities of HCA (including debt securities) (collectively referred to in this policy as â€œHCA Securitiesâ€) or publicly traded securities or derivative securities of such other company, or engage in any other action to take personal advantage of that information, or pass it on to others or assist anyone engaged in the above activities. For the avoidance of doubt, such individual should disclose such material, nonpublic information only to persons within the Company whose jobs require them to have that information, and shall not disclose such information outside the Company to other persons, including, without limitation, family, friends, business associates, investors, consultants, advisors or contractors, unless any such disclosure has been broadly and publicly disseminated in accordance with the Companyâ€™s Corporate Disclosure Policy.Â Material Information. Material information is generally any information that a reasonable investor would consider important in making an investment decision. Either positive or negative information may be material. Any information that could reasonably be expected to affect the price of the securities may be considered material, but information that does not actually affect such price may be material nonetheless with respect to an investment decision. Information that is not material to HCA may nevertheless be material to another company.Â Examples: Common examples of information that will possibly be regarded as material include, but are not limited to: financial results; notification that the auditors reports could no longer be relied upon; projections of future revenues or earnings or cash flows; changes to previously announced earning guidance; a significant credit agreement covenant failure; extraordinary borrowings or liquidity problems or other significant financing transactions out of the ordinary course; a pending or possible significant sale or acquisition of assets, joint venture or other corporate development transaction; a significant charge or write-off; new legislation or regulations; a significant new contract; a significant refinancing, restructuring or recapitalization, including an exchange or tender offer; the establishment of or modification to an existing share repurchase program; significant litigation or investigations; changes in senior management; a change in dividend policy; a public or private offering of additional Company securities; significant changes in marketing strategy; the gain or loss of a substantial customer or supplier; a significant cybersecurity incident against the Company or the Companyâ€™s third-party 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 4Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â vendorsâ€™ information systems; and a significant disruption in the companyâ€™s operations or loss, potential loss, breach or unauthorized access of its property or assets.Â Questions concerning whether information is material, nonpublic information should be directed to the Corporate Secretaryâ€™s Office.Â 20/20 Hindsight. If an individualâ€™s securities transactions become the subject of scrutiny, they will be viewed after-the-fact with the benefit of hindsight. The Securities and Exchange Commission (the â€œSECâ€) and others will have the benefit of knowing how the security price was affected once the information became public. Therefore, before engaging in any transaction, carefully consider how the SEC and others might view the transaction in hindsight. Even the appearance of an improper transaction should be avoided to preserve your and the Companyâ€™s reputation for adhering to the highest standards of conduct.Â Transactions by Family Members. The same legal restrictions apply to an individualâ€™s family members and other members of a personâ€™s household. Each individual is expected to be responsible for compliance with this policy by members of his or her household and other family members who do not share such individualâ€™s household but whose transactions are directed by or subject to such individualâ€™s influence or control, and therefore, individuals should make such persons aware of the need to confer with the individual before they trade in HCA Securities. When viewed after-the-fact, it will be difficult to convince the SEC that the individual did not provide information to a family member who traded at a time when the individual was aware of material, nonpublic information.Â Transactions by Entities an Individual Controls. This policy applies to any entities an individual controls, including partnerships, corporations or trusts (collectively referred to as â€œControlled Entitiesâ€), and transactions by these Controlled Entities should be treated for the purpose of this policy and applicable securities laws as if they were for oneâ€™s own account. Since individuals are responsible for the transactions of these entities, such individuals should make the entities aware of the need to confer with the individual before they trade in HCA Securities.Â Tipping Information to Others. No one may pass (or â€œtipâ€) material, nonpublic information to others (regarding HCA or another company), including members of oneâ€™s family, who do not need the information as part of their work for HCA. This includes supposedly â€œanonymousâ€ communications such as in Internet chat rooms, blog posts or social media communications. The penalties mentioned above apply whether or not a person derives any benefit from anotherâ€™s transactions. The SEC has imposed large financial penalties on tippers even though they did not profit from their tippeesâ€™ trading.Â 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 5Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â When Information is Public. Information that has not been disclosed to the public is generally considered nonpublic information. HCA security holders and the investing public should be afforded the time to receive the information and act upon it before trading in HCA Securities resumes. Given the rapid dissemination of news and the prevalence of after-hours trading, one can resume trading on the second full trading day after the material information of which one is aware has been publicly released through the Dow Jones â€œbroad tape,â€ newswire services, a broadcast on widely-available radio or television programs, publication in a widely-available newspaper, magazine or news website, or public disclosure documents filed with the SEC that are available on the SECâ€™s website. The riskiest time to engage in a purchase, sale or other transaction involving HCA Securities is shortly in advance of the public release by the Company of important information, such as quarterly or year-end financial results or other important news, while the safest time is the period shortly following the release of information (assuming one is not aware of other material, nonpublic information). Information would likely not be considered disclosed to the public if it is available only to the Companyâ€™s employees or if it is only available to a select group of analysts, brokers, investors or other constituencies. Â 2.Company Insiders - Trading is Prohibited Prior to the Release of Quarterly and Annual Financial Results and during Other â€œBlackout Periods.â€ Â This section applies to all Company Insiders, together with any other person whose transactions in HCA Securities are attributable to the Company Insider (i.e., certain family members and others living in the Company Insiderâ€™s household and Controlled Entities) (collectively, â€œRelated Personsâ€). It also applies to anyone else aware of material information about HCA, including HCAâ€™s earnings or other significant announcements prior to their release to the public.Â Company earnings, and significant unexpected changes in those earnings (including any expectations as to exceeding or missing any public earnings guidance), are generally considered material information. Thus, certain persons may not effect transactions (including purchases, sales, gifts or other transfers) in HCA Securities during the preparation of the Companyâ€™s quarterly and annual financial information and related earnings announcements as more fully described below. Â Period Covered. Â â€¢Company Insiders and Related Persons are prohibited from effecting transactions in HCA Securities at any time other than during the fifteen (15) trading days beginning on the second full trading day following the release of HCAâ€™s financial results for the quarter or fiscal year, which periods are known as â€œtrading windows.â€ A pre-release of certain limited financial information for a quarterly or annual reporting period would not typically 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 6Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â constitute a release of HCAâ€™s financial results for such period for purposes of this policy. A notice will be sent to those persons subject to the restrictions of this section at such time as the trading window has commenced.â€¢Note that Company Insiders and Related Persons are subject to the requirement to pre-clear any transaction in HCA Securities with the Corporate Secretaryâ€™s Office even during trading windows as set forth in Section 4 below.â€¢The periods other than trading windows are frequently referred to as â€œblackout periods.â€ If an individual receives material information about earnings or other nonpublic information that is material to the Company during a trading window, that individual must refrain from trading in HCA Securities until such information no longer constitutes material, nonpublic information.â€¢From time to time the Company or Company Insiders may become aware of a transaction or other event that may be material and that has not been disclosed to the public. As a result, the Company may impose a special blackout period after discussions with Company Insiders and upon advice of counsel that would preclude trading even during a trading window. Notice of such a period may be provided on a case-by-case basis. Please keep in mind that it is difficult, if not impossible, to predict if and when a special blackout period may be imposed. Accordingly, Company Insiders and Related Persons are encouraged to plan any personal transactions involving HCA Securities well in advance. The existence of event-specific trading restrictions, suspension of trading windows or extension of a blackout period will not typically be announced to the Company as a whole and any individual who is aware of such should not communicate it to any other person. Â As used herein, the term â€œtrading dayâ€ shall mean a day on which the New York Stock Exchange (NYSE) is open for trading.Â 3.Company Insiders - Restrictions on Pledging, Hedging, Trading in Options and Other Speculative Transactions Â This section applies to all Company Insiders and Related Persons.Â Unless otherwise approved in writing by the Corporate Secretaryâ€™s Office or the General Counsel, persons may not engage in any transaction in which such persons may profit from short-term speculative swings in the value of HCA Securities or in any hedging transaction that is designed to reduce or limit the personsâ€™ economic risk with respect to the personsâ€™ holdings, ownership or interest in HCA Securities. This includes engaging in â€œshort salesâ€ (selling borrowed securities which the seller hopes can be purchased at a lower price in the future) and using â€œputâ€ or â€œcallâ€ options, equity swaps, collars or other derivative securities or similar products. 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 7Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY:

Ethics and Compliance Policy Committee Â Â Unless otherwise approved in writing by the Corporate Secretaryâ€™s Office or the General Counsel, Company Insiders and Related Persons may not pledge HCA Securities as collateral for margin and other loans. Â 4.Company Insiders - Pre-Clearance of Transactions; 10b5-1 Trading PlansÂ This section applies to all Company Insiders and Related Persons. Â A.Pre-Clearance. All Company Insiders and Related Persons are subject to the Companyâ€™s pre-clearance procedures with respect to HCA Securities. Such persons may not engage in any transaction involving HCA Securities (including any purchase, sale, HCA equity plan transaction or employee stock purchase plan election, a gift, a loan or pledge, a contribution to a trust, or any other transfer) without first obtaining pre-clearance of the transaction from the Corporate Secretaryâ€™s Office.Â A request for pre-clearance should be submitted to the Corporate Secretaryâ€™s Office at least 48 hours in advance of any proposed transaction. If a Company Insiderâ€™s or Related Personâ€™s request is not received at least 48 hours prior to the proposed transaction, there can be no assurance that the transaction will be timely reviewed. Once a request for pre-clearance is submitted, the Corporate Secretaryâ€™s Office will determine whether the transaction may proceed and, if so, assist the person in complying with any applicable reporting requirements. If a proposed transaction receives pre-clearance and the person becomes aware of material, nonpublic information before the transaction is executed, the transaction must not be completed. If a person seeks pre-clearance and permission to engage in the transaction is denied, then he or she should refrain from initiating any transaction in HCA Securities and should not inform any other person of the restriction. Questions concerning these pre-clearance procedures should be directed to the Corporate Secretaryâ€™s Office.Â B.Rule 10b5-1 Trading Plans. Any Company Insider or Related Person may enter into a written trading plan in compliance with Rule 10b5-1 under the Securities Exchange Act of 1934 (the â€œExchange Actâ€) that specifies the dates, prices and amounts of the contemplated trades, establishes a formula for determining the dates, prices and amounts or delegates discretion on those matters to an independent third party (a â€œRule 10b5-1 Trading Planâ€). The Corporate Secretaryâ€™s Office must pre-approve the Rule 10b5-1 Trading Plan in writing. Transactions effected pursuant to a pre-approved Rule 10b5-1 Trading Plan will not require further pre-clearance at the time of the transaction, but are subject to Section 16 and other filing requirements for members of HCAâ€™s Board of Directors and executive officers and, therefore, must be reported immediately to the Corporate Secretaryâ€™s Office in writing. Once the plan is adopted, the person must not exercise any 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 8Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â influence over the amount of securities to be traded, the price at which they are to be traded or the date of the trade.Â 1.Requirements for a Rule 10b5-1 Trading Plan. A person may only enter into a Rule 10b5-1 Trading Plan during a trading window and when he or she is not aware of material, nonpublic information. When entering into a Rule 10b5-1 Trading Plan a person must certify that at the time of adoption of the Rule 10b5-1 Trading Plan such individual: (1) is not aware of material, nonpublic information about the Company or its securities; and (2) is adopting the Rule 10b5-1 Trading Plan in good faith and not as part of a plan or scheme to evade the prohibitions of Rule 10b5-1. A person must act in good faith with respect to the Rule 10b5-1 Trading Plan. Â 2. Cooling-Off Period. After entering into a Rule 10b5-1 Trading Plan (or modifying an existing Rule 10b5-1 Trading Plan), a person may not begin any trades until 120 days following adoption or modification of the Rule 10b5-1 Trading Plan.Â 3.Multiple Plans. Pursuant to Rule 10b5-1, a person may only rely on the affirmative defense for a single-trade plan once during any consecutive 12-month period. Further, only one Rule 10b5-1 Trading Plan may be in effect at any time, unless one of three exemptions is met, which are: Â â€¢A person may enter into more than one Rule 10b5-1 Trading Plan with different broker-dealers or other agents and treat the Rule 10b5-1 Trading Plans as a single Rule 10b5-1 Trading Plan so long as, when taken as a whole, the â€œplanâ€ complies with all of the ruleâ€™s requirements;â€¢A person may adopt one later-commencing Rule 10b5-1 Trading Plan so long as trading under the later-commencing Rule 10b5-1 Trading Plan is not authorized to begin until after all trades under the earlier-commencing Rule 10b5-1 Trading Plan are completed or expire without execution. If the earlier-commencing Rule 10b5-1 Trading Plan is terminated earlier, the later-commencing Rule 10b5-1 Trading Plan must have a cooling-off period that starts when the first Rule 10b5-1 Trading Plan terminates; andâ€¢A person may have an additional Rule 10b5-1 Trading Plan set up solely to sell securities as necessary to satisfy tax-withholding obligations arising exclusively from the vesting of a compensatory award, otherwise known as â€œsell-to-coverâ€ transactions.Â 4. Section 16 Filing Requirements and Gifts. Section 16 Insiders are required to mark a checkbox on Form 4â€™s to indicate the reported transaction was intended to satisfy the affirmative defense conditions of Rule 10b5-1, if applicable. Further, bona fide gifts of 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 9Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â securities by Section 16 Insiders are required to be reported on Form 4 before the end of the second business day following the date of execution of the transactions.Â 5.Section 16 Insiders - Section 16 Reporting Requirements and Trading RestrictionsÂ This section applies to the Companyâ€™s executive officers and members of HCAâ€™s Board of Directors and to all direct or indirect beneficial stockholders of more than 10 percent of HCAâ€™s common stock (collectively, â€œSection 16 Insidersâ€). Â Section 16 of the Exchange Act limits transactions in and requires public disclosure of transactions involving HCA Securities, by all Section 16 Insiders and certain of their family members and affiliated entities. Â A.Section 16 Insiders are required to electronically file public reports of their stock ownership and trading activities with the SEC. Within ten calendar days of becoming a Section 16 Insider (appointment as an executive officer or appointment or election as an HCA director), an Initial Statement on Form 3 must be filed with the SEC to report any HCA Securities beneficially owned by the Section 16 Insider. Generally, a Form 4 reporting changes in beneficial ownership must be filed with the SEC by 10:00 p.m. ET of the second business day after a reportable transaction in HCA Securities is executed (this applies to virtually all transactions). Also, an Annual Statement on Form 5 is due within 45 days after the Companyâ€™s fiscal year-end to disclose transactions for which the SEC allows delayed reporting. Furthermore, there may be a requirement to file a Form 4 to report certain non-exempt transactions in the six-month period after ceasing to be a Section 16 Insider. While the filing requirements are solely the responsibility of the Section 16 Insider, the Company has procedures in place to assist Section 16 Insiders with these filings. Such individuals are encouraged to execute a limited power of attorney that authorizes the Corporate Secretaryâ€™s Office to file Section 16 reports on the individualâ€™s behalf.Â B.Section 16 Insiders are liable for profits realized from â€œshort-swingâ€ trading transactions. Profits made by a Section 16 Insider from short-swing transactions â€“ transactions involving a purchase and a sale or a sale and a purchase within a six-month period â€“ are required by SEC rules to be disgorged to the Company. In computing the amount of profit, the highest sale price and the lowest purchase price are matched, regardless of whether the same shares were traded or if the Section 16 Insider suffered a net loss from trades within the period. The recovery for short-swing profits belongs to the Company and cannot be waived.Â C.â€œShort salesâ€ by Section 16 Insiders are prohibited. Section 16 prohibits a Section 16 Insider from selling any equity security of the Company (other than an exempted security) if they do not own the security (a â€œshort saleâ€) or if they fail to timely deliver a security that they do own. 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 10Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â Â 6.Rule 144 under the Securities Act of 1933 Â This section applies to all members of HCAâ€™s Board of Directors and executive officers.Â Members of HCAâ€™s Board of Directors and executive officers of the Company are likely to be regarded as â€œaffiliatesâ€ of the Company and affiliates may not sell HCA Securities unless such sale is covered by a registration statement, or such sale is made pursuant to an exemption from the registration requirement. SEC Rule 144 provides an exemption from registration for sales made through transactions with brokers. It is important that the broker through whom or to whom an affiliate is selling his or her securities be informed that the securities are being sold pursuant to SEC Rule 144. The affiliateâ€™s broker should be prepared to timely file the Form 144 with the SEC and, if applicable, the New York Stock Exchange no later than the day the sell order is executed and provide a copy to the Corporate Secretaryâ€™s Office. If the affiliateâ€™s broker is unable to file the Form, the affiliate should promptly notify the Corporate Secretaryâ€™s Office for assistance.Â 7.Administration of PolicyÂ Administration by Corporate Secretaryâ€™s Office. The day-to-day administration of this policy will be carried out by the Corporate Secretaryâ€™s Office. Questions concerning the interpretation of this policy should be directed to John Franck at (615) 344-5881, Natalie Cline at (615) 344-1983 or Kevin Ball at (615) 344-1228.Â Confidentiality of Policy Decisions. Individuals should keep certain information concerning the operation of this policy in strict confidence since knowledge of certain decisions made pursuant to the policy could itself constitute material, nonpublic information. For example, if an individual is made subject to a special blackout or denied pre-clearance, one should keep that fact confidential.Â Confidentiality of Nonpublic Information. In all cases, nonpublic information relating to the Company is the property of the Company and the unauthorized disclosure of such information is forbidden. Persons subject to this policy should not discuss internal Company matters or developments with anyone outside the Company, except as required in the performance of their regular employment or contractual duties, nor should Company matters be discussed in public or quasi-public areas where conversations may be overheard. This prohibition also applies to inquiries about the Company, which may be made by the financial press, investment analysts or others in the financial community. It is important that all such communications on behalf of the Company be made only through designated authorized individuals as set forth in the Companyâ€™s Corporate Disclosure Policy. If employees receive inquiries of this nature they should decline comments and refer the inquirer directly to the Company designated individuals responsible for such inquiries. Â 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 11Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â Individual Responsibility. Persons subject to this policy have ethical and legal obligations to maintain the confidentiality of information relating to HCA and to not trade in HCA Securities (or the securities of another company) while in possession of material, nonpublic information. Each person is responsible for making sure that he or she complies with this policy and applicable law and that any family members, household members and Controlled Entities whose transactions are subject to this policy, as discussed above, also comply with this policy and applicable law. In all cases, the ultimate responsibility for adhering to this policy and avoiding improper trading rests with that person, and any action on the part of the Company, the Corporate Secretaryâ€™s Office or any other employee or director pursuant to this policy (or otherwise) does not constitute legal advice or insulate a person from liability under applicable securities laws. Trading during a â€œtrading windowâ€ or with the permission of the Corporate Secretaryâ€™s Office should notÂ be considered a â€œsafe harborâ€, and persons subject to this policy should use good judgment at all times. A person may, from time to time, have to forego a proposed transaction in securities even if he or she planned to make the transaction before learning of material, nonpublic information and even though the person believes he or she may suffer economic loss or forego an anticipated profit by waiting.Â 8.Consequences of Insider Trading ViolationsÂ The consequences of insider trading violations can be staggering: For individuals who trade on material, nonpublic information (or provide information to others) the penalties may include:Â â€¢ a civil penalty of up to three times the profit gained or loss avoided;â€¢ a criminal fine (no matter how small the profit) of up to $5 million; andâ€¢ a jail term of up to twenty years.Â For a company (and possibly any supervisory person) that fails to take appropriate steps to prevent illegal trading, penalties may include:Â â€¢ a civil penalty equal to the greater of $5 million or three times the profit gained or loss avoided as a result of the individualâ€™s violation; andâ€¢ a criminal penalty of up to $25 million.Â As noted above, profits made by a Section 16 Insider from short-swing transactions are required by SEC rules to be disgorged to the Company.Â Moreover, if an individual violates this securities trading policy or applicable law, he or she may be subject to discipline by the Company, including termination of employment.Â 1/2025 Â DEPARTMENT: Legal POLICY DESCRIPTION:Â Securities TradingÂ PAGE: 12Â of 12 REPLACES POLICY DATED:Â 1/30/04, 9/1/05, 1/17/06, 3/9/11, 4/26/12, 2/1/13, 1/29/15, 7/21/16, 1/25/19, 4/19/23 EFFECTIVE DATE January 23, 2025 REFERENCE NUMBER:Â LL.SEC.001 APPROVED BY: Ethics and Compliance Policy Committee Â The consequences of insider trading violations for those persons that are subject to the securities laws in jurisdictions outside the United States can also be severe. Persons subject to this policy are required to comply with the securities laws in any jurisdiction to which such persons are subject. Â 9.Post Termination TransactionsÂ The restrictions on trading in Company and certain other companiesâ€™ securities while in possession of material, nonpublic information continues even after termination of service to the Company. If an individual is in possession of material, nonpublic information relating to HCA or another company when his or her service terminates, that individual may not trade in HCA Securities or publicly traded or derivative securities of such other company until that information has become public or is no longer material. Â 10.Policy Subject to RevisionÂ The Company may change or otherwise revise the terms of this policy from time to time to respond to developments in law and practice. Â 11. Reports of ViolationsÂ If any person subject to this policy has reason to believe that material, nonpublic information of the Company or another company has been disclosed to an outside party without authorization, that person should report it to the Corporate Secretaryâ€™s Office immediately.Â If any person subject to this policy has reason to believe that another person subject to this policy has acted, or intends to act, on material, nonpublic information, or has taken, or intends to take, any other action that appears to be contrary to the requirements of this policy, that person should report it to the Corporate Secretaryâ€™s Office immediately.Â Individuals are always free to contact the Companyâ€™s Ethics Line at 1-800-455-1996 to anonymously report potential violations or concerns.Â REFERENCES: Â Â Â Â Â 1/2025 EX-21 9 hca-ex21.htm EX-21 EX-21 Exhibit 21 ALABAMA CareOne Home Health Services, Inc. Four Rivers Medical Center PHO, Inc. Selma Medical Center Hospital, Inc. ALASKA Alaska Regional Medical Group, LLC Alaska Spine Center, LLC Anchorage Surgicenter, LLC Chugach PT, Inc. Columbia Behavioral Healthcare, Inc. SLS Mountain Division, LLC Surgicare of Anchorage, LLC ARIZONA DS Real Estate Holdings, LLC Urgent Care Extra - Ann & Simmons, LLC Urgent Care Extra - Cactus & Southern Highlands, LLC Urgent Care Extra - Charleston & Decatur, LLC Urgent Care Extra - Charleston/Sloan, LLC Urgent Care Extra - Craig & Clayton, LLC Urgent Care Extra - Craig & Decatur, LLC Urgent Care Extra - Durango & Cheyenne, LLC Urgent Care Extra - Durango & Flamingo, LLC Urgent Care Extra - Eastern & Horizon Ridge, LLC Urgent Care Extra - Rainbow/Mardon, LLC Urgent Care Extra - Warm Springs & Green Valley, LLC Urgent Care Extra-Tropicana & Jones, LLC ARKANSAS Columbia Health System of Arkansas, Inc. BERMUDA Parthenon Insurance Company, Limited The London Breast Institute UK Ltd CALIFORNIA Center for Advanced Imaging, LLC CFC Investments, Inc. CH Systems Chino Community Hospital Corporation, Inc. Columbia ASC Management, L.P. Columbia Good Samaritan Health System Limited Partnership Columbia Riverside, Inc. Columbia/HCA San Clemente, Inc. Encino Hospital Corporation, Inc. Far West Division, Inc. Galen-Soch, Inc. Good Samaritan Surgery Center, L.P. HCA Health Services of California, Inc. Healdsburg General Hospital, Inc. L E Corporation Las Encinas Hospital Los Gatos Surgical Center, a California Limited Partnership Los Robles Regional Medical Center Los Robles Regional Medical Center MOB, LLC Los Robles SurgiCenter, LLC MCA Investment Company Mission Bay Memorial Hospital, Inc. Neuro Affiliates Company Pacific Partners Management Services, Inc. Riverside Associates, LLC Riverside Healthcare System, L.P. Riverside Holdings, Inc. San Joaquin Surgical Center, Inc. San Jose Pathology Outreach, LLC Silicon Valley Health Holdings, LLC Surgicare of Good Samaritan, LLC Surgicare of Los Gatos, Inc. Surgicare of Los Robles, LLC Surgicare of Riverside, LLC West Hills Hospital West Los Angeles Physiciansâ€™ Hospital, Inc. Westminster Community Hospital COLORADO Altitude Mid Level Providers, LLC Arapahoe Surgicenter, LLC Center for Advanced Diagnostics LLC Centrum Surgery Center, Ltd. Clear Creek Surgery Center, LLC Colorado Health Systems, Inc. Columbine Psychiatric Center, Inc. Continental Division I, Inc. Denver Mid-Town Surgery Center, Ltd. Denver Surgicenter, LLC Diagnostic Mammography Services, G.P. Galen of Aurora, Inc. HCA-HealthONE LLC Health Care Indemnity, Inc. HealthONE at Breckenridge, LLC HealthONE Aurora Investment, LLC HealthONE CareNow Urgent Care, LLC HealthONE Clear Creek, LLC HealthONE Clinic Services - Bariatric Medicine, LLC HealthONE Clinic Services - Behavioral Health, LLC HealthONE Clinic Services - Cardiovascular, LLC HealthONE Clinic Services - Medical Specialties, LLC HealthONE Clinic Services - Neurosciences, LLC HealthONE Clinic Services - OB Hospitalists, LLCHealthONE Clinic Services - Obstetrics and Gynecology, LLC HealthONE Clinic Services - Occupational Medicine, LLC HealthONE Clinic Services - Oncology Hematology, LLC HealthONE Clinic Services - Orthopedic Specialists, LLC HealthONE Clinic Services - Otolaryngology Specialists, LLC HealthONE Clinic Services - Pediatric Specialties, LLC HealthONE Clinic Services - Primary Care, LLC HealthONE Clinic Services - Spinal Cord Injury Institute, LLC HealthONE Clinic Services - Surgery Neurological, LLC HealthONE Clinic Services - Surgical Specialties, LLC HealthONE Clinic Services - Youth Rehabilitation LLC HealthONE Clinic Services LLC HealthOne Heart Care LLC HealthONE High Street Primary Care Center, LLC HealthONE IRL Pathology Services, LLC HealthOne Lincoln Investment, LLC HealthONE Lowry, LLC HealthONE Mental Health Therapy Center, LLCHealthONE of Denver, Inc. HealthONE Radiation Therapy at Red Rocks, LLC HealthONE Radiation Therapy at Thornton, LLC HealthONE Ridge View Endoscopy Center, LLC HealthONE Surgicare of Ridge View, LLC HealthONE Urologic, LLC HealthOne Westside Investment, LLC Hospital-Based CRNA Services, Inc. Lakewood Surgicare, Inc. Lincoln Surgery Center, LLC Medical Care America Colorado, LLC Medical Imaging of Colorado LLC Mountain View MRI Associates, Ltd. MOVCO, Inc. New Rose Holding Company, Inc. North Suburban Spine Center, L.P. P/SL Hyperbaric Partnership Park Ridge Surgery Center, LLC Proaxis Therapy HealthOne LLC Red Rocks Surgery Center, LLC Rocky Mountain Pediatric Hematology Oncology, LLC Rocky Mountain Surgery Center, LLC Rose Ambulatory Surgery Center, L.P. Rose Health Partners, LLC Rose Medical Plaza, Ltd. Rose POB, Inc. Sky Ridge Spine Manager, LLC Sky Ridge

Surgery Center, L.P. Southwest Medpro, Ltd. Surgery Center of the Rockies, LLC Surgicare of Arapahoe, LLC Surgicare of Denver Mid-Town, Inc. Surgicare of Denver, LLC Surgicare of Park Ridge, LLC Surgicare of Rose, LLC Surgicare of Sky Ridge Womenâ€™s Center, LLC Surgicare of Sky Ridge, LLC Surgicare of Southeast Denver, Inc. Surgicare of Swedish, LLC Surgicare of Thornton, LLC Swedish Medpro, Inc. Swedish MOB I, Ltd. Swedish MOB II, Inc. Swedish MOB III, Inc. Swedish MOB IV, Inc. Swedish MOB, LLC Urology Surgery Center of Colorado, LLC DELAWARE AC Med, LLC ADC Surgicenter, LLC Alaska Surgery Center Limited Partnership Aligned Business Consortium Group, L.P. Alliance Surgicare, LLC Alpine Surgicenter, LLC Alternaco, LLC American Medicorp Development Co. Anchorage Endoscopy Surgicenter, LLC Anesthesia Medicine Services of FL, LLCAOGN, LLC AOI Surgicenter, LLCAppledore Medical Group, Inc. AR Holding 1, LLC AR Holding 4, LLC AR Holding 5, LLC AR Holding 6, LLC AR Holding 7, LLC AR Holding 8, LLC AR Holding 9, LLC AR Holding 10, LLC AR Holding 11, LLC AR Holding 12, LLC AR Holding 13, LLC AR Holding 14, LLC AR Holding 15, LLC AR Holding 16, LLC AR Holding 17, LLC AR Holding 18, LLC AR Holding 19, LLC AR Holding 20, LLC AR Holding 21, LLC AR Holding 22, LLC AR Holding 23, LLC AR Holding 24, LLC AR Holding 25, LLC AR Holding 26, LLC AR Holding 27, LLC AR Holding 28, LLC AR Holding 29, LLC AR Holding 30, LLC AR Holding 31, LLC ARC Richmond Place, LLC ASC of Utah Surgicenter, LLCASD Shared Services, LLC Atlanta ASC Holdings, LLC Atlanta Healthcare Management, L.P. Atlanta Market GP, Inc. Augusta CyberKnife, LLC Augusta Management Services, LLC Aurora Endoscopy Surgicenter, LLC Austin GI Surgicenter, LLC Aventura Cancer Center Manager, LLC Banner Day Development, LLC Bay Area Surgicenter, LLC Bayshore Partner, LLC Belton Family Practice Clinic, LLC Beville Road Land Holdings, LLCBlake Surgicenter, LLC Boynton Beach EFL Imaging Center, LLC Bradenton Outpatient Services, LLC Brandon Imaging Manager, LLC Brandon Regional Cancer Center, LLC Brighton Surgicenter, LLC Brownsville Surgicenter, LLC C/HCA Capital, Inc. C/HCA, Inc. Cactus Nevada Holdings, LLCCalifornia Urgent Care, LLC Cancer Centers of North Florida, LLC Cancer Services of Aventura, LLC Capital Division - CCA, Inc. CAREOS Surgicenter, LLC CarePartners HHA Holdings, LLLP CarePartners HHA, LLLP CarePartners Rehabilitation Hospital, LLLP CareSpot of Brentwood (210 Franklin Road), LLC CareSpot of Cool Springs (100 International Drive), LLC CareSpot of Donelson (2372 Lebanon Road), LLC CareSpot of Hendersonville (280 Indian Lake Boulevard), LLC CareSpot of Hermitage (5225 Old Hickory Boulevard), LLC CareSpot of Lebanon (1705 West Main Street), LLC CareSpot of Mt. Juliet (S. Mt. Juliet Road), LLC CareSpot of Murfreesboro (1340 Broad Street), LLC CareSpot of Nashville (2001 Glen Echo Road), LLC CareSpot of Nashville (West End Avenue), LLC CareSpot Professional Services of Middle Tennessee, LLC Carolina Forest Imaging Manager, LLC Centennial CyberKnife Manager, LLC Centerpoint Medical Center of Independence, LLC Central Florida Imaging Services, LLC Central Florida Management Services, LLC Central Health Holding Company, Inc. Central Utah Surgicenter, LLC Charleston CareNow Urgent Care, LLC Charlotte MSO, LLCChattanooga East Manager, LLCChattanooga East Surgicenter, LLCCHC Finance Co. CHC Payroll Agent, Inc. CHCA Bayshore, L.P. CHCA Clear Lake, L.P. CHCA Conroe, L.P. CHCA Mainland, L.P. CHCA West Houston, L.P. CHCA Womanâ€™s Hospital, L.P. Clear Lake Cardiac Catheterization Center, L.P. Clear Lake Cardiac GP, LLC Clear Lake Merger, LLC Clear Lake Regional Partner, LLC ClinicServ, LLC Coastal Bend Hospital, Inc. Coastal Healthcare Services, Inc. Coliseum Health Group, LLC College Park Endoscopy Center, LLCColorado Springs Surgicenter, LLC Columbia Hospital Corporation of Fort Worth Columbia Hospital Corporation of Houston Columbia Hospital Corporation-Delaware Columbia Palm Beach GP, LLC Columbia Rio Grande Healthcare, L.P. Columbia Valley Healthcare System, L.P. Columbia Westbank Healthcare, L.P. Columbia-SDH Holdings, Inc. Columbus Cath Lab, Inc. Columbus Cath Lab, LLC Comprehensive Digestive Surgicenter, LLC Concept EFL Imaging Center, LLC Concept West EFL Imaging Center, LLC Conroe Partner, LLC CoralStone Management, Inc. Corona Summit Surgicenter, LLCCorpus Christi Surgicenter, LLC COSCORP, LLC CPS TN Processor 1, Inc. CRMC-M, LLC Cy-Fair Medical Center Hospital, LLC Dallas/Ft. Worth Physician, LLC Dean 4641, LLC Delray EFL Imaging Center, LLC Denver Clinic Surgicenter, LLC Divisional Consolidated Services, LLC Doctors Hospital of Augusta, LLC East Florida Imaging Holdings, LLC East Florida Orthopedic Care Partners, LLCEast Milton Holdings, LLCEastern Idaho Brachytherapy Equipment Manager, LLC Eastern Idaho Care Partners Holdings, LLC Eastern Idaho Care Partners, LLC Eastern Idaho Urgent Care Partner, LLCEmergency Medicine Services of FL, LLCEmergency Medicine Services of IN, LLCEmergency Medicine Services of KY, LLC Emergency Medicine Services of MO, LLCEmergency Medicine Services of NH, LLCEmergency Medicine Services of VA, LLCEMMC, LLC EP Health, LLC EP Holdco, LLC EPIC Development, Inc. EPIC Diagnostic Centers, Inc. EPIC Healthcare Management Company EPIC Surgery Centers, Inc. Everest Surgicenter, LLCExpansion Holding Company, LLCFairview Park GP, LLC Fairview Partner, LLC Family Care of E. Jackson County, LLC FHAL, LLC Florida Care Partners East, LLC Florida Care Partners North Central, LLC Florida Care Partners Tallahassee, LLC Florida Care Partners West Coast, LLC FMH Health Services, LLC Focus Hand Surgicenter, LLC Forest Park Surgery Pavilion, Inc. Forest Park Surgery Pavilion, L.P. Fort Bend Hospital, Inc. Frisco Behavioral Health Services, LLCFrisco Surgicare, LLC Galen (Kansas) Merger, LLC Galen BH, Inc. Galen Global Finance, Inc. Galen GOK, LLC Galen Health Institutes, Inc. Galen Holdco, LLC Galen Hospital Alaska, Inc. Galen International Holdings, Inc. Galen KY, LLC Galen MCS, LLC Galen Medical Corporation Galen MRMC, LLC Galen NMC, LLC Galen NSH, LLC Galen SOM, LLC Galen SSH, LLC Galen VCP RBE Member, LLCGalendeco, Inc. GalTex, LLC Garden Park Community Hospital Limited Partnership Gardens EFL Imaging Center, LLC Geomark Stakes, LLC Georgia Eye Surgicenter, LLC Georgia Health Holdings, Inc. Georgia, L.P. GHC-Galen Health Care, LLC GIA-MCA Holdings, LLCGood Samaritan Hospital, L.P. Good Samaritan Hospital, LLC Goppert-Trinity Family Care, LLC GPCH-GP, Inc. Gramercy Eye Surgicenter, LLC Grand Strand Regional Medical Center, LLC Grandview Health Care Clinic, LLC Granite Peaks Surgicenter, LLC Granite State Anesthesia Partners, LLC Green Hills Endoscopy Holdings, LLCGreen Hills Endoscopy Manager, LLCGreen Hills Endoscopy, LLCGreenway Surgicenter, LLCH3OT Corp., LLC HCA - IT&S Field Operations, Inc. HCA - IT&S Inventory Management, Inc. HCA - IT&S TN Field Operations, Inc. HCA American Finance LLC HCA Endocrine Investor, LLC HCA Global Services India, Inc.HCA Global Services, LLCHCA Health Services of Midwest, Inc. HCA Healthcare Mission Fund, LLC HCA Holdco, LLC HCA Imaging Services of North Florida, Inc. HCA Inc. HCA Management Services, L.P. HCA Outpatient Imaging Services Group, Inc. HCA Property GP, LLC HCA Psychiatric Company HCA SF LLC HCA Squared, LLC HCA Wesley Rehabilitation Hospital, Inc. HCA-Access Healthcare Partner, Inc. HCA-California Urgent Care Holdings, LLC HCA-EMS Holdings, LLC HCA-HBPS Holdings, LLC HCA-PRN Physical Therapy Partners, LLCHCAPS Anesthesia Manager, LLC HCA-Solis Holdings, Inc. HCA-Solis Mammography Service Holdings of Continental, LLC HCA-Solis Mammography Service Holdings of Gulf Coast, LLC HCA-Solis Mammography Service Holdings of Mountain, LLCHCA-Solis Mammography Service Holdings of North Texas, LLC HCA-Solis Mammography Service Holdings of South Texas, LLCHCA-Solis Mammography Service Holdings of TriStar, LLC HCA-Solis Mammography Services, LLC HCA-Solis Master, LLC HCA-Solis New Market Mammography Services, LLCHCA-Urgent Care Holdings, LLC HCM HH Holdings, LLCHealth at Home HHA Holdings-Austin, LLCHealth at Home HHA-Austin, LLCHealth at Home Holdings-Austin, LLCHealth at Home Holdings-Squared, LLCHealth at Home Hospice-Austin, LLCHealth At Home-BHS, LLCHealth at Home-San Antonio, LLCHealth Insight Capital, LLC Health Services (Delaware), Inc. Health Services Merger, Inc. Healthcare Plus Holdings, LLC Healthcare Purchasing Alliance, LLC Healthcare Technology Assessment Corporation Healthco, LLC Healthnet of Kentucky, LLC HealthONE Care Partners, LLC HealthONE Colorado Care Partners ACO LLCHealthPlus, LLC Healthserv Acquisition, LLC Healthtrust MOB Tennessee, LLC Healthtrust Purchasing Group, L.P. Healthtrust, Inc. - The Hospital Company Hearthstone Home Health, Inc. Heathrow Imaging, LLC Henrico Doctors Hospital - Forest Campus Property, LLC Hestia Healthcare at Home, LLCHestia Hospice & Family Care, LLCHHBY Holdings, LLC HHNC, LLC HICCH-SCL, LLC Hill Country Home Health and Hospice, LLCHill Country Hospice, LLChInsight-AGM Holdings, LLC hInsight-Airstrip Holdings, LLC hInsight-AUGX Holdings, LLChInsight-BBIMG Holdings, LLC hInsight-BIN Holdings, LLChInsight-BMA Holdings, LLC hInsight-Customer Care Holdings, LLC hInsight-Digital Reasoning Holdings, LLC hInsight-EM Holdings, LLChInsight-Healthbox Holdings, LLC hInsight-HHIF Holdings, LLChInsight-I2 Holdings, LLC hInsight-InVivoLink Holdings, LLC hInsight-JSN Holdings, LLC hInsight-Loyale Healthcare Holdings, LLC hInsight-LS Holdings, LLC hInsight-Mobile Heartbeat Holdings, LLC hInsight-NX, LLC hInsight-OTM Holdings, LLC hInsight-Procured Holdings, LLC hInsight-PWS I Holdings, LLC hInsight-TS Holdings, LLC hInsight-VAI Holdings, LLC hInsight-VC Holdings, LLChInsight-VSI Holdings, LLC HM OMCOS, LLC Hope 97, LLC Hospital Corp., LLC Hospital Development Properties, Inc. Hospital Medicine of AK, LLCHospital Medicine Services of FL, LLCHospital Medicine Services of KY, LLCHospital Medicine Services of MO, LLCHospital Medicine Services of NH, LLCHospital Medicine Services of TN, LLCHospital Medicine Services of VA, LLC Hospital Partners Merger, LLC HOU Premier Surgicenter, LLC Houston - PPH, LLC Houston Healthcare Holdings, Inc. Houston NW Manager, LLC Houston Premier Surgicenter, LLCHouston Urologic Surgicenter, LLC Houston Womanâ€™s Hospital Partner, LLC HPG Enterprises, LLC HPG Solutions, LLC HSS Holdco, LLC HSS Systems, LLC HTI Hospital Holdings, Inc. HTI MOB, LLC HTI MSO, LLC Imaging Services of Appomattox, LLC Imaging Services of Jacksonville, LLC Imaging Services of Louisiana Manager, LLC Imaging Services of Louisiana, LLC Imaging Services of Orlando, LLC Imaging Services of Richmond, LLC Imaging Services of West Boynton, LLC IMX Holdings, LLC IN Hospitalists, LLCIndependence Regional Medical Group, LLC Indianapolis Hospital Partner, LLC Innovative Senior Care Home Health of Houston, LLC Innovative Senior Care Home Health of Kansas, LLC Innovative Senior Care Home Health of Los Angeles, LLC Innovative Senior Care Home Health of Nashville, LLC Innovative Senior Care Home Health of Ocala, LLC Innovative Senior Care Home Health of Richmond, LLC Innovative Senior Care Home Health of San Antonio, LLCInnovative Senior Care Home Health of San Jose, LLC Integrated Regional Laboratories, LLP Intensivist Medicine of AK, LLCIntensivist Medicine Services of FL, LLCInVivoLink, Inc. ISCHH of San Antonio Holdings, LLCIsleworth Partners, Inc. Jackson County Medical Group, LLC JFK Main Surgicenter, LLCJFK Medical Center Limited Partnership JFK North Surgicenter, LLCJordan Valley & Mountain Point Medical Center, LLCJudson Holdings, LLC Jupiter EFL Imaging Center, LLC KC Surgicenter, LLC Kendall Regional Medical Center, LLC Kingwood Surgicenter, LLC Lakeside Radiology, LLC Lakeview Medical Center, LLC Lakeview Orthopedic Center of Excellence, LLC Laredo Medco, LLC Leeâ€™s Summit Family Care, LLC Leeâ€™s Summit Surgicenter, LLCLewis-Gale Medical Center, LLC Lewisville Surgicare, LLC Liberty Larchmont Holdings, LLCLoveland Surgicenter, LLC Low Country Health Services, Inc. of the Southeast Lowry Surgicenter, LLC Management Services Holdings, Inc. Manchester Health Services, LLCMaury County Behavioral Health, LLC Mayhill Cancer Center, LLC MCA-CTMC Holdings, LLC McAllen Surgicenter, LLC MD Now Holdings, Inc. MDN HoldCo, Inc. Meadows DME, LLC Meadows Multispecialty Associates, LLC Medical Arts Hospital of Texarkana, Inc. Medical Care America, LLC Medical Care Financial Services Corp. Medical Care Real Estate Finance, Inc. Medical Center Houston Surgicenter, LLC Medical Center of Plano Partner, LLC Medical Centers of Oklahoma, LLC Medical City Care Partners, LLC Medical City Dallas Partner, LLC Medical City PT Partner, LLCMedical City Specialty Surgicenter of Dallas, LLC Medical City Surgery Center North Texas, LLCMedical City Surgery Center of Allen, LLCMedical City Surgery Center of Alliance, LLC Medical City Surgery Center of Frisco, LLC Medical City Surgery Center of Lewisville, LLC Medical City Surgery Center Southlake, LLCMedical Corporation of America Medical Office Buildings of Kansas, LLC Medical Specialties, Inc. MediStone Healthcare Ventures, Inc. MediVision of Mecklenburg County, Inc. MediVision of Tampa, Inc. MediVision, Inc. Memorial Health Partners ACO LLCMethodist Ambulatory Surgery Center of Boerne, LLC Methodist Ambulatory Surgery Center of Landmark, LLC MH Anesthesiology Physicians, LLC MH Angel Medical Center, LLLP MH Asheville Specialty Hospital, LLC MH Blue Ridge Medical Center, LLLP MH Eckerd Living Center, LLLP MH Highlands-Cashiers Medical Center, LLLP MH Hospital Holdings, Inc. MH Hospital Manager, LLC MH Master Holdings, LLLP MH Master, LLC MH McDowell Imaging, LLLP MH Mission Hospital McDowell, LLLP MH Mission Hospital, LLLP MH Mission Imaging, LLLP MH Physician Services, LLC MH Transylvania Imaging, LLLP MH Transylvania Regional Hospital, LLLP Miami Beach EFL Imaging Center, LLC MidAmerica Oncology, LLC Mid-Continent Health Services, Inc. Middle Virginia Surgicenter, LLCMidtown Diagnostics, LLC Midwest Care Partners ACO, LLCMidwest Division - ACH, LLC Midwest Division - LRHC, LLC Midwest Division - LSH, LLC Midwest Division - MCI, LLC Midwest Division - MMC, LLC Midwest Division - OPRMC, LLC Midwest Division - RMC, LLC Midwest Holdings, Inc. Midwest Medicine Associates, LLC Midwest Metropolitan Physicians Group, LLC Mill Pond Conway, LLCMission Health Partners, LLCMobile Corps., Inc. Mobile Heartbeat, LLC MountainStar Care Partners ACO, LLCMountainStar Care Partners, LLCMRT&C, Inc. Naples Surgicenter, LLCNashville Shared Services General Partnership NCO Holdco, LLC Neurology Medicine Services of FL, LLCNevada Urgent Care Holdings, Inc. New Iberia Holdings, Inc. Norman Clayman Endocrine Institute, LLC North Augusta Imaging Management, LLC North Augusta Imaging Services, LLC North Brandon Imaging, LLC North Cypress Endoscopy Surgicenter, LLC North Cypress Orthopaedic Surgicenter, LLC North Cypress Surgicenter, LLC North Florida Cancer Center Lake City, LLC North Florida Cancer Center Live Oak, LLC North Florida Cancer Center Tallahassee, LLC North Florida Orthopedic Care Partners, LLCNorth Florida Radiation Oncology, LLC North Houston - TRMC, LLC North Miami Beach Surgery Center Limited Partnership North Miami Beach Surgical Center, LLC North Tampa Imaging, LLC North Texas Medical Center, Inc. North VA Surgicenter, LLCNorthCrest Multispecialty Associates, LLC Northeast Florida Cancer Services, LLC Northern Virginia Surgicenter, LLC Northwest Fla. Home Health Agency, Inc. Notami Hospitals, LLCNotami, LLC Notco, LLC NTGP, LLC NTMC Management Company NTMC Venture, Inc. Nurse On Call, LLC Ocala Stereotactic Radiosurgery Partner, LLC Ocala Stereotactic Radiosurgery, LLC ODP Holdings, LLC ODP Manager, LLC ODP Properties, LLC Ogden Tomotherapy Manager, LLC Oklahoma Holding Company, LLC Oncology Services of Corpus Christi Manager, LLC Oncology Services of Corpus Christi, LLC Orlando Outpatient Surgical Center, Inc. Outpatient Cardiovascular Center of Central Florida, LLC Outpatient Services - LAD, LLC Outpatient Services Holdings, Inc. Palm Beach EFL Imaging Center, LLC Palms West Hospital Limited Partnership Paragon SDS, Inc. Paragon WSC, Inc. Parallon Holdings, LLC Parkland Physician Services, Inc. Parkway Hospital, Inc. Pavilion Surgicenter, LLC Pearland Partner, LLC Performance Health Surgicenter, LLCPhysicians West Surgicenter, LLC Pinellas Medical, LLC Pinnacle Surgicenter, LLCPioneer Medical, LLC Plano Heart Institute, L.P. Plano Heart Management, LLC Plantation General Hospital, L.P. PMM, Inc. POH Holdings, LLC Portsmouth Regional Ambulatory Surgery Center, LLC Portsmouth Surgicenter, LLC Preferred Works WC, LLC Primary Medical Management, Inc. Prospect Road Property Holdings, LLCPutnam Radiation Oncology Manager, LLC Putnam Radiation Oncology, LLC Radiation Oncology Center of Thornton, LLC Radiation Oncology Manager, LLC RCH, LLC Red Rock at Smoke Ranch, LLC Red Rock Holdco, LLC Reston Hospital Center, LLC Richmond Place Holdings, LLC Riverside CyberKnife Manager, LLC Riverside Hospital, Inc. Riverside Imaging, LLC Riverside Kingsley Endoscopy Holdings, LLCRiverside Kingsley Endoscopy Manager, LLCRiverside Kingsley Endoscopy Surgicenter, LLC ROi CPS, LLC Round Rock Hospital, Inc. Samaritan, LLC San Bernardino Imaging, LLC San Jose Healthcare System, LP San Jose Hospital, L.P. San Jose Medical Center, LLC San Jose, LLC San Marcos ASC, LLC San Marcos Surgicenter, LLC Savannah Health Network, LLC Savannah Health Services, LLC SE Bridge Road Properties, LLCSebring Health Services, LLC Sebring Surgicenter, LLC Silicon Valley Surgery Center, L.P. Silicon Valley Surgicenter, LLC SJMC, LLC SLRMC, LLCSolis Mammography at Bayshore Medical Center, LLC Solis Mammography at Brigham City Community Hospital, LLCSolis Mammography at Cache Valley Hospital, LLCSolis Mammography at Clear Lake Regional Medical Center, LLC Solis Mammography at Conroe Regional Medical Center, LLC Solis Mammography at Denton Regional Medical Center, LLC Solis Mammography at HCA Houston Tomball, LLC Solis Mammography at Kingwood Medical Center, LLC Solis Mammography at Lakeview Hospital, LLCSolis Mammography at Las Colinas Medical Center, LLC Solis Mammography at Lone Peak Hospital, LLCSolis Mammography at Medical Center Alliance, LLC Solis Mammography at Medical Center Arlington, LLC Solis Mammography at Medical Center of Lewisville, LLC Solis Mammography at Medical Center of McKinney, LLC Solis Mammography at Medical Center of Plano, LLC Solis Mammography at Medical City Dallas, LLC Solis Mammography at Mountain View Hospital, LLCSolis Mammography at Ogden Regional Medical Center, LLCSolis Mammography at Pearland Medical Center, LLC Solis Mammography at Rio Grande Regional Hospital, LLCSolis Mammography at Rose Medical Center, LLC Solis Mammography at Skyline Medical Center, LLC Solis Mammography at St. Davidâ€™s North Austin Medical Center, LLCSolis Mammography at St. Davidâ€™s Round Rock Medical Center, LLCSolis Mammography at St. Davidâ€™s South Austin Medical Center, LLCSolis Mammography at St. David's Medical Center, LLCSolis Mammography at St. Mark's Hospital, LLCSolis Mammography at StoneCrest Medical Center, LLC Solis Mammography at Timpanogos Regional Hospital, LLCSolis Mammography at West Houston Medical Center, LLC Solis Mammography at Womanâ€™s Hospital of Texas, LLC Solis Mammography of Allen, LLC Solis Mammography of Atascocita, LLC Solis Mammography of Brazos Town Center, LLCSolis Mammography of Carrollton, LLCSolis Mammography of Cedar Hill, LLC Solis Mammography of Cinco Ranch, LLCSolis Mammography of CyFair, LLC Solis Mammography of Dallas, LLC Solis Mammography of Downtown Dallas, LLC Solis Mammography of East Pearland, LLC Solis Mammography of Flower Mound, LLC Solis Mammography of Frisco, LLC Solis Mammography of Garland, LLC Solis Mammography of Grand Parkway-Spring, LLCSolis Mammography of Grand Prairie, LLC Solis Mammography of Houston NW, LLC Solis Mammography of Katy Greenhouse, LLCSolis Mammography of Katy, LLC Solis Mammography of Louetta/249, LLC Solis Mammography of Mainland, LLC Solis Mammography of Mansfield, LLC Solis Mammography of Memorial Villages, LLC Solis Mammography of Mesquite, LLC Solis Mammography of Montgomery, LLC Solis Mammography of North Cypress, LLC Solis Mammography of North Loop, LLC Solis Mammography of Red Oak, LLC Solis Mammography of River Oaks, LLC Solis Mammography of Rowlett, LLCSolis Mammography of Southwest Fort Worth, LLCSolis Mammography of Stapleton, LLC Solis Mammography of Sugar Land, LLC Solis Mammography of Towne Lake, LLC Solis Mammography of West Plano, LLC Solis Mammography of Wylie-Murphy, LLCSouth Austin Surgical Management, LLC South Lakes Surgicenter, LLCSouth Valley Hospital, L.P. Southeast Georgia Health Services, LLC Southern Kentucky Surgicenter, LLC Southtown Womenâ€™s Clinic, LLC Spalding Rehabilitation L.L.C. Springfield Health Services, LLC Springview KY, LLC SSHR Holdco, LLC SSJ St. Petersburg Holdings, Inc. St. Davidâ€™s Care Partners ACO, LLCSt. David's Orthopedic Care Partners, LLCSt. Mark's Surgicenter, LLCSteamboat Springs Surgicenter, LLC Stiles Road Imaging LLC Stone Oak Surgicenter, LLC

StoneCrest Surgery Center, LLC Stones River Hospital, LLC StoneSprings Surgicenter, LLC Suburban Medical Center at Hoffman Estates, Inc. Summit Endoscopy Center Holdings, LLCSummit Endoscopy Center, LLCSummit Endoscopy Manager, LLC Summit General Partner, Inc. Sun Bay Medical Office Building, Inc. Sun City Imaging, LLC Sun-Med, LLC Sunrise Flamingo Surgery Center, LLCSunrise Hospital and Medical Center, LLC Surgicare ASC of Utah, LLCSurgicare of ADC, LLC Surgicare of AGI, LLC Surgicare of Alaska Surgery Center, LLC Surgicare of Allen, LLCSurgicare of Alpine, LLC Surgicare of Anchorage Endoscopy, LLC Surgicare of AOI, LLCSurgicare of Aurora Endoscopy, LLC Surgicare of Bay Area, LLC Surgicare of Blake, LLC Surgicare of Brentwood, LLC Surgicare of Brighton, LLC Surgicare of Brownsville, LLC Surgicare of CAREOS, LLC Surgicare of Central Utah, LLC Surgicare of Chattanooga East, LLCSurgicare of College Park, LLC Surgicare of Colorado Springs, LLC Surgicare of Comprehensive Digestive, LLC Surgicare of Corona Summit, LLCSurgicare of Corpus Christi, LLC Surgicare of Dallas Specialty, LLC Surgicare of Denton, Inc. Surgicare of Denver Clinic, LLC Surgicare of Everest, LLCSurgicare of Focus Hand, LLC Surgicare of Gainesville/Ocala, LLC Surgicare of Georgia Eye, LLC Surgicare of Granite Peaks, LLCSurgicare of Greenway, LLCSurgicare of Houston Kingwood, LLC Surgicare of Houston Premier, LLCSurgicare of Houston, LLC Surgicare of JFK Main, LLCSurgicare of JFK North, LLCSurgicare of Kansas City Urology, LLCSurgicare of KC, LLC Surgicare of Lake Nona, LLC Surgicare of Leeâ€™s Summit, LLC Surgicare of Loveland, LLC Surgicare of McAllen, LLC Surgicare of Medical Center Houston, LLC Surgicare of Middle Virginia, LLCSurgicare of Naples, LLCSurgicare of Nashville, LLC Surgicare of North Cypress Endoscopy, LLC Surgicare of North Cypress Orthopaedic, LLC Surgicare of North Cypress, LLC Surgicare of North Texas, LLCSurgicare of North VA, LLCSurgicare of Pavilion, LLC Surgicare of Performance Health, LLCSurgicare of Physicians West El Paso, LLC Surgicare of Pinnacle, LLCSurgicare of Plano, Inc. Surgicare of Portsmouth, LLC Surgicare of Sebring, LLC Surgicare of Silicon Valley, LLC Surgicare of Southern Kentucky, LLC Surgicare of Southlake, LLC Surgicare of St. Mark's, LLCSurgicare of Steamboat Springs, LLC Surgicare of StoneCrest, LLC Surgicare of StoneSprings, LLC Surgicare of Synergy, LLC Surgicare of Tampa Bay, LLCSurgicare of University, LLC Surgicare of Utah County, LLC Surgicare of Venice, LLC Surgicare of West Bay, LLCSurgicare of Willis, LLC Surgico, LLC Swedish MOB Acquisition, Inc. Synergy Surgicenter, LLC Tallahassee Imaging Holdings, LLC Tallahassee Imaging Partners, LLC Tampa Bay CareNow Urgent Care, LLC Tampa Bay Surgicenter, LLCTBHI Outpatient Services, LLC Terre Haute Hospital GP, Inc. Terre Haute Hospital Holdings, Inc. Terre Haute Regional Hospital, L.P. Texas Care Partners, LLC Tidewater Health Services, LLC TOH ASC Holdings, LLCTOH Physicians MSO, LLC Total Imaging - Parsons, LLC Town Plaza Family Practice, LLC Trauma Medicine Services of TN, LLCTrauma Medicine Services of VA, LLCTrident Medical Center, LLC TriStar Maury Behavioral Healthcare, LLC U.S. Collections, Inc. Ultra Imaging Management Services, LLC Ultra Imaging of Tampa, LLC University Surgicenter, LLC Urgent Care Enterprise, LLC Urology Surgicenter of Kansas City, LLCUtah Care Partners, LLC Utah CareNow Urgent Care, LLC Utah County Surgicenter, LLC Utah Health Services - DH&MC, LLCUtah Health Services Holdco, LLCUtah Holdco, LLC Utah Management Services, LLCUtah Medco, LLC Utah Medical Imaging Partners, LLC Utah MIP Holdings, LLCValesco Holdings, LLCValesco Legacy Holdings, LLCValify, Inc. Value Health Management, Inc. Vanderbilt Park Associates, LLCVenice Surgicenter, LLC Vidalia Health Services, LLC Vision Consulting Group LLC Vista JV Partners, LLCWalton Springs Development, LLCWeatherford Health Services, LLC Weatherford Mammography JV, LLC Wesley Cath Lab, LLC Wesley Manager, LLC Wesley Medical Center, LLC West Bay Surgicenter, LLCWest Boynton Beach Open Imaging Center, LLC West Florida Imaging Services, LLC West Florida Perdido Bay Development, LLC West Florida PET Services, LLC West Houston, LLC Westbury Hospital, Inc. Westside Surgery Center, LLCWHG Medical, LLC Willis Surgicenter, LLC WJHC, LLC Womanâ€™s Hospital Merger, LLC Womenâ€™s Hospital Indianapolis GP, Inc. Womenâ€™s Hospital Indianapolis, L.P. FLORIDA All About Staffing, LLC Ambulatory Laser Associates, GP Ambulatory Surgery Center Group, Ltd. Atlantis Surgicare, LLC Aventura Comprehensive Cancer Research Group of Florida, Inc. Aventura Healthcare Specialists LLC Bay Hospital, Inc. Bayonet Point Surgery Center, Ltd. Bayside Ambulatory Center, LLC Behavioral Health Sciences of West Florida, LLC Belleair Surgery Center, Ltd. Big Cypress Medical Center, Inc. Bonita Bay Surgery Center, Inc. Bonita Bay Surgery Center, Ltd. Bradenton Cardiology Physician Network, LLC Broward Cardiovascular Surgeons, LLC Broward Healthcare System, Inc. Broward Neurosurgeons, LLC Capital Regional Healthcare, LLC Capital Regional Heart Associates LLC Capital Regional Psychiatry Associates, LLC CCH-GP, Inc. Cedars International Cardiology Consultants, LLC Cedars Medical Center Hospitalists, LLC Central Florida Cardiology Interpretations, LLC Central Florida Division Practice, Inc. Central Florida Health Services, LLC Central Florida Obstetrics & Gynecology Associates, LLC Central Florida Physician Network, LLC Central Florida Regional Hospital, Inc. Central Pasco, LLC CFHS Sub I, LLC CFHS Sub II, LLC Citrus Memorial Hospital, Inc. Citrus Memorial Property Management, Inc. Citrus Primary Care, Inc. Citrus Specialty Group, Inc. Citrus Surgicenter, LLC Collier County Home Health Agency, Inc. Columbia Behavioral Health, Ltd. Columbia Behavioral Healthcare of South Florida, Inc. Columbia Central Florida Division, Inc. Columbia Development of Florida, Inc. Columbia Eye and Specialty Surgery Center, Ltd. Columbia Florida Group, Inc. Columbia Hospital Corporation of Central Miami Columbia Hospital Corporation of Kendall Columbia Hospital Corporation of Miami Columbia Hospital Corporation of Miami Beach Columbia Hospital Corporation of North Miami Beach Columbia Hospital Corporation of South Broward Columbia Hospital Corporation of South Dade Columbia Hospital Corporation of South Florida Columbia Hospital Corporation of South Miami Columbia Hospital Corporation of Tamarac Columbia Hospital Corporation-SMM Columbia Jacksonville Healthcare System, Inc. Columbia Lake Worth Surgical Center Limited Partnership Columbia Midtown Joint Venture Columbia North Central Florida Health System Limited Partnership Columbia North Florida Regional Medical Center Limited Partnership Columbia Ocala Regional Medical Center Physician Group, Inc. Columbia Palm Beach Healthcare System Limited Partnership Columbia Park Healthcare System, Inc. Columbia Park Medical Center, Inc. Columbia Physician Services - Florida Group, Inc. Columbia Primary Care, LLC Columbia Resource Network, Inc. Columbia Tampa Bay Division, Inc. Columbia-Osceola Imaging Center, Inc. Community Hospital Family Practice, LLC Comprehensive Radiation Oncology, LLC Coral Springs Surgi-Center, Ltd. Countryside Surgery Center, Ltd. Davie Medical Center, LLC Daytona Medical Center, Inc. Diagnostic Breast Center, Inc.Doctors Osteopathic Medical Center, Inc. Doctors Same Day Surgery Center, Inc. Doctors Same Day Surgery Center, Ltd. DOMC Property, LLC East Florida - DMC, Inc. East Florida Behavioral Health Network, LLC East Florida Division, Inc. East Florida Emergency Physician Group, LLC East Florida Hospitalists, LLC East Florida Primary Care, LLC East Pointe Hospital, Inc. Edward White Hospital, Inc. Emergency Providers Group LLC Englewood Community Hospital, Inc. Fawcett Memorial Hospital, Inc. Florida Care Partners Orlando, LLC Florida Care Partners, LLC Florida Home Health Services-Private Care, Inc. Florida Outpatient Surgery Center, Ltd. Florida Trauma Services, LLC Fort Myers Market, Inc. Fort Pierce Immediate Care Center, Inc. Fort Pierce Orthopaedics, LLC Fort Pierce Surgery Center, Ltd. Fort Walton Beach Medical Center, Inc. Freeport Family Medicine, LLC Ft. Pierce Surgicare, LLC Ft. Walton Beach Anesthesia Services, LLC Gainesville GYN Oncology of North Florida Regional Medical Center, LLC Gainesville Physicians, LLC Galen Diagnostic Multicenter, Ltd. Galen Hospital-Pembroke Pines, Inc. Galen of Florida, Inc. Galencare, Inc. GME Services of Osceola, LLC Grant Center Hospital of Ocala, Inc. Greater Tampa Bay Physician Network, LLC Greater Tampa Bay Physician Specialists, LLC Gulf Coast Medical Center Primary Care, LLC Gulf Coast Multispecialty Services, LLC Hamilton Memorial Hospital, Inc. HCA - WHS Services, LLC HCA Health Services of Florida, Inc. HCA Health Services of Miami, Inc. HCA Healthcare Marketing and Corporate Affairs, LLC HCA Outpatient Clinic Services of Miami, Inc. HCA Sarasota Orthopedic and Spine Clinical Co-Management Company, LLC HD&S Successor, LLC Heathrow Internal Medicine, LLC Heritage Family Care, LLC Homecare North, Inc. Hospital Corporation of Lake Worth Institute for Womenâ€™s Health and Body, LLC Integrated Regional Lab, LLC Integrated Regional Laboratories Pathology Services, LLC Intensive Care Consortium, Inc.Jacksonville CareNow Urgent Care, LLC Jacksonville Multispecialty Services, LLC Jacksonville Surgery Center, Ltd. JFK Internal Medicine Faculty Practice, LLC JPM AA Housing, LLC Kendall Healthcare Group, Ltd. Kendall Regional Urgent Care, LLC Kissimmee Surgicare, Ltd. LAD Imaging, LLC Lake City Regional Medical Group, LLC Lake Nona Surgicenter, LLCLargo Medical Center, Inc. Largo Physician Group, LLC Lawnwood Cardiovascular Surgery, LLC Lawnwood Healthcare Specialists, LLC Lawnwood Medical Center, Inc. Live Oak Immediate Care Center, LLC Manatee Surgicare, Ltd. Marion Community Hospital, Inc. MD Now Medical Centers, Inc. Medical Associates of Ocala, LLC Medical Center of Port St. Lucie, Inc. Medical Center of Santa Rosa, Inc. Medical Center of Southwest Florida, LLC Medical Partners of North Florida, LLC Memorial Family Practice Associates, LLC Memorial Health Primary Care at St. Johns Bluff, LLC Memorial Healthcare Group, Inc. Memorial Neurosurgery Group, LLC Mercy ASC, LLC MHS Partnership Holdings JSC, Inc. MHS Partnership Holdings SDS, Inc. Miami Beach Healthcare Group, Ltd. Miami Dade Surgical Specialists, LLC Miami Lakes Surgery Center, Ltd. Miami-Dade Cardiology Consultants, LLC MSL Acquisition, LLC Nassau Health Services, LLCNeonatal and Pediatric Intensivist Services of Florida, LLCNetwork MS of Florida, Inc. New Port Richey Hospital, Inc. New Port Richey Surgery Center, Ltd. Niceville Family Practice, LLC North Central Florida Health System, Inc. North Florida Division I, Inc. North Florida Division Practice, Inc. North Florida GI Center GP, Inc. North Florida GI Center, Ltd. North Florida Immediate Care Center, Inc. North Florida Outpatient Imaging Center, Ltd. North Florida Physician Services, Inc. North Florida Physicians, LLC North Florida Regional Company Care, LLC North Florida Regional Investments, Inc. North Florida Regional Medical Center, Inc. North Florida Regional Psychiatry, LLCNorth Florida Regional Trauma, LLC North Florida Surgical Associates, LLC North Palm Beach County Surgery Center, LLC North Transfer Center, LLC Northside MRI, Inc. Northwest Florida Healthcare Systems, Inc. Northwest Florida Multispecialty Physicians, LLC Northwest Florida Primary Care, LLC Northwest Medical Center, Inc. Notami Hospitals of Florida, Inc. Nurse-on-Call Homecare, LLC Nurse-on-Call of Broward, LLC Nurse-on-Call of South Florida, LLC Oak Hill Acquisition, Inc. Oak Hill Family Care, LLC Oak Hill Hospitalists, LLC Ocala Health Company Care, LLC Ocala Health Imaging Services, LLC Ocala Health Primary Care, LLC Ocala Health Surgical Group, LLC Ocala Health Trauma, LLC Ocala Regional Outpatient Services, Inc. Okaloosa Hospital, Inc. Okeechobee Hospital, Inc. Orange County Healthcare, LLC Orange Park Medical Center, Inc. Orlando CareNow Urgent Care, LLC Orlando Surgicare, Ltd. Osceola Physician Network, LLC Osceola Regional Hospital, Inc. Osceola Surgical Associates, LLC Outpatient Surgical Services, Ltd. Oviedo Medical Center, LLC P&L Associates Palm Beach General Surgery, LLC Palm Beach Healthcare System, Inc. Palm Beach Hospitalists Program, LLC Palms West Gastroenterology, LLC Palms West Surgery Center, Ltd. Park South Imaging Center, Ltd. Pensacola Primary Care, Inc. Poinciana Medical Center, Inc. Port St. Lucie Surgery Center, Ltd. Premier Medical Management, Ltd. Primary Care Medical Associates, Inc. Primary Care Services of Orlando, LLC Psychiatry Services of Osceola, LLC Pulmonary Renal Intensivist Group, LLC Putnam Community Medical Center of North Florida, LLC Putnam Hospital, Inc. Putnam Surgical Group, LLC Raulerson Gastroenterology, LLC Raulerson GYN, LLC Raulerson Primary Care, LLC Riverwalk ASC, LLC Sarasota Doctors Hospital, Inc. SLS East Florida Division, LLC SLS West Florida Division, LLC South Florida Division Practice, Inc. South Transfer Center, LLC Southwest Florida Health System, Inc. Southwest Florida Regional Medical Center, Inc. St. Lucie Hospitalists, LLC St. Lucie Medical Center Hyperbarics, LLC St. Lucie Medical Specialists, LLC St. Lucie West Primary Care, LLC St. Petersburg General Surgery, LLC Sumter Community Hospital, LLCSun City Hospital, Inc. Sunshine State Anesthesia Partners, LLC Surgery Center of Atlantis, LLC Surgery Center of Aventura, Ltd. Surgery Center of Port Charlotte, Ltd. Surgical Park Center, Ltd. Surgicare America - Winter Park, Inc. Surgicare of Altamonte Springs, Inc. Surgicare of Aventura, LLC Surgicare of Bayonet Point, Inc. Surgicare of Bayside, LLC Surgicare of Brandon, Inc. Surgicare of Brooksville, LLC Surgicare of Central Florida, Inc. Surgicare of Citrus, LLC Surgicare of Countryside, Inc. Surgicare of Florida, Inc. Surgicare of Ft. Pierce, Inc. Surgicare of Kissimmee, Inc. Surgicare of Laurel Grove, LLC Surgicare of Manatee, Inc. Surgicare of Merritt Island, Inc. Surgicare of Miami Lakes, LLC Surgicare of Newport Richey, Inc. Surgicare of Orange Park II, LLC Surgicare of Orange Park, Inc. Surgicare of Orlando, Inc. Surgicare of Palms West, LLC Surgicare of Pinellas, Inc. Surgicare of Plantation, Inc. Surgicare of Port Charlotte, LLC Surgicare of Port St. Lucie, Inc. Surgicare of Riverwalk, LLC Surgicare of St. Andrews, Inc. Surgicare of St. Andrews, Ltd. Surgicare of Stuart, Inc. Surgicare of Tallahassee, Inc. Tallahassee Community Network, Inc. Tallahassee Medical Center, Inc. Tallahassee Orthopaedic Surgery Partners, Ltd. Tampa Bay Health System, Inc. Tampa Surgi-Centre, Inc. Telehealth Physician Services, LLC The Neurohealth Sciences Center, LLC Total Imaging - Hudson, LLC Total Imaging - North St. Petersburg, LLC Unity Home Health Services, LLC University Healthcare Specialists, LLC University Hospital, Ltd. Venture Ambulatory Surgery Center, LLC Venture Medical Management, LLC Walton Springs Healthcare Services, LLC West Florida - MHT, LLC West Florida - PPH, LLC West Florida Behavioral Health, Inc. West Florida Cardiology Network, LLC West Florida Cardiology Physicians, LLC West Florida CareNow Urgent Care, LLC West Florida Division, Inc. West Florida HealthWorks, LLC West Florida Internal Medicine, LLC West Florida Perdido Bay Healthcare, LLC West Florida Physician Network, LLC West Florida Professional Billing, LLC West Florida Regional Medical Center, Inc. West Florida Specialty Physicians, LLC West Florida Trauma Network, LLC West Florida Urgent Care Network, LLC West Jacksonville Medical Center, Inc. Wildwood Medical Center, Inc.Womenâ€™s Health Center of Central Florida, LLC GEORGIA Acworth Immediate Care, LLC AOSC Sports Medicine, Inc. AppleCare/Memorial Immediate Care Joint Venture, LLC Atlanta Home Care, L.P. Augusta Inpatient Services, LLC Augusta Primary Care Services, LLC Augusta Specialty Hospitalists, LLC Byron Family Practice, LLC CCBH Psychiatric Hospitalists, LLC Center for Occupational Medicine, LLC Chatsworth Hospital Corp. Church Street Partners Coliseum Health Group, Inc. Coliseum Park Hospital, Inc. Coliseum Primary Healthcare - Macon, LLC Coliseum Primary Healthcare - Riverside, LLC Coliseum Professional Associates, LLC Columbia Coliseum Same Day Surgery Center, Inc. Columbia Surgicare of Augusta, LLC Columbia-Georgia PT, Inc. Columbus Cardiology, Inc. Columbus Doctors Hospital, Inc. Doctors Hospital Columbus GA-Joint Venture Doctors Hospital Surgery Center, L.P. Doctors-I, Inc. Doctors-II, Inc. Doctors-III, Inc. Doctors-IV, Inc. Doctors-V, Inc. Doctors-VIII, Inc. Dublin Community Hospital, LLC Dublin Multispecialty, LLC Eastside Behavioral Health Associates, LLC Eastside Surgery Center, LLC EHCA Diagnostics, LLC EHCA Metropolitan, LLC EHCA Parkway, LLC EHCA Peachtree, LLC EHCA West Paces, LLC EHCA, LLC Fairview Park, Limited Partnership Georgia Psychiatric Company, Inc. Grace Family Practice, LLC Grayson Primary Care, LLC Greater Gwinnett Internal Medicine Associates, LLC Greater Gwinnett Physician Corporation Gwinnett Community Hospital, Inc. HCA Health Services of Georgia, Inc. HCOL, Inc. Hospitalists at Fairview Park, LLC JDGC Management, LLC Marietta Outpatient Medical Building, Inc. Med Corp., Inc. Medical Center - West, Inc. Memorial Satilla Specialists, LLC MOSC Sports Medicine, Inc. North Georgia Primary Care Group, LLC Northlake Medical Center, LLC Northlake Physician Practice Network, Inc. Orthopaedic Specialty Associates, L.P. Orthopaedic Sports Specialty Associates, Inc. Redmond Hospital Services, LLC Redmond Neurosurgery, LLC Savannah Behavioral Health Associates, LLC Savannah Inpatient Services, LLC Savannah Multispecialty Associates, LLC Savannah Pediatric Care, LLC Savannah Primary Care Associates, LLC SE Georgia Anesthesia, LLC SLS South Atlantic Division, LLC Surgicare of Buckhead, LLC Surgicare of Eastside, LLC Surgicare of Evans, Inc. The Rankin Foundation West Paces Services, Inc. GIBRALTAR HCA Switzerland Limited IDAHO East Falls Cardiovascular and Thoracic Surgery, LLC East Falls Family Medicine, LLC East Falls Plastic Surgery, LLC Eastern Idaho Health Services, Inc. Eastern Idaho Regional Medical Center Inpatient Services, LLC EIRMC Hospitalist Services, LLC Idaho Behavioral Health Services, LLC Idaho Physician Services, Inc. West Valley Medical Center, Inc. West Valley Medical Group Specialty Services LLC West Valley Medical Group, LLC West Valley Therapy Services, LLC ILLINOIS Chicago Grant Hospital, Inc. Columbia Chicago Division, Inc. Columbia LaGrange Hospital, LLC Galen of Illinois, Inc. Illinois Psychiatric Hospital Company, Inc. Smith Laboratories, Inc. INDIA All About Staffing (India) Ltd. HCA Global Services Private Limited INDIANA Basic American Medical, Inc. Hospitalists of the Wabash Valley, LLC Regional Hospital Healthcare Partners, LLC Surgicare of Indianapolis, Inc. Surgicare of Terre Haute, LLC Terre Haute MOB, L.P. Terre Haute Obstetrics and Gynecology, LLC KANSAS Care for Women, LLC Centerpoint Medical Specialists, LLC College Park Ancillary, LLC College Park Radiology, LLC Emergency Medicine Services of KS, Inc.Emergency Physicians at Wesley Medical Center, LLC Family Health Medical Group of Overland Park, LLC Forward Pathology Solutions Wichita, LLC Galichia Anesthesia Services, LLC Health Partners of Kansas, Inc. Heart of America ASC, LLC Heart of America Surgicenter, LLC Heartland Womenâ€™s Group at Wesley, LLC Hospital Medicine Services of KS, Inc.Hospitalists at Wesley Medical Center, LLC Intensive Care Consortium - Midwest, LLCIRL Pathology Services MidAmerica, LLC Johnson County Neurology, LLC Johnson County Surgery Center, L.P. Johnson County Surgicenter, L.L.C. Kansas CareNow Urgent Care, LLC Kansas City Cardiac Arrhythmia Research LLC Kansas City Gastroenterology & Hepatology Physicians Group, LLC Kansas City Vascular & General Surgery Group, LLC Kansas City Womenâ€™s Clinic Group, LLC Kansas Pulmonary and Sleep Specialists, LLC Kansas Trauma and Critical Care Specialists, LLC Menorah Medical Group, LLC Menorah Urgent Care, LLC MidAmerica Division, Inc. Mid-America Surgery Center, LLC Mid-America Surgery Institute, LLC Midwest Cardiology Specialists, LLC Midwest Cardiovascular and Thoracic Surgeons of Kansas, LLC Midwest Heart & Vascular Specialists, LLC Midwest Oncology Associates, LLC Midwest Transplant Physicians, LLCMill Creek Outpatient Services, LLC MMC Sleep Lab Management, LLC Neurology Associates of Kansas, LLC OPRMC-HBP, LLC Overland Park Cardiovascular, Inc. Overland Park Medical Specialists, LLC Overland Park Orthopedics, LLC Overland Park Surgical Specialties, LLC Pediatric Specialty Clinic LLC Quivira Internal Medicine, Inc. Research Neurology Associates, LLC Research Neuroscience Institute, LLC Statland Medical Group, LLC Surgery Center of Overland Park, L.P. Surgicare of Overland Park, LLC Surgicare of Wichita, Inc. Surgicare of Wichita, LLC Surgicenter of Johnson County, Ltd., a Kansas limited partnership The Medical Group of Kansas City, LLC Wesley Physician Services, LLC Wesley Physicians - Anesthesiologist, LLC Wesley Physicians - Cardiovascular, LLC Wesley Physicians - Medical Specialties LLC Wesley Physicians - Obstetrics and Gynecology LLC Wesley Physicians - Primary Care LLC Wesley Select Network, LLC Wesley Urgent Care, LLC Wichita CareNow Urgent Care, LLC KENTUCKY CHCK, Inc. Commonwealth Specialists of Kentucky, LLC Frankfort Hospital, Inc. Frankfort Wound Care, LLC Galen Center for Professional Development, Inc. Galen of Kentucky, Inc. Greenview Hospital, Inc. Greenview PrimeCare, LLC Greenview Specialty Associates, LLC Mikrod Services, Inc. SLS Capital Division, LLC Southern

Kentucky Medicine Associates, LLC Surgery Center of Greenview, L.P. Surgicare of Greenview, Inc. Tri-County Community Hospital, Inc. Warren County Ambulance Service, LLC LOUISIANA Acadiana Care Center, Inc. Acadiana Practice Management, Inc. Acadiana Regional Pharmacy, Inc. Childrenâ€™s Multi-Specialty Group, LLC CLASC Manager, LLC Columbia Healthcare System of Louisiana, Inc. Columbia West Bank Hospital, Inc. Columbia/HCA of Baton Rouge, Inc. Columbia/HCA of New Orleans, Inc. HCA Health Services of Louisiana, Inc. Lafayette OB Hospitalists, LLC Lakeview Trauma and Critical Care, LLCLouisiana Psychiatric Company, Inc. Medical Center of Baton Rouge, Inc. New Iberia Healthcare, LLC Notami (Opelousas), Inc. Notami Hospitals of Louisiana, Inc. Rapides After Hours Clinic, L.L.C. Rapides Healthcare System, L.L.C. Rapides Regional Physician Group Primary Care, LLC Rapides Regional Physician Group Specialty Care, LLC Rapides Regional Physician Group, LLC Rapides Surgery Center, LLC RMCA Professionals Mgmt, LLC Southwest Medical Center Multi-Specialty Group, LLC Southwest Medical Center Surgical Group, LLC Surgicare Merger Company of Louisiana Surgicare of Lakeview, Inc. Surgicare Outpatient Center of Baton Rouge, Inc. Surgicenter of East Jefferson, Inc. The Regional Health System of Acadiana, LLC Womenâ€™s & Childrenâ€™s Pediatric Hematology/Oncology Center, LLC Womenâ€™s & Childrenâ€™s Pulmonology Clinic, LLC Womenâ€™s and Childrenâ€™s Professional Management, L.L.C. Womenâ€™s Multi-Specialty Group, LLC MARYLAND Expansion, LLCPlus MSO, LLCPurchase Clinic, LLC MASSACHUSETTS Columbia Hospital Corporation of Massachusetts, Inc. Orlando Outpatient Surgical Center, Ltd. MISSISSIPPI Brookwood Medical Center of Gulfport, Inc. Coastal Imaging Center of Gulfport, Inc. Coastal Imaging Center, L.P. Galen of Mississippi, Inc. Garden Park Hospitalist Program, LLC Garden Park Investments, L.P. Garden Park Physician Group - Specialty Care, LLC Garden Park Physician Group, Inc. Gulf Coast Medical Ventures, Inc. VIP, Inc. MISSOURI Bone & Joint Specialists Physician Group, LLCCardiology Associates Medical Group, LLCCedar Creek Medical Group, LLCCenterpoint Cardiology Services, LLCCenterpoint Clinic of Blue Springs, LLCCenterpoint Hospital Based Physicians, LLCCenterpoint Orthopedics, LLCCenterpoint Physicians Group, LLCCenterpoint Women's Services, LLCClinishare, Inc.Endocrinology Associates of Leeâ€™s Summit, LLCEye Care Surgicare, Ltd., a Missouri limited partnershipFamily Health Specialists of Lee's Summit, LLCFoot & Ankle Specialty Services, LLCHCA Midwest Comprehensive Care, Inc.Health Midwest Medical Group, Inc.Health Midwest Office Facilities CorporationHealth Midwest Ventures Group, Inc.HM Acquisition, LLCIndependence Neurosurgery Services, LLCIndependence Surgicare, Inc.Jackson County Pulmonary Medical Group, LLCKansas City Neurology Associates, LLCKansas City Pulmonology Practice, LLCKC Pain ASC, LLCKC Surgicare, LLCMedical Center Imaging, Inc.MediCredit, Inc.Metropolitan Multispecialty Physicians Group, Inc.Midwest Cardiovascular & Thoracic Surgery, LLCMidwest Division - RBH, LLCMidwest Division Spine Care, LLCMidwest Doctor's Group, LLCMidwest Infectious Disease Specialists, LLCMidwest Trauma Services, LLCMidwest Women's Healthcare Specialists, LLCMissouri Healthcare System, L.P. Northland Land Holding Company, LLCNotami Hospitals of Missouri, Inc.Nuclear Diagnosis, Inc.Ozarks Medical Services, Inc.Parallon Revenue Cycle Services, Inc.Raymore Medical Group, LLCResearch Cardiology Associates, LLCResearch Family Physicians, LLCResearch Internal Medicine, LLCResource Optimization & Innovation, L.L.C.RMC - Pulmonary, LLCRMC Transplant Physicians, LLCSenior Health Associates, LLCSurgery Center of Independence, L.P.Surgical Care Medical Group, LLCSurgicare of Kansas City, LLCSurgicenter of Kansas City, L.L.C.Women's Center at Brookside, LLC NEVADA CHC Holdings, Inc. CHC Venture Co. Columbia Hospital Corporation of West Houston Fremont Womenâ€™s Health, LLC Health Service Partners, Inc. Las Vegas ASC, LLC Las Vegas Surgicare, Inc. Las Vegas Surgicare, Ltd., a Nevada Limited Partnership MountainView GME Primary Care, LLC Nevada Surgery Center of Southern Hills, L.P. Nevada Surgicare of Southern Hills, LLC Rhodes Limited-Liability Company Sahara Outpatient Surgery Center, Ltd. Southern Hills Medical Center, LLC Specialty Surgicare of Las Vegas, LP Sunrise Flamingo Holdings, LLC Sunrise Mountainview Hospital, Inc. Sunrise Mountainview Multi-Specialty Clinics, LLC Sunrise Outpatient Services, Inc. Sunrise Physician Services, LLC Sunrise Trauma Services, LLC Surgicare of Las Vegas, Inc. Urgent Care Extra Silverado & Maryland LLC Urgent Care Nevada LLC Value Health Holdings, Inc. VH Holdco, Inc. VH Holdings, Inc. Western Plains Capital, Inc. NEW HAMPSHIRE Derry ASC, Inc.Forward Pathology Solutions - New Hampshire, LLCHCA Health Services of New Hampshire, Inc.Med-Point of New Hampshire, Inc. Occupational Health Services of PRH, LLC Parkland Hospitalists Program, LLCParkland Oncology, LLCPortsmouth Trauma and Surgical Care, LLCSalem Surgery Center, Limited PartnershipSurgicare of Salem, LLC NORTH CAROLINA Blue Ridge-TKC, LLC CareOne Home Health Services, Inc. Cumberland Medical Center, Inc. HCA - Raleigh Community Hospital, Inc. Healthy State, Inc. Heritage Hospital, Inc. HTI Health Services of North Carolina, Inc. Imaging Realty LLC Mecklenburg Surgical Land Development, Ltd. Mission Employer Solutions, LLC Mission Health Community Multispecialty Providers, LLC Raleigh Community Medical Office Building, Ltd. SLS North Carolina Division, LLC Spruce Pine Healthcare, LLC Western North Carolina Healthcare Innovators, LLC OHIO Columbia/HCA Healthcare Corporation of Northern Ohio Columbia-CSA/HS Greater Canton Area Healthcare System, L.P. Columbia-CSA/HS Greater Cleveland Area Healthcare System, L.P. Lorain County Surgery Center, Ltd. Surgicare of Lorain County, Inc. Surgicare of Westlake, Inc. Westlake Surgicare, L.P. OKLAHOMA Columbia Doctors Hospital of Tulsa, Inc. Columbia Oklahoma Division, Inc. Edmond General Surgery, LLC Edmond Hospitalists, LLC Edmond Physician Hospital Organization, Inc. Healthcare Oklahoma, Inc. Medi Flight of Oklahoma, LLC Medical Imaging, Inc. Millenium Health Care of Oklahoma, Inc. Oklahoma Outpatient Surgery Limited Partnership Oklahoma Physicians - Medical Specialties LLC Oklahoma Physicians - Obstetrics and Gynecology LLC Oklahoma Physicians - Primary Care LLC Oklahoma Physicians - Surgical Specialties LLC Oklahoma Surgicare, Inc. Plains Healthcare System, Inc. Surgicare of Tulsa, Inc. SWMC, Inc. PHILIPPINES All About Staffing Philippines, Inc. Career Staffing USA, Inc. SOUTH CAROLINA C/HCA Development, Inc. Carolina Regional Surgery Center, Inc. Carolina Regional Surgery Center, Ltd. Coastal Carolina Home Care, Inc. Coastal Carolina Multispecialty Associates, LLC Coastal Carolina Primary Care, LLC Coastal Inpatient Physicians, LLC Colleton Ambulatory Care, LLC Colleton Diagnostic Center, LLC Colleton Medical Anesthesia, LLC Colleton Medical Hospitalists, LLC Columbia/HCA Healthcare Corporation of South Carolina Doctorâ€™s Memorial Hospital of Spartanburg Limited Partnership Grand Strand Senior Health Center, LLC Grand Strand Specialty Associates, LLC Grand Strand Surgical Specialists, LLC Johns Island MC, LLC Mental Health Therapy Center - Charleston, LLCNeonatal and Pediatric Intensivist Services of South Carolina, LLCNorth Augusta Rehab Health Center, LLC North Charleston Diagnostic Imaging Center, LLC Palmetto State Anesthesia Providers, LLC South Atlantic Division, Inc. Tri-County Surgical Specialists, LLC Trident Behavioral Health Services, LLC Trident Dental Associates LLC Trident Eye Surgery Center, L.P. Trident Medical Services, Inc. Trident Neonatology Services, LLC Walterboro Community Hospital, Inc. Waterway Primary Care, LLC SWITZERLAND HCA Switzerland Holding GmbH TENNESSEE 2490 Church, LLC Advanced Bundle Convener, LLC ARC Therapy Services, LLC Arthritis Specialists of Nashville, Inc. Athens Community Hospital, Inc. Brentwood Surgery Center, LLC Centennial Cardiovascular Consultants, LLC Centennial Heart, LLC Centennial Hospitalists, LLCCentennial Neuroscience, LLC Centennial Psychiatric Associates, LLC Centennial Surgery Center, L.P. Centennial Surgical Associates, LLC Centennial Surgical Clinic, LLC Centennial Womenâ€™s Group, LLC Central Tennessee Hospital Corporation Chattanooga ASC Acquisition, Inc. Chattanooga Diagnostic Associates, LLC Chattanooga Healthcare Network Partner, Inc. Chattanooga Healthcare Network, L.P. Clarksville Health Services, LLCClarksville Surgicenter, LLC Clinical Documentation, LLC Clinical Education Shared Services, LLC Columbia Integrated Health Systems, Inc. Columbia Medical Group - Centennial, Inc. Columbia Medical Group - Daystar, Inc. Columbia Medical Group - Parkridge, Inc. Columbia Medical Group - Southern Hills, Inc. Columbia Medical Group - The Frist Clinic, Inc. DAG Holdings, LLC Dickson Surgery Center, L.P. Frist Clinic Express, LLC Gastroenterology Specialists of Middle Tennessee, LLC H2U Wellness Centers, LLC HCA - Information Technology & Services, Inc. HCA - IT&S PBS Field Operations, Inc. HCA ASD Financial Operations, LLC HCA ASD Sales Services, LLC HCA Central Group, Inc. HCA Chattanooga Market, Inc. HCA Development Company, Inc. HCA Eastern Group, Inc. HCA Health Services of Tennessee, Inc. HCA Human Resources, LLC HCA Long Term Health Services of Miami, Inc. HCA Medical Services, Inc. HCA Patient Safety Organization, LLC HCA Physician Services, Inc. HCA Realty, Inc. HCA Research Institute, LLC Health to You, LLC Healthcare Sales National Management Services Group, LLC Healthcare Support Services, LLCHealthTrust Workforce Solutions, LLC Healthtrust, Inc. - The Hospital Company Hendersonville Hospital Corporation Hendersonville Hospitalist Services, Inc. Hendersonville OB/GYN, LLC Hendersonville Primary Care, LLC Hermitage Primary Care, LLC Hometrust Management Services, Inc. Hospital Realty Corporation Hospitalists at Centennial Medical Center, LLC Hospitalists at Horizon Medical Center, LLC Hospitalists at Parkridge, LLC Hospitalists at StoneCrest, LLC HTI Memorial Hospital Corporation Indian Path Hospital, Inc. Internal Medicine Associates of Southern Hills, LLC Laboratory Management Services, LLC Lebanon Surgicenter, LLC Madison Behavioral Health, LLC Medical Center Surgery Associates, L.P. Medical Group - Dickson, Inc. Medical Group - Southern Hills of Brentwood, LLC Medical Group - StoneCrest FP, Inc. Medical Group - StoneCrest, Inc. Medical Group - Summit, Inc. Medical Plaza Ambulatory Surgery Center Associates, L.P. Mental Health Therapy Center - Chattanooga, LLCMental Health Therapy Center - Nashville, LLCMiddle Tennessee Neurology LLC MP Management, LLC Nashville Psychiatric Company, Inc. Nashville Surgicenter, LLC Natchez Medical Associates, LLC Natchez Surgery Center, LLC National Contact Center Management Group, LLC National Transfer Center Management Services, LLC Network Management Services, Inc. Neurology Associates of Hendersonville, LLC North Florida Regional Freestanding Surgery Center, L.P. NPAS Solutions, LLC NPAS, Inc. Old Fort Village, LLC OneSourceMed, Inc. Palmer Medical Center, LLC Parallon Business Solutions, LLC Parallon Enterprises, LLC Parallon Health Information Solutions, LLC Parallon Payroll Solutions, LLC Parallon Physician Services, LLC Park View Insurance Company Parkridge East Specialty Associates, LLC Parkridge Hospitalists, Inc. Parkridge Medical Center, Inc. Parkridge Professionals, Inc. Parkside Surgery Center, Inc. Plano Ambulatory Surgery Associates, L.P. Portland Primary Care, LLC Premier ASC, LLC PSG Delegated Services, LLC PTS Solutions, LLC SCRI Scientifics, LLC Skyline Medical Group, LLC Skyline Neuroscience Associates, LLC Skyline Rehab Associates, LLC Skyline Specialty Associates, LLC Southern Hills Neurology Consultants, LLC Southpoint, LLC Spring Hill Hospital, Inc. Spring Hill Physicians, LLC St. Markâ€™s Ambulatory Surgery Associates, L.P. Sterling Primary Care Associates, LLC Stonecrest Medical Group - SC Murfreesboro Family Practice, LLC Sullins Surgical Center, Inc. Summit Convenient Care at Lebanon, LLC Summit Heart, LLC Summit Research Solutions, LLC Summit Surgery Center, L.P. Summit Surgical Associates, LLC Summit Walk-in Clinic, LLC Surgicare of Chattanooga, LLC Surgicare of Clarksville, LLC Surgicare of Dickson, LLC Surgicare of Lebanon, LLC Surgicare of Madison, Inc. Surgicare of Natchez, LLC Surgicare of Premier Orthopaedic, LLC Surgicare of Wilson County, LLC Surgicare Outpatient Center of Jackson, Inc. TCMC Madison-Portland, Inc. Tennessee Healthcare Management, Inc. Tennessee Valley Outpatient Diagnostic Center, LLC The Charter Cypress Behavioral Health System, L.L.C. Trident Ambulatory Surgery Center, L.P. TriStar Bone Marrow Transplant, LLC TriStar Cardiovascular Surgery, LLC TriStar Family Care, LLC TriStar Gynecology Oncology, LLC TriStar Health System, Inc. TriStar Joint Replacement Institute, LLC TriStar Medical Group - Centennial Primary Care, LLC TriStar Medical Group - Legacy Health, LLC TriStar Medical Network, LLC TriStar Mobile Medicine, LLCTriStar OB Hospitalists, LLCTriStar OB/GYN, LLC TriStar Orthopedics, LLC TriStar Physicians, LLC TriStar Radiation Oncology, LLC TriStar Tennessee Heart and Vascular, LLCVascular and Endovascular Specialists, LLC Vision Holdings, LLC WCP Properties, LLC Wilson County Outpatient Surgery Center, L.P. Womenâ€™s and Childrenâ€™s Specialists, LLC TEXAS 360 Community Alliance, LLC 5150 Code Grey Holdings, LLC Acute Kids Urgent Care of Medical City Childrenâ€™s Hospital, PLLC Administrative Physicians of North Texas, PLLC Advanced Practice Providers of Gulf Coast, PLLC Alliance Behavioral Health Services, LLCAmbulatory Endoscopy Clinic of Dallas, Ltd. Ambulatory Endoscopy Holdco, LLC Arlington Diagnostic South, Inc. Arlington Neurosurgeons, PLLC Arlington Primary Care, PLLC Arlington Primary Medicine, PLLC Austin Heart Cardiology MSO, LLC Austin Medical Center, Inc. Austin Physicians Management, LLC Austin Urogynecology, PLLC Bailey Square Ambulatory Surgical Center, Ltd. Bailey Square Outpatient Surgical Center, Inc. Barrow Medical Center CT Services, Ltd. Bay Area Healthcare Group, Ltd. Bay Area Surgical Center Investors, Ltd. Bay Area Surgicare Center, Inc. Bayshore Family Practitioners, PLLC Bayshore Multi-Specialty Group, PLLC Bayshore Occupational and Family Medicine, PLLC Bayshore Radiation Oncology Services, PLLC Bayshore Surgery Center, Ltd. Bedford-Northeast Community Hospital, Inc. Bellaire Imaging, Inc. Brownsville Specialists of Texas, PLLC Brownsville Surgery, PLLC Brownsville Surgical Specialists, PLLC Brownsville-Valley Regional Medical Center, Inc. C. Medrano, M.D., PLLC Calder Immediate Care, PLLC Calloway Creek Surgery Center, L.P. Calloway Creek Surgicare, LLC Capital Area Occupational Medicine, PLLC Capital Area Primary Care, PLLC Capital Area Specialists, PLLC Capital Area Surgeons, PLLC Cardio Vascular Surgeons of North Texas, PLLC Cardiology Clinic of San Antonio, PLLC Cardiology Specialists of North Texas, PLLC Cardiovascular and Thoracic Surgeons of Texas, PLLC CC Clinic, PLLC Central San Antonio Surgical Center Investors, Ltd. Central Texas Cardiac Arrhythmia Physicians, PLLC CHC Management, Ltd. CHC Payroll Company CHC Realty Company CHCA Pearland, L.P. CHC-El Paso Corp. CHC-Miami Corp. Clear Lake Family Physicians, PLLC Clear Lake Multi-Specialty Group, PLLC Clear Lake Regional Medical Center, Inc. Clear Lake Surgicare, Ltd. Coastal Bend Hospital CT Services, Ltd. Collin County Diagnostic Associates, PLLC COL-NAMC Holdings, Inc. Columbia Ambulatory Surgery Division, Inc. Columbia Bay Area Realty, Ltd. Columbia Call Center, Inc. Columbia Central Group, Inc. Columbia Champions Treatment Center, Inc. Columbia GP of Mesquite, Inc. Columbia Greater Houston Division Healthcare Network, Inc. Columbia Hospital at Medical City Dallas Subsidiary, L.P. Columbia Hospital Corporation at the Medical Center Columbia Hospital Corporation of Arlington Columbia Hospital Corporation of Bay Area Columbia Hospital Corporation of Corpus Christi Columbia Hospital-El Paso, Ltd. Columbia Medical Arts Hospital Subsidiary, L.P. Columbia Medical Center at Lancaster Subsidiary, L.P. Columbia Medical Center Dallas Southwest Subsidiary, L.P. Columbia Medical Center of Arlington Subsidiary, L.P. Columbia Medical Center of Denton Subsidiary, L.P. Columbia Medical Center of Las Colinas, Inc. Columbia Medical Center of Lewisville Subsidiary, L.P. Columbia Medical Center of McKinney Subsidiary, L.P. Columbia Medical Center of Plano Subsidiary, L.P. Columbia North Hills Hospital Subsidiary, L.P. Columbia North Texas Healthcare System, L.P. Columbia North Texas Subsidiary GP, LLC Columbia North Texas Surgery Center Subsidiary, L.P. Columbia Northwest Medical Center Partners, Ltd. Columbia Northwest Medical Center, Inc. Columbia Plaza Medical Center of Fort Worth Subsidiary, L.P. Columbia Psychiatric Management Co. Columbia South Texas Division, Inc. Columbia Specialty Hospital of Dallas Subsidiary, L.P. Columbia Specialty Hospitals, Inc. Columbia Surgery Group, Inc. Columbia/HCA Healthcare Corporation of Central Texas Columbia/HCA Heartcare of Corpus Christi, Inc. Columbia/HCA International Group, Inc. Columbia/HCA of Houston, Inc. Columbia/HCA of North Texas, Inc. Columbia/HCA Physician Hospital Organization Medical Center Hospital Columbia-Quantum, Inc. Comprehensive Radiology Management Services, Ltd. Congenital Heart Surgery Center, PLLC Conroe Hospital Corporation Conroe Montgomery Physicians Group, PLLC Conroe Orthopedic Specialists, PLLC Conroe Specialists of Texas, PLLC Corpus Christi Healthcare Group, Ltd. Corpus Christi Heart Clinic, PLLC Corpus Christi Primary Care Associates, PLLC Corpus Christi Psychiatric Specialists, PLLC Corpus Christi Radiation Oncology, PLLC Corpus Christi Surgery Center, L.P. Corpus Christi Surgery, Ltd. Corpus Surgicare, Inc. CP Surgery Center, LLC CUC, PLLC Dallas Cardiology Specialists, PLLC Dallas CardioThoracic Surgery Consultants, PLLC Dallas Medical Specialists, PLLC Dallas Neuro-Stroke Affiliates, PLLC Dallas Pediatric Neurosurgery Specialists, PLLC Decatur Physician Services, PLLCDeep Purple Investments, LLC Del Sol Bariatric Clinic, PLLC Denton Cancer Center, PLLC Denton County Hospitalist Program, PLLC Denton Pediatric Physicians, PLLC Denton Regional Ambulatory Surgery Center, L.P. DFW CareNow Primary Care, PLLC DFW Physicians Group, PLLC Doctors Hospital (Conroe), Inc. Dura Medical, Inc. E.P. Physical Therapy Centers, Inc. East Houston Primary Care, PLLC East Houston Specialists, PLLC East Orthopedics, PLLC El Paso CareNow Urgent Care, PLLC El Paso Healthcare System Physician Services, LLC El Paso Healthcare System, Ltd. El Paso Nurses Unlimited, Inc. El Paso Primary Care, PLLC El Paso Surgery Centers, L.P. El Paso Surgicenter, Inc. Eldridge Family Practitioners, PLLC Elite Family Health of Plano, PLLC Elite OB-GYN Services of El Paso, PLLC Elite Orthopaedics of El Paso, PLLC Elite Orthopaedics of Irving, PLLC Elite Orthopaedics of Plano, PLLC Emergency Medicine Services of TX, PLLCEmergency Psychiatric Medicine, PLLC Endoscopy of Plano, L.P. Endoscopy Surgicare of Plano, LLC EPIC Properties, Inc. EPSC, L.P. Family First Medicine in Brownsville, PLLC Family Practitioners of Montgomery, PLLC Family Practitioners of Pearland, PLLC Fannin MOB Property Management, LLC Fannin MOB, LLC Flower Mound Surgery Center, Ltd. Fort Worth Investments, Inc. Frisco Warren Parkway 91, Inc. G.P. Martin Fletcher & Associates, LLC Galen Hospital of Baytown, Inc. General and Cardiovascular Surgeons of Conroe, PLLC General Surgeons of Houston, PLLC General Surgeons of North Richland Hills, PLLC General Surgeons of Pasadena, PLLC GI Associates of Denton, PLLC GI Associates of Lewisville, PLLC Gramercy Surgery Center, Ltd. Greater Houston Preferred Provider Option, Inc. Green Oaks Hospital Subsidiary, L.P. Gulf Coast Division, Inc. Gulf Coast Electrophysiology Associates, PLLC Gulf Coast IC, PLLCGulf Coast Pathology Program PLLC Gulf Coast Physician Administrators, Inc. Gulf Coast Provider Network, Inc. Gulf Coast Providers, PLLC Gulf Coast Specialty Providers, PLLCH2U Wellness Centers - Conroe ISD, PLLC H2U Wellness Centers - Corpus Christi, PLLC H2U Wellness Centers - Clear Lake Regional Medical Center, PLLC H2U Wellness Centers - Conroe Regional Medical Center, PLLC H2U Wellness Centers - Del Sol Medical Center, PLLC H2U Wellness Centers - El Paso, PLLC H2U Wellness Centers - Las Palmas Medical Center, PLLC H2U Wellness Centers - Medical City Dallas, PLLC H2U Wellness Centers - PISD, PLLC H2U Wellness Centers - San Benito CISD, PLLC H2U Wellness Centers - St. Davidâ€™s Medical Center, PLLC HBP CWTX St. David's Intensivists, PLLCHBP San Antonio Lone Star 501(A) Inc.HCA Central/West Texas Physicians Management, LLC HCA Gulf Coast GME, PLLC HCA Health Services of Texas, Inc. HCA Houston OB Hospitalist, PLLCHCA North Texas GME PLLC HCA Pearland GP, Inc. HCA Plano Imaging, Inc. HCA West Texas GME, PLLCHCA Western Group, Inc. HCAPS Conroe Affiliation, Inc. HealthTrust Locums, Inc. Heart Specialist of North Texas, PLLC Heartcare of Texas, Ltd. Hidalgo County Family Practitioners, PLLC Hidden Lakes Health Center, PLLC Hip & Joint Specialists of North Texas, PLLC Hospital Medicine Services of TX, PLLCHouston CareNow Primary Care, PLLC Houston CareNow Urgent Care, PLLC Houston Northwest Concessions, L.L.C. Houston Northwest Operating Company, L.L.C. Houston Northwest Surgical Partners, Inc.

Houston Obstetrics and Gynecology for Women, PLLC Houston Orthopedic, PLLCHouston Pediatric Specialty Group, PLLC HPG Energy, L.P. HPG GP, LLC HTI Gulf Coast, Inc. HWCA, PLLC ICU Associates of West Houston, PLLCIntensivist Medicine Services of TX, PLLCInternal Medicine Associates of Huntsville, PLLC Internal Medicine of Pasadena, PLLC Internist Associates of Houston, PLLC Kathy L. Summers, M.D., PLLC Kennedale Primary Care PLLC Kingwood Surgery Center, LLC KPH-Consolidation, Inc. Kyle Primary Care, PLLC Lake Forest Family Health, PLLC Las Colinas Primary Care, PLLC Las Colinas Surgery Center, Ltd. Las Palmas Del Sol Cardiology, PLLC Las Palmas Del Sol Internal Medicine, PLLC Las Palmas Del Sol Urgent Care, PLLC Leadership Healthcare Holdings II L.P., L.L.P. Leadership Healthcare Holdings L.P., L.L.P. Lewisville Primary Care, PLLC Lone Star Intensivists at Gulf Coast, PLLC Lone Star Neonatology at North Texas, PLLC Lonestar Tele-Womens and Childrenâ€™s PLLC Longview Regional Physician Hospital Organization, Inc. LPN TeleBehavioral Health, PLLC Mainland Family Medicine, PLLC Mainland Multi-Specialty Group, PLLC Mainland Primary Care Physicians, PLLC Martin Fletcher Associates Holdings, Inc. Martin, Fletcher & Associates, L.P. Mary Alice Cowan, M.D., PLLC Maternal Fetal Medicine Specialists of Corpus Christi, PLLC McAllen Comprehensive Upper Extremity Center, PLLC McKinney Surgeons, PLLC MEC Endoscopy, LLC Med City Dallas Outpatient Surgery Center, L.P. Med-Center Hosp./Houston, Inc. Medical Care Surgery Center, Inc. Medical City Dallas Hospital, Inc. Medical City Dallas Primary Care, PLLC Medical City Frisco MOB Condominium Association, Inc.Medical City Frisco MOB Property, LLCMedical City OB-GYN, PLLC Medical City Pediatrics, PLLC Medical City Transplant, PLLC MediPurchase, Inc. Mental Health Therapy Center - Dallas, LLCMethodist CareNow Urgent Care, PLLC Methodist Healthcare System of San Antonio, Ltd., L.L.P. Methodist Hospital Based Physicians, PLLCMethodist Medical Center ASC, L.P. Methodist Physician Practice Services, LLC Methodist Physician Practices, PLLC Methodist Physicians Podiatry Specialists, PLLCMetroplex Surgicenters, Inc. MFA G.P., LLC MGH Medical, Inc. MHS SC Partner, L.L.C. MHS Surgery Centers, L.P. Michael Mann, M.D., PLLC Mid-Cities Surgi-Center, Inc. Movement Disorders of North Texas, PLLC National Patient Account Services, Inc. Navarro Memorial Hospital, Inc. Neuro-Hospitalist of Clear Lake, PLLC NeuroHospitalist of McAllen, PLLC Neurological Eye Specialists of North Texas, PLLC Neurological Specialists of McKinney, PLLC Neurological Specialists, PLLC Neurosurgery of Kingwood, PLLC Neurosurgical Associates of North Texas, PLLC Neurosurgical Specialists of El Paso, PLLC Neurosurgical Specialists of North Texas, PLLC North Austin Plastic Surgery Associates, PLLC North Austin Surgery Center, L.P. North Central Methodist ASC, L.P. North Hills Cardiac Catheterization Center, L.P. North Hills Catheterization Lab, LLC North Hills Orthopaedic Surgeons, PLLC North Shore Specialists of Texas, PLLC North Texas - MCA, LLC North Texas Cardiology, PLLC North Texas Craniofacial Fellowship Program, PLLC North Texas Division, Inc. North Texas General, L.P. North Texas Geriatrics, PLLC North Texas Heart Surgery Center, PLLC North Texas Internal Medicine Specialists, PLLC North Texas Neuro Stroke OP, PLLC North Texas of Hope, PLLC North Texas Stroke Center, PLLC Northeast Methodist Surgicare, Ltd. Northeast PHO, Inc. NT Urgent Care, PLLC NTX Pathology Program, PLLC Oakwood Surgery Center, Ltd., LLP OB Hospitalists of Womanâ€™s Hospital, PLLC OB/Gyn Associates of Denton, PLLC OB/GYN of Brownsville, PLLC On-Site Primary Care, PLLC Orthopedic Hospital, Ltd. Outpatient Womenâ€™s and Childrenâ€™s Surgery Center, Ltd. Paragon of Texas Health Properties, Inc. Paragon Physicians Hospital Organization of South Texas, Inc. Paragon Surgery Centers of Texas, Inc. Park Central Surgical Center, Ltd. Parkway Cardiac Center, Ltd. Parkway Surgery Services, Ltd. Pasadena Bayshore Hospital, Inc. Pearland Institute for Womenâ€™s Health, PLLC Pediatric Cardiac Intensivists of North Texas, PLLC Pediatric Critical Care of Clear Lake, PLLC Pediatric Hospitalists of Conroe, PLLC Pediatric Intensivists of El Paso, PLLC Pediatric Intensivists of North Texas, PLLC Pediatric Specialists of Clear Lake, PLLC Pediatric Surgicare, Inc. Pediatrics of Greater Houston, PLLC Physicians Ambulatory Surgery Center, LLC Plano Surgery Center - GP, LLC Plano Surgery Center Real Estate, LLC Plano Surgicenter Real Estate Manager, LLC Plano Urology, PLLC Plaza Medical Specialists, PLLC Plaza Primary Care, PLLC Plaza Transplant Center, PLLC Podiatry of Clear Lake, PLLC Primary Care Plano, PLLC Primary Care South, PLLC Primary Care West, PLLC Primary Health Asset Holdings, Ltd. Primary Health Physicians, PLLC Primary Health, Inc. Quantum/Bellaire Imaging, Ltd. Rim Building Partners, L.P. Rio Grande Healthcare MSO, Inc. Rio Grande NP, Inc. Rio Grande Regional Hospital, Inc. Rio Grande Valley Cardiology, PLLC Rio Grande Valley CareNow Urgent Care, PLLC Rio Grande Valley Urology, PLLC Rosewood Medical Center, Inc. Rosewood Professional Building, Ltd. Round Rock Trauma Surgeons, PLLC Royal Oaks Surgery Center, L.P. S.A. Medical Center, Inc. San Antonio Division, Inc. San Antonio Regional Hospital, Inc. San Antonio Surgicenter, LLC Sante Fe Family Practitioners, PLLC SAPN, LLC South Austin Surgery Center, Ltd. South Texas Surgicare, Inc. Specialists in Obstetrics and Gynecology, PLLC Specialty Associates of West Houston, PLLC Spring Branch Family Practitioners, PLLC Spring Branch Medical Center, Inc. St. Davidâ€™s Austin Area ASC, LLC St. Davidâ€™s Cardiology, PLLC St. Davidâ€™s Care Partners, LLC St. Davidâ€™s CareNow Primary Care, PLLC St. Davidâ€™s CareNow Urgent Care, PLLC St. Davidâ€™s Healthcare Partnership, L.P., LLP St. Davidâ€™s Heart & Vascular, PLLC St. Davidâ€™s Neurology, PLLC St. Davidâ€™s OB Hospitalist, PLLC St. Davidâ€™s Ortho, Neuro and Rehab, PLLC St. Davidâ€™s Physical Medicine and Rehabilitation, PLLC St. Davidâ€™s Specialized Womenâ€™s Services, PLLC St. Davidâ€™s Trauma Surgeons, PLLC STPN Manager, LLC Sugar Land Surgery Center Anesthesia, LLC Sugar Land Surgery Center, Ltd. Sun Towers/Vista Hills Holding Co. Surgery Associates of NTX, PLLC Surgery Center of Bay Area Houston, LLC Surgical Center of Irving, Inc. Surgical Facility of West Houston, L.P. Surgical Specialists of Clear Lake, PLLC Surgical Specialists of Conroe, PLLC Surgical Specialists of Corpus Christi, PLLC Surgicare of Arlington, LLC Surgicare of Bay Area Endoscopy, LLC Surgicare of Central Park Surgery Center, LLC Surgicare of Central San Antonio, Inc. Surgicare of Flower Mound, Inc. Surgicare of Fort Worth Co-GP, LLC Surgicare of Fort Worth, Inc. Surgicare of Gramercy, Inc. Surgicare of Houston Womenâ€™s, Inc. Surgicare of Kingwood, LLC Surgicare of McKinney, Inc. Surgicare of Medical City Dallas, LLC Surgicare of Memorial Endoscopy, LLC Surgicare of North Austin, LLC Surgicare of North San Antonio, Inc. Surgicare of Northeast San Antonio, Inc. Surgicare of Pasadena, Inc. Surgicare of Round Rock, Inc. Surgicare of Royal Oaks, LLC Surgicare of South Austin, Inc. Surgicare of Southwest Houston, LLC Surgicare of St. Davidâ€™s Austin, LLC Surgicare of Sugar Land, Inc. Surgicare of Travis Center, Inc. Tarrant County Surgery Center, L.P. Texas HSS, LLC Texas Joint Institute, PLLC Texas Maternal Fetal Medicine, PLLCTexas Psychiatric Company, Inc. Texas Trauma Medical Group, PLLCThe Austin Diagnostic Clinic, PLLC The Cardiovascular Partnership for Quality, LLC The West Texas Division of Columbia, Inc. Travis Surgery Center, L.P. Tuscan Imaging Center at Las Colinas, LLC Urological Specialists of Arlington, PLLC Urology Services of El Paso, PLLC Urology Specialists of Kingwood, PLLC Village Oaks Medical Center, Inc. W & C Hospital, Inc. West Houston ASC, Inc. West Houston Healthcare Group, Ltd. West Houston Internal Specialists, PLLC West Houston Medical, PLLC West Houston Outpatient Medical Facility, Inc. West Houston Surgicare, IncWest LPN Fort Worth Oncology, PLLC West McKinney Imaging Services, LLC West Park Surgery Center, L.P. Westpark 99 Holdings, LLC WHMC, Inc. Womanâ€™s Health Group, PLLC Womanâ€™s Hospital of Texas, Incorporated Women Practitioners of Houston, PLLC Women Specialists of Bayshore, PLLC Women Specialists of Clear Lake, PLLC Women Specialists of Mainland, PLLC Womenâ€™s Link Specialty Obstetrical Referral Clinic, PLLC Womenâ€™s Surgical Specialists of Texas, PLLC Houston Heart, PLLCSouth Texas Physician Group, PLLC UNITED KINGDOM 52 Alderley Road LLPBacklogs LimitedBasil Street Practice LimitedBlossoms Healthcare LLPCatalog360 LimitedCerecore International Holdings LimitedCerecore International LLPChelsea Outpatient Centre LLP Chiswick Outpatient Centre LLPCity and CW Health LimitedDevonshire Diagnostic Centre LimitedElstree Outpatient Centre LLPHamsard 3160 Limited Harley Walk In Clinic LtdHathor Chelsea, Ltd.HCA Carenow LimitedHCA Healthcare UK LimitedHCA Hope Fund UKHCA International Holdings LimitedHCA International LimitedHCA Purchasing Limited HCA UK Capital LimitedHCA UK Holdings LimitedHCA UK Services LimitedHealth International Billing Partners Limited HealthTrust Europe Company Limited HealthTrust Europe LLP Leaders in Oncology Care Limited Lister Fertility @ Portland Hospital LimitedLOC @ Chelsea LLPLOC @ The Christie LLPLOC @ The Harborne Hospital LimitedLOC @ The London Bridge Hospital LLP LOC Partnership LLPLondon Endoscopy Centre Ltd London Oncology Clinic LLPLondon Pathology LimitedLondon Radiotherapy Centre LtdNewco 148 LimitedNotting Hill Private Medical Practice LimitedOBS Diagnostic and Treatment Centre LLPOnline Pathology Services Limited Palace Gate Practice LimitedPET CT LLPRobotic Radiosurgery LLP Roodlane Medical LimitedSarah Cannon Research Institute UK Limited St. Martins Healthcare LimitedSt. Martins Ltd.The Birth Company LimitedThe Christie Clinic LLP The Harley Street Cancer Clinic LimitedThe London Gamma Knife Centre LLPThe London General Practice LimitedThe Physicians Clinic LimitedThe Prostate Centre LimitedUrology Associates (London) LimitedUrology Specialists Devonshire LLPUrology Specialists London LLPWelbeck Street Diagnostic Centre LLPWellington Diagnostic Services LLP UTAH Alta Internal Medicine, LLC Bountiful Surgery Center, LLC Brigham City Community Hospital Physician Services, LLC Brigham City Community Hospital, Inc. Brigham City Health Plan, Inc. Columbia Ogden Medical Center, Inc. FPS Mountain Division Pathology Program, LLCGeneral Hospitals of Galen, Inc. Gynecology Specialists of Utah, LLC Healthtrust Utah Management Services, Inc. Hospital Corporation of Utah HTI Physician Services of Utah, Inc. Jordan Family Health, L.L.C. Lakeview Hospital Physician Services, LLC Lakeview Internal Medicine, LLC Lakeview Regional Medical Center Inpatient Services, LLC Lakeview Urology & General Surgery, LLC Layton Family Practice, LLC Lone Peak Hospital, Inc. Maternal Fetal Services of Utah, LLC Mountain Division - CVH, LLC Mountain Division, Inc. Mountain View Hospital, Inc. Mountain View Medical Plaza Condominium Association, Inc. Mountain West Surgery Center, LLC MountainStar Behavioral Health, LLC MountainStar Brigham General Surgery, LLC Mountainstar Brigham OBGYN, LLC MountainStar Canyon Surgical Clinic, LLC MountainStar Cardiology Ogden Regional, LLC MountainStar Cardiology St. Marks, LLC Mountainstar Cardiovascular Services, LLC MountainStar Intensivist Services, LLC MountainStar Medical - SMG, LLC MountainStar Medical Group - Cache Valley, LLC MountainStar Medical Group - Ogden Regional Medical Center, LLC MountainStar Medical Group - St. Markâ€™s Hospital, LLC MountainStar Medical Group Neurosurgery-St. Markâ€™s, LLC MountainStar Medical Group Timpanogos Primary Care, LLC MountainStar Medical Group Timpanogos Specialty Care, LLC Mountainstar Ogden Pediatrics, LLC Mountainstar Specialty Services, LLC MountainStar Urgent Care, LLC Mt. Ogden Utah Surgical Center, LLC MVH Professional Services, LLC Northern Utah Healthcare Corporation Northern Utah Healthcare Imaging Holdco, LLC Northern Utah Imaging, LLC Ogden Imaging, LLC Ogden Internal Medicine & Urology, LLC Ogden Regional Health Plan, Inc. Ogden Regional Medical Center Professional Billing, LLC Ogden Senior Center, LLC Ridgeline Surgicenter, LLC Salt Lake City Surgicare, Inc. St. Markâ€™s Gynecology Oncology Care, LLC St. Mark's Hospitalist Program, LLCSt. Markâ€™s Investments, Inc. St. Markâ€™s Physician Billing, LLC St. Markâ€™s Professional Services, LLC St. Markâ€™s South Jordan Family Practice, LLC Surgicare of Bountiful, LLC Surgicare of Mountain West, LLC Surgicare of Mt. Ogden, LLC Surgicare of Ridgeline, LLC Surgicare of Utah, LLC Surgicare of Wasatch Front, LLC The Wasatch Endoscopy Center, Ltd. Timpanogos Pain Specialists, LLC Timpanogos Regional Medical Services, Inc. Utah Imaging GP, LLC Utah Surgery Center, L.P. Wasatch Front Surgery Center, LLC West Jordan Health Services, LLCWest Jordan Hospital Corporation West Valley Imaging, LLC VIRGINIA Alleghany Hospitalists, LLC Alleghany Primary Care, Inc. Alleghany Specialists, LLC Ambulatory Services Management Corporation of Chesterfield County, Inc. Appomattox Imaging, LLC Appomattox River Primary Care, LLC Arlington Surgery Center, L.P. Arlington Surgicare, LLC Ashburn ASC, LLC Ashburn Imaging, LLC Atrium Surgery Center, L.P. Atrium Surgicare, LLC Behavioral Health Wellness Center, LLC Blacksburg Imaging, LLC Buford Road Imaging, L.L.C. Capital Division, Inc. Capital Professional Billing, LLC Cardiac Surgical Associates, LLC CareNow Virginia Laboratory Services, LLCCarlin Springs Urgent Care, LLC Central Shared Services, LLC Chesterfield Imaging, LLC Chippenham & Johnston-Willis Hospitals, Inc. Chippenham & Johnston-Willis Sports Medicine, LLC Chippenham Ambulatory Surgery Center, LLC Chippenham Pediatric Specialists, LLC Christiansburg Family Medicine, LLC Christiansburg Internal Medicine, LLC CJW Wound Healing Center, LLC Columbia Arlington Healthcare System, L.L.C. Columbia Healthcare of Central Virginia, Inc. Columbia Medical Group - Southwest Virginia, Inc. Columbia Pentagon City Hospital, L.L.C. Columbia/Alleghany Regional Hospital Incorporated Columbia/HCA John Randolph, Inc. Commonwealth Perinatal Services, LLC Crewe Outpatient Imaging, LLC CVMC Property, LLC Daleville Imaging Manager, LLC Daleville Imaging, L.P. Dogwood Anesthesia Providers, LLC Dominion Hospital Physiciansâ€™ Group, LLC Fairfax Surgical Center, L.P. Family Medicine of Blacksburg, LLC Family Practice at Forest Hill, LLC Fort Chiswell Family Practice, LLC Forward Pathology Solutions, LLC Galen of Virginia, Inc. Galen Property, LLC Galen Virginia Hospital Corporation Generations Family Practice, Inc. GYN-Oncology of Southwest Virginia, LLC HCA Health Services of Virginia, Inc. HCA LewisGale Regional Cancer Centers Clinical Co-Management Company, LLCHCA Virginia Trauma Surgery Specialists, LLCHDH Thoracic Surgeons, LLC Henrico Doctorsâ€™ Neurology Associates, LLC Henrico Doctorâ€™s OB GYN Specialists, LLC Henrico Surgical Specialists, LLC HSS Virginia, L.P. Institute of Advanced ENT Surgery, LLC Internal Medicine of Blacksburg, LLC James River Internists, LLC John Randolph Family Practice, LLC John Randolph OB/GYN, LLC John Randolph Surgeons, LLC Lewis-Gale Hospital, Incorporated Lewis-Gale Physicians, LLC Loudoun Surgery Center, LLC Mental Health Therapy Center - Northern Virginia, LLCMontgomery Cancer Center, LLC Montgomery Hospitalists, LLC Montgomery Regional Hospital, Inc. Montgomery Surgery Associates, LLC Neonatal and Pediatric Intensivist Services of Virginia, LLCNorthern Virginia CareNow Urgent Care, LLC Northern Virginia Community Hospital, LLC Northern Virginia Hospital Corporation Northern Virginia Multi-Specialty, LLC Orthopedics Specialists, LLC Pavilion 2 Condominium Property, LLC Preferred Hospitals, Inc. Primary Care of West End, LLC Primary Health Group, Inc. Pulaski Community Hospital, Inc. Pulaski Urology, LLC Quick Care Centers, LLC Radford Family Medicine, LLC Reston Hospitalists, LLC Reston Surgery Center, L.P. Retreat Cardiology, LLC Retreat Hospital, LLC Retreat Internal Medicine, LLC Retreat Surgical Associates, LLC Richmond Imaging Employer Corp. Richmond Multi-Specialty, LLC Richmond Pediatric Surgeonâ€™s, LLC Roanoke Imaging, LLC Roanoke Neurosurgery, LLC Roanoke Surgery Center, L.P. Roanoke Valley Gynecology, LLC Salem Hospitalists, LLC Short Pump Imaging, LLC Southwest Virginia Orthopedics and Spine, LLC Specialty Physicians of Northern Virginia, LLC Spotsylvania Condominium Property, LLC Spotsylvania Medical Center, Inc. Spotsylvania Multi-Specialty Group, LLC Spotsylvania Regional Surgery Center, LLC Stafford Imaging, LLC StoneSprings Medical Office Building Property, LLC Surgical Associates of Southwest Virginia, LLC Surgicare of Ashburn, LLC Surgicare of Chippenham, LLC Surgicare of Fairfax, Inc. Surgicare of Hanover, Inc. Surgicare of Reston, Inc. Surgicare of Roanoke, LLC Surgicare of Spotsylvania, LLC Surgicare of Winchester, LLC Tri-City Multi-Specialty, LLC Urology Specialists of Richmond, LLC Virginia Care Partners ACO LLC Virginia Gynecologic Oncology, LLC Virginia Hematology & Oncology Associates, Inc. Virginia Hospitalists, Inc. Virginia Psychiatric Company, Inc. Virginia Quality Care Partners, LLC West Creek Ambulatory Surgery Center, LLC West Creek Medical Center, Inc. Womenâ€™s & Childrenâ€™s Center, LLC Womenâ€™s Health Center of SWVA, LLC WASHINGTON ACH, Inc. Capital Network Services, Inc. WEST VIRGINIA Columbia Parkersburg Healthcare System, LLC Galen of West Virginia, Inc. HCA Health Services of West Virginia, Inc. Hospital Corporation of America Parkersburg SJ Holdings, Inc. Teays Valley Health Services, LLC Tri Cities Health Services Corp. Â EX-22 10 hca-ex22.htm EX-22 EX-22 Â Exhibit 22All of the senior notes issued by HCA Inc. in 2014 or later are fully and unconditionally guaranteed on an unsecured basis by HCA Healthcare, Inc. Â EX-23 11 hca-ex23.htm EX-23 EX-23 Exhibit 23 Consent of Independent Registered Public Accounting Firm We consent to the incorporation by reference in the following Registration Statements: (1)Registration Statement (Form S-8 No. 333-197656) pertaining to the HCA Holdings, Inc. Employee Stock Purchase Plan,(2)Registration Statement (Form S-8 No. 333-274240) pertaining to the HCA Healthcare, Inc. 2023 Employee Stock Purchase Plan, (3)Registration Statement (Form S-8 No. 333-172887) pertaining to the 2006 Stock Incentive Plan for Key Employees of HCA Holdings, Inc. and its Affiliates, as Amended and Restated, (4)Registration Statement (Form S-8 No. 333-150714) pertaining to the 2006 Stock Incentive Plan for Key Employees of HCA Inc. and its Affiliates, (5)Registration Statement (Form S-8 No. 333-237967) pertaining to the 2020 Stock Incentive Plan for Key Employees of HCA Healthcare, Inc. and its Affiliates, and(6)Registration Statement (Form S-3 No. 333-271537) of HCA Healthcare, Inc.Â of our reports dated February 13, 2025, with respect to the consolidated financial statements of HCA Healthcare, Inc. and the effectiveness of internal control over financial reporting of HCA Healthcare, Inc., included in this Annual Report (Form 10-K) of HCA Healthcare, Inc. for the year ended December 31, 2024. Â /s/ Ernst & Young LLP Nashville, Tennessee February 13, 2025 Â EX-31.1 12 hca-ex31_1.htm EX-31.1 EX-31.1 EXHIBIT 31.1 CERTIFICATIONS I, Samuel N. Hazen, certify that: 1. I have reviewed this annual report on Form 10-K of HCA Healthcare, Inc.; 2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report; 3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the Registrant as of, and for, the periods presented in this report; 4. The Registrantâ€™s other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the Registrant and have: (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the Registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared; (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles; (c) Evaluated the effectiveness of the Registrantâ€™s disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and (d) Disclosed in this report any change in the Registrantâ€™s internal control over financial reporting that occurred during the Registrantâ€™s most recent fiscal quarter (the Registrantâ€™s fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the Registrantâ€™s internal control over financial reporting; and 5. The Registrantâ€™s other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the Registrantâ€™s auditors and the audit and compliance committee of the Registrantâ€™s board of directors (or persons performing the equivalent functions): (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the Registrantâ€™s ability to record, process, summarize and report financial information; and (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the Registrantâ€™s internal control over financial reporting. Â Â By: /S/ SAMUELÂ N. HAZEN Samuel N. Hazen Chief Executive Officer Date: February 13, 2025 Â EX-31.2 13 hca-ex31_2.htm EX-31.2 EX-31.2 EXHIBIT 31.2 CERTIFICATIONS I, Michael A. Marks, certify that: 1. I have reviewed this annual report on Form 10-K of HCA Healthcare, Inc.; 2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report; 3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the Registrant as of, and for, the periods presented in this report; 4. The Registrantâ€™s other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the Registrant and have: (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the Registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared; (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles; (c) Evaluated the effectiveness of the Registrantâ€™s disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and (d) Disclosed in this report any change in the Registrantâ€™s internal control over financial reporting that occurred during the Registrantâ€™s most recent fiscal quarter (the Registrantâ€™s fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the Registrantâ€™s internal control over financial reporting; and 5. The Registrantâ€™s other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the Registrantâ€™s auditors and the audit and compliance committee of the Registrantâ€™s board of directors (or persons performing the equivalent functions): (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the Registrantâ€™s ability to record, process, summarize and report financial information; and (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the Registrantâ€™s internal control over financial reporting. Â Â Â By: /S/ MICHAELÂ A. MARKS Michael A. Marks Executive Vice President and Chief Financial Officer Date: February 13, 2025 Â Â Â EX-32 14 hca-ex32.htm EX-32 EX-32 EXHIBIT 32 CERTIFICATION PURSUANT TO 18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002 In connection with the Annual Report of HCA Healthcare, Inc. (the â€œCompanyâ€) on Form 10-K for the year ended December 31, 2024, as filed with the Securities and Exchange Commission on the date hereof (the â€œReportâ€), each of the undersigned certifies, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002, that: (1) The Report fully complies with the requirements of section 13(a) or 15(d) of the Securities Exchange Act of 1934; and (2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company. Â Â By: /S/ SAMUELÂ N. HAZEN Samuel N. Hazen Chief Executive Officer February 13, 2025 Â Â By: /S/ MICHAELÂ A. MARKS Michael A. Marks Executive Vice President and Chief Financial Officer February 13, 2025Â Â Â Â Â Â Â Â Â Â Â Â GRAPHIC 15 img31698022_0.jpg GRAPHIC begin 644 img31698022_0.jpg

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(1 Q$ /P*^_BBBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH M**** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH ^2?VR_VW M/V?OV#OA1%\7? V@O$&N6.DZKKD?A7P;X2\%>%M;\>_$CXB^+IM,U+6U\+^ O M WANUO-9\0:K#HFC:QKFHR)';Z5HFAZ5J.M:[J6F:79SW:>1W?\ P5@_X)_V M@^#<\?0[$&K:3\=O!7PA^(_@?Q1X:^&GQC\5^"-'\"?'SQU:_##X.>*?B_X\ M\_#W5O!G[/6C_$+XD70\ ^'[KX_:[\UG\8VFJ^&YA!J^BZO=6/\ \%WO MV_&?A MK3OBU\(-.7TC2?:$ BOX8ZQPXT6VXN7]FA\"^.T_\(%^JA\\ M"/B=\&_^"P/XC0@\H*"?V; ^IL=EWXN_LU_$/\K[E\ ^"C(@\+V,3OT/C@'&: X\^@T @0<\9TQ&*?:O\ ^" J%Y@#X^*\Q[@@\3^"2;' M\@BD$'N6OD3OS-+6UUIO3DFCVVBBWJ2#@0DM0V_KG.KOA94L% :*<IBMUUPGKR)KDI)LA6UYV+J\$B? ^EIV_K&]46S:5_*DHS<TPVV0TD@B. :/"E#QR@H9=2<_C9ZI85E^2S.D@2YRYSS6Y*(8_\5V<@=#G]K7\$BQ3!J]Z3?Q60_DW\N=SVBGAUV:X$+6!3HT0_-*\F<HU;!C@T8KHP;\R8&;U5F6'RX]4^"N&&W>0E$KR?7T,>4=4/J.!>*XYBRB.$T=W]5;JFDN/ZJ9K2<\!)M(IQ<.R9MW'?EG^YE0@8&SF<6PE[^PDMA?LGV"X[ZJGMO=I?RRAD\!7[\\]DM_:/8YRB9EHO_J'O;1T]7R/<L@+)7T^AW+GIQBSEY6B$WN3'L;M^-W4-]<+V/3^SR@:HEC=LT9$FKZ?G)Q)MS^D^\>Z@'J7^\J8V$*S;QP^I^'W"+6?4UOF39?37R6XG5LP#^UKLXP_C:B%ZV0VI-VTCS<[K]J?\](N'FZSJEOJN;C09S=2V<#=5[X:,)+D0JK:G-K7YCGH6F+RX,7ZNM;J8JMPY77[$PZ?IB4@E7A<%J[1LXL@:1'^H]>[&Q!!G!2A?N/W%3EH/[X]26F/8T0=X<L%P!-Q6?E8DQ#Z+DRMM!+/[V=V/2%$>JLR]D/2P[*@P85WP@>XN5O1*"BW:H@!>:&1:P)+^Z\WE+K4T%:.@V*$@6EJ(,Z<@GN*S)2N-9%E<@<G;@N9I1]_IQQG]?,BMY4,>OSSL5%(HP(<!3]JLYN(>U!5/DBOWO!H$R>=C!\X>&@;@.;T27M+O*#H:YBA#WO9G4;:9]C['9D<\+R3O-B<K<3/7XTKF\M:FPGV=,T?J1P=/SBG48%A,I=CMA5^HP\\LM%<^9"P+[#1?FJOUVHE@6D\GWO$0*^XJ5<97%X&&WS(5\N/OY*D<GPT=\A82?AZY1S=_#Q:W?'7H=N9+=8X[.&8Y$;TBIS/N@AO%SHV^QXBY8>=$PQ1@G3:0SN=Z(!MAEQ/3TL-#J7YP>I[7W$(?[X_^%:7P@8PJ%L1X+DOI4*!0IB7,H)GCRMSTP?]ZN!^"P2IR*Z/J5O;H9@C%C6SZ9(;4T71YNJ$V7D2XN?5I8&F=)I\8<KW^G<V=0R0F+=D,Q(]FAAK"1/*RXZT>`5.WMHQ;<%N1[^!O:[AX4[1*@U'HC[$>0_-P.;Y(O"ZPX)22*^W9Y\S;8:3N=U]W07/?J:-@7)J[/.XH_*LHG_UYE+>*\!?Q7:,ZNSDI=5%VVWR\C^,@1L,_Q!%>Z_E5FEI:D#_!G+WH5+N:?Q,Z4:M]OB3DYB*1M/+S`NJ-A2!QJ[;)8O0<=!IX/`:6)XM_P@`Q..<_4DN^*?=^N&U.WRW1Q8DPZ9(HQX;=B;N=\A<_YIB%F\E]]9=QT^3<X+62J=NT+RF$@F:I]HM?9T-Z/C_^<Z%O%O?G<G\ZOOQ8WDB8/O[+FA@;Y]\A5<M8ECF6IZ<\F!M(#T'1$5Q5"^BQP5!T1RGPNM/2?C<D9?4^S/F_Q^/_^8!>_/R:/8^WJ\C27/W.<'XM.8D0!!!*>_J&B4<D<@@2:B^@4\O\Y-RF[0/N%L/1TA&M(P+V;(SL'0)/DU2YGT"1F&P9P6^=UR&NG(_]@]JEMQ\@4"?'KC%ZZW-SQT\7+5L(C^@0*VI;1WKJP</9U]G\&F<,@*_&<6/F](+1/@I!/G=Z'W[S1L(G?4%UY=UJ*-1X/-W(.(@W9G;2Q<+C@LG]XQ*^"`_?M)6X#QS(MS!JCB8&+)@/F;W=OY-W3ZX($#8;?7V0QT8Q9.28ARGNW'Y3?8]MF<]Y9OXG2X=7.Q9MFM^%6\+3'*X6,_GVHI&7BK3"+%<(IU\>]G(>1=KN4*V)GDUS%`1NW>:5:X$?+Q&Z9^IO+[^9J08^X_T@V>4"1>B5^]BIPVRX/AM?P+-K\5/I$;UN\LI+Y\N$<,>2,68+GP6@&J\]QRI4'A#A*<4RD8!5-\4,E/:=+5>3+4U.,_JJ]?-LU0-QR1.1Y0+;JZ\JC,Q]?M6D3@J/(GC&]1U+[:,N2U\NC<\M+9]ZNL<.AGEP8V_@\JM>P1J'9*3>4N.!_+Q>(%;!+_V:`SZ?K1FB7Z[W4]HK@BJ^<,\KR>*T?W^N@6:`0J7<T[>GIX3%GB@C+;8,[7^C8>QEJ/W;;5M@D]@Q7=^-UUZQ"M%=NLJ<QYY9M8*RKN0%[*91JE_LKK<NQRTI7^T3;>9LQ*IR=N8!1M=G_6`[+U;HU<TP3]G`U_F]`D@;3*-.SE+;,X.<[UB9R>J=6EMW9P3@;3[8E[UA+L^8A?O5=ZWPA2-DN]PG'1M^CO5C]G+<9'BPT=&1.$Y5W-&:'EA&#&4_7Y1*8BYQB(>@WB<5&D+RUA(`I`]_7)Q-FKO8F^W$\-@^\1^X>BO;1\LF[&T#C'XBFG>J>2B5Y.;)>:'AWR91C,\$D*SKC?:-@ZL]E+I@'=J2Y4Y0C_9<H1^LJHC[IA?RF;B</>A`0Y_7D8"4;BE\F$N`C$CU<YJ=YTWSC0DD8YK%P>GJ@QN7PHE%BN1HIMJAPY(@^&0F5[_YG$G^9\QDU&G7Q$Q`<B(M*8Z5!S.P*7KC9&`<-%=V:\A@\S@Q1@,8PNGF9<VGE5,I3_?>5O(?W@ZUJ!\"A+F)&X'^;.%97ER7\V16L,V*VY>1I!'#ZZ'UM%C;I.XS2_[O-NT`]JIS%<5N!#W.N&`K`5?NA\%/A2XQE78@L!(6R,B/3_?.>EVMP1OBAG_GD,BMU:LG<S[RB[_97=8SIQ\4J/DA;,I!2<V2H2E9@KU.NT+:BLH-=%S\`LV:J:=FV-#N_H`+\=72H8DPM$ZW1%B7_M\7<R]@!P_+0JVOU9P^M[.N&6H;66LJV$8I)K/!X_F7+T`D7)*+1ULI3IT&(R?>=T<!N^6N3G\PO@,&#\5_%^AOOE+DB/[0CF=Q6H*EQR(IHAS/IN&M:YR?AX!-J3K:4^(J4D+C$V#V.DG2%#KA+#8$"M?G;CUW1EU;N(94"L2/2&LXLN)E-5?`!%K1A\:MW[@68'X7B/0[$W!J9;_6NXLR6`:9:K_%A)Q0_L'3*TPC/L8.P@]4!V(?ND1WZ@HI[>08ED@XO]=\V@ACI"4EL7#8@#?W)%&<LNY`BIJ"-2SU"VXT'B%"GM@?G9B<%K<<K8FR$:7>'Q#?/G0E!7/MJ<%U,+WEH'LT$;!_%58(GXBIJWI>AA?WVV5)NXJU<SBY5!EGX;;[&VA5C=B+3G5:)>1Y\<$(,S@"C)?V4^F0(Y>B'8[05ST;!HB!3/S8T=,;5R)A'C9/B<,]RI7S9O`+L)QQ9A/Q2?;]V%SO88%YZN5Z7T_=R]T!99J,(,5!<>$'H>W<8#^>U@]I_.1]I/[]%W_2[/<1/&6L,/?=H<IQ-SE/CB`[UQ+U[F=W3DO<\L@9,4[!JC*X"W[1P#B<SS1YG>[8)%5U%78L%>PR`FN^Q/>:1KN]NNTUT!^\2O@$RVE7R_'JDO8]'=8`:7-HS^N/"@F$)FC]M<,HE;[[)4$%`XWJ2PW3>HWP`I.&;?_G!#@@UPL:MQUMB%E&,1^P^SG4H44/4X:`B85\2F\6[O8JUOW_!#R^HE7'CP@=Y&^SC(3[KY]F?[G-W0EG=8VK@Y&AJ+OF,!?QBY/%`?3RI3C79%RA9*9Y4N<!>!*3#F$J8W+Y?C`&)(>5R&F4V*3_FE/J;M4S@/,'D)7'D#^(1ZUV9DIR&H9K&JJ+%"`2(*IW_ZM=EXMJ!4E]@CX-`"_B%!=V*Z0V(!%WC`ZQ<A0&6CRAA>+\7+^=<J7N[.0T8J/YR&/%+%7Z4FC^[[>$Y<5W[%KCRSTGX%-#0<F^D`WU8T]<F:VV&/&C9SJBY>;C$(N>O@L%#]B4=0+!!L3#;D=;YQ'MQ<\&^'[6&7\/)HEQ(5)C4:H@R5^*\H+?0H2>?%'R(S]H:4[`\J<P+6'\8[.CS9;B,\<T*`'DR`"HUV/DK_,2O]KJ/X=?[B3IQ$&1]?NAM_^U'N=3OOAP<6/AO^D<2LXGM$B8-$,S=;E8T;$:7MGV#3E*]4K)'.58VQ]=*<#I6;,^K-!X\[F<;HE3>-<@>V(A'[-G'!QY1[D6`[.=%$#*^BP=N3]RM>-@%F%UVD7K:4Q(29FH]_/K9RS(@Y#C2\R4#M>,1U:>1LK$#;]`T3YOV/)6@3YB2PQ#,KB'KW`IZMP_C5E^G_H:TN4!6L09Q/F1`TU2J=M.GJ^V&^,.SK%RL8T!N!`R3)]F05_.DTUA`^8+Q:IT:WS)K>8<E"UCXZ8\;PNS\0NWO]=?F-C%`+0^,^.^UX=O*:DFIFF"8A0I+;P.(QE*:H7?K>HG!*=-!CPD%.2E,(9[^BF7LFF:;Z3G$!5:T=%[>=)P(X%0CS]R.8-N/HM9VW6-!R(@&ET]W&2?!K)7'O0JPQ$RPJOE[C)UFE6\H-*2U6.AT*6!KNA,M"@Y+L4R1R`RQ9J<9Y[/8'E0?&@B?;PZ4;7R.VS\4P[5+O1T^U^6G0T3_J-,@_2P7TBQNX_A#G.*C&:8=QVZNX5$M2;T<-,`(D6W71%&XN9*7!O`B9FWG>KAIN`4OT[MH3'9'[(82T&=$,&M1/(JMJK;G(T!/7'RN+6)Q[!I=Y;GJ_HU:IHYH,J*6XQ/*E%JRS!A_=RQHM)8&!BN%N,2"/!C<5F`+I_M7H$-8ZEZ8@SX`.I2=VP`?[BJ)=]CQ%I'&1IV@.^Y9>K6HS/FL7(CDK*5R1:JM]^1`-^CU6XEL#`D]#WBA\UAL0S5)(E+!9X6T`+KM+5Z%XL[-@Z)#B"]J`6V53QH.)T_;5ZB'`C:<+KF(E5LK[H7/2S0>C1,CE&=RX%.G4XA.1<CDX=LL:<TMTT4+0[!/IE]E1VK+0KG`D]2B>[QF.0GK,`QS?F86/OH`B/-WD>L2Y[<N=([4ED_QD=56(W]IO[]EMRJ/O=S-G?-&[Z[O]^W'<@OQ:A1/7P'<_LG!_L+2J:RMT]J5%YD!G2>NR=+!/I8*S<+ED+!CPAMQAK\%Z'8O=3B@;8AR@/IN`_RKW87!S2%E'+JGHK[A&Q>DKC)UOF1SW]@8D;8/5&:5OUG*]5,I\UK_K)T6<?QI&T'9CIAP[;AN)^TH,:TYT&>B4!2XJ/^Z_L<O0_V82#+OH9#,AD`7K[4UU4G>EEYM$D.5E0:IZZQ85B^`]F$N,@'MK84NZF/&Q=FBZ?\'O9<P4\$W<&>`'@=KOMM<:G%4ON&-]T*Q'HM*9=B8SPEGY2*+&;2)2A16-^1_%NE?WT3;,5"OYN:A\1`*7[L[V(3$M3-/!!@#X@LJ;L0U2NQL81ZH:9TZ7=^HUZ&P?;9*C(1MLMG\L`6SJ8P<BEL]*0/WBQM+YN4N:\Q<0UWJNAA/X;4#Q#D1^T"_BDD@GT$TH3.&_&=0=ZS%4[7S_4(HA"C!N*(W5@'NT:LQQ#N%M$;%F^CO_>2AQ;0N5E?Y]T@?M6BIXE+D/5RG>"1*)V(?K,DY7O!:`A!R/I.;ES:_A96D,BDQO3$!L[NX50*=/"<95/&I^I+=4-4NE%5,0PV$E?$@6<GM4DMW4-HP]$^$JNTG8$V,^C_YX-P$Z:1-EQF<,ME]S_-P/(S4I6PPB1B3LTGS:<+]FW,KN8+;YT*-KYLS#\6F=[-`3^\3AH9S(>KC7[<&`-RFHHO&%LZM,<&=BBHLBH.7*\N>FM2<@WF2D&98VS9:Z,AI)81@F\`HVM0&L95PB!JKV,%H+L:?.M*)+3CU0C-<I\5H)VA]0PNN2F/1D7O>-IX]=SQ-;5>9?KHC4N-Y(-<5I:-*^BA%7X%XO2;,6Q5]WUQ.(]!\DGC^"8E1S4*.J<N06ZB%.=QP5WNT>W1T2^+G>6S)G/)T[00`04_,O#Q)/,F?.JSL:?*!V8[GC:`/1>B"PB:?>+S!!"XCA7C\;Q\?;_PH?="_8PW0U0CTP-]3@SZ.^4!CDI@XPQTOR=A]K8L`S`-`EJ4H>QA`O=6]+$JH`?L=!OI`BX`@N7;CKV!SS*PLI`YO91S.,R_[;9M<U2HJMG)XSEDI8/7;7[^H_V+-H<FLB?RI4=&B3DZC&`9#P<2]`BOPH^DXY$/UHK)2O>[]KSO%R%5?:N`FX)[6R/;W_@S^U=@E!A4=\<F>#=0O);8F9E<8!3LC6$9FY=+(.\WU&E,^GQ_.M>$UGAY`V?VF/DQ:6<5E$C1WBO;#]T*6FZJ[*Z2/*3TR)@R!%9!'0@`A0"*HGWG:CTHI@YI(&VHD`SS&C,MM5KZ]/%-N2ADG\T"$.F,$*-:P-95>7G[K"H(@:RC?2L7%&!^"GO'I;B$@<ZZD6[9-WB9WUY8-E>J#>'%@<M/]V6RG,1@D*Y.#S9PR(4?BY;\Q[#NP>QE!Q6G)PN&&5VI#PP4F`L!KC;JU7"6A]Y!O,'5:DEY0GJ:^FVWPPEE"1"PAH;:ITZYAO+Y'GTI,O58#%@:5Y8^_"X'LY"5O2LGR^D>0'UKJI[PAPL35H?9O!:@DH]T0G2-R<-QG^E>MYV:-I2Y>J\1&)I;?D2L`Y_2/&5O?*J`QRO(2&Z5C!I7A+,^Y>IGJP8@)>_PI@`S26P)`@::XEGIBBIHG1A>7<[?\G)4RJ/1"Z^"'9EJ2'9/(2A>JT+Y^8;[^%6>8]P>2XV@V8O3#-!CT-_-?:T_V,5C,'0\^TD1<5M9*@^L<[_;G6N]<W1$;QZ^@7\:8-HGQ_J7A4]R6X?^=W<NUTSW?D$`O91TOI7UMX`P>*0#%&+NJ@&50A[F%!CGT$[8[Z9[XC%M*XA\OK%FE`#A$NR?:[_;M3IW,]J'\D+JZ^:=XEOPY<D4,2&6KVMW/`Q/9^;CRY.FZ5-?@[PK3`V%/,(;W%K"P+WW\K#X;+#<J&5ZI^3$#M=O8`_BI]M!YCI'`I'4Q)7`^%E3F`_S_24V%G:@UZX-Z_I;ZA"F=]8J&D]75$9F8A%Q.KX7;&N>QSJ$D=OSFWQ@7V%7)3N"P^Q]47KR9&K[UW-_IV(C75YI%`%I)\U.K%Z1_)(WTX\I%22QY)H5$_?J#J@9BK@MPBHS+51IO(!FHJ[&A)4\Z%AT_)N,(Q8G%A!DS1$^A\UDVEF3+;@+/(=WWY5FQ[+PL;:U1OU9.O0^S&K5A:F>%<MQ=\-SU;I\=UG-FF@JAK>+)_I<%KTTPR_K&1?M'M$ZU2T`(`OV.F(ZZ\1H0K.MAEP$_8M?\X[8@9(WOU;[NA:3&MEH7)`3;`(>FY<5&U,0:ETRE1\1ZRMPF6S/\AL/K7ESU>KE0\$9:/.WHVR4!@KJ*3!:_6'4,WWJ@RYX`#"J;X3`D)D6ZN<ZHWX*BL7;7!XL6O@?7:N*`V3G`JQW/RRFV$X5PRTPNE#3'KBT#]85KKGY]0FK99]44;+&,/MV[68)94B&=25E&WKX7"#^$8F@H@.U)`ZKM5Z9EAP-SQ=V3?YS-CWN]2`H0#&PZ1W8(<KE\L[)V4!ZS#,1!%9TSFTMV%4=RZPF#[6AI9YFAU0H2&ZI[4Y`GLE>1ETI`L!5;T+K.!LBQFHDK22UH/G5;;<)>M\HY<"QKR8NLU$G)HZXY)67GT:G2ZI*:KH3N?9EJ]Q!;CIN[NK=[BP7@/ZOP!`+%"8;[YBL\#UKS$6%MEI(?G`%8,:+*4LPUC3%%NKV20TBWHF^/G/JG;C]4`M*I`D5%98LHTVB:O(_H]JLFK>TGVDB75U`N#BEVW&=KOA)%CP/`EUP4[ZU)`MHUP:]%#B]5"ID/Y3\[%*$L=;FXBL<I?!>Y/-"G"WH6ZA4P\$1FNU0+G2UDV7&_`PCU!A\(\4?`T&,.0V]?[`#V=BJ^CS)#.S1*X+*4P3Q]^FV:O;ISGCUX:U(Q:E*4<[-3+HK[=*1$EU8'QAQ5^$1?LRXX.A&[+'RZ2-Z[.WPE*KD/@1QL%5AC`VU\U5ETM9_J1RD09X0T5K(J]F7A6A>WNHG@W4?R5(-]$]=O4>Y`F*N.AN_@HD)KOA4FBO;EO$Q'P8#)*"WL0+:1<Q>M2JU@LN%8+6\OF#YP\_.#N]]GDG5CJCFE.5LPIT!-BKSJUFB^4;^7/:Y<_Y3;&E)U*HFU0YVVZUHQ==N0[;U>4@:[$X:0.4NAY"!:5ZC&HOC>DXNQWF&+5\KA1M9O6PX8QZVX'&:\Y+^JP3:9X1<:N(`C4*L9<E(L6U.$.2IG6FE6V@A;!QT3&W[;#94\]"5O[FZ_XQ<=I/F4+;^(2WB.[:Q@_^MO9?:.JA\9W2@[/BYA)-I+>3L^?<*DKSKBNUQX`<S=WOW[SL@DZJ"A[`SF4I\2P$SK44&E3(@$.'@ZC3_]JK4>O+&'OS1O"R3AWCE3Q^82!K3?3N^;%U.2(1-HBTJC&*'Y-*T5SXHW]-V_B/BI-]-,*C'Z.W4VZO46;L&DZ&<5BNT<$%#,/+:N<N]Y2*ME(LDR]9+#<@E[S'HR`SR\J[DE>KL1@\MJ8F/0L]7K:U*V=UC?EWTH^U>UWV&[\(1KW!G-_^[_:RF+>1D\(JVL_MY;C'_@?X;RC&`_NGB*P<]G5XJR<QG$:J>^EOR,VJYV7LW$SOAMU%A-[4H%_DS]QA*-IXX&/!1X\=K)Q>1=G[SS+`FP[R4[Y]#-\2VJ?9/P^@C2Q`_5@`,Q_UV;T(>6.$9-V3<<ZCHRS7&:F``>W(\P8F?XJ\N)$P2J55X!]\(V7F&1%%[33(!;+I?DI]@=O4?]8S1HM]Q4S#;2(MO^DU?J%5I?-J\2T4L_O+_X=34C1>R.4X6=^FB"VW[>E[<;O_G,=YO/:+F*1T;C"`OV=EU]OM1TY^*!SYT.JAA;O&X2M>H,:C^#/G_U'Z0H1\^4XVVVS.UUC8:I)@D*8UZ^3C)KB,<MY::!+PP*]Z^$!B>E$U;4C?G*JLX?)/Y<R/C$_J_-'Z6+WM$J_Q_SC=NO-/9)R*.U:?C(8B2^-O4<GX(8"U^0;9J;/1UAN<@MQ)\/CX/A7>=9T*N^IOO#!%=AWN!I-\L=W&J2'VXT.#DU-B6G_8OR,QQ7&G&V0A%09&_DY=^C:TAB:\>O]=;;4^:*=S^[5]:,-+D!N&ZLYDH`:BQ0=ZF<9BI5F7S3ZCVB,A\GWG#]XZ6"H\U7T7[9V#WD:;.Y+&"-/G%N(F]6DG8/"6>%\GC]TW=D1]P<Y+3DJ@[^0)MWCXZ(3A<B(/+YH`U\,/N?GG:8ZI5`9^2X!U&K)V4(5+U]XQ?7Q#./>&P0<*>F>$2D4\GT`@_^ZQ7-"N;%S-,N6*PP(>TI2PK*-^:T,B^Q'WR57(F+H6S*.N^K!8?J!+Q+:AB0`A<FY7=S-#YE-TJ(T6%:QHD2YX.&ZV^M9LF[.7[:[4@SH;$1^J-Q7'OY/[!DQ@:6%"HPQM9F/`DNW`#QK`5%)ESUW*]#,]9D:SK\"J1]`>Y6OX%-M&VHTA/7,O>=1[W-NWT9BRPP&PY^9:ZWBU=S.4%8%+(OR9N^E@8[8;>D(MHDW?VA0QS3*V5_]?CYU'R2'9GA@;EVS]1)XR&W#8UE6L^!S(PY.4DI5*:`8AOQPK9L@UOX'X@Z`%3'-S@H'FM:D3J,3U(=27^M^7.8E&/E^Q-#[=#N/$<YH95&]U_4=]5%2E<E3.3Q2U^B[^SR[=W>8]!2X9.PK!D(#?2]V\K<>L0>K/,9]QV2DSS>7WSS6R;56S.OC5IMP&CGLE"0\E0&%Z[?\7I[Q3"

M_]C_X 02D9)1@ ! @$ 8 !@ #_VP!# $! 0$! 0$! 0$! 0$! 0$! 0$! M 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0'_ MVP!# 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0$! M 0$! 0$! 0$! 0$! 0$! 0$! 0$! 0'_P_1" $D V8# 2(A$! Q$! \0 M'P 04! 0$! 0$ $" P0%!@<("0H+_\0 M1 @$# P($ P4% M! 0 %] 0(# 01!1(A,4$&$U%A!R)Q%#*!D:$((T*QP152T? D,V)R@@D* M%A<8&1HE)B7J#A(6&AXB)BI*3E)66EYB9FJ*CI*6FIZBIJK*SM+6VM[BYNL+#Q,7& MQ\C)RM+3U-76U]C9VN'BX^3EYN?HZ>KQ\O/T]:W^/GZ_\0 'PP! 0$! 0$! 0 $" P0%!@<("0H+_\0 M1$ @$"! 0#! <%! 0 0)W $" M Q$$!2$Q!A!40=A<1,B,H$(%$*1H;'!"2,4O 58G+1"A8D-.$E\1<8&1HF M)R@I*C4V-S@Y.D-$149'2$E*4U155E=865IC9F5F9VAI:G-T=79W>'EZ@H.$ MA8:'B(F*DI.4E9:7F)F:HJ.DI::GJ*FJLK.TM;:WN+FZPL/$Q<;'R,G*TM/4 MU=;7V-G:XN/DY>;GZ.GJ\O/T]?;W^/GZ_]H # ,! (1 Q$ /P*^_BBBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH M**** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH ^2?VR_VW M/V?OV#OA1%\7? V@O$&N6.DZKKD?A7P;X2\%>%M;\>_$CXB^+IM,U+6U\+^ O M WANUO-9\0:K#HFC:QKFHR)';Z5HFAZ5J.M:[J6F:79SW:>1W?\ P5@_X)_V M@^#<\?0[$&K:3\=O!7PA^(_@?Q1X:^&GQC\5^"-'\"?'SQU:_##X.>*?B_X\ M\_#W5O!G[/6C_$+XD70\ ^'[KX_:[\UG\8VFJ^&YA!J^BZO=6/\ \%WO MV_&?A MK3OBU\(-.7TC2?:$ BOX8ZQPXT6VXN7]FA\"^.T_\(%^JA\\ M"/B=\&_^"P/XC0@\H*"?V; ^IL=EWXN_LU_$/\K[E\ ^"C(@\+V,3OT/C@'&: X\^@T @0<\9TQ&*?:O\ ^" J%Y@#X^*\Q[@@\3^"2;' M\@BD$'N6OD3OS-+6UUIO3DFCVVBBWJ2#@0DM0V_KG.KOA94L% :*<IBMUUPGKR)KDI)LA6UYV+J\$B? ^EIV_K&]46S:5_*DHS<TPVV0TD@B. :/"E#QR@H9=2<_C9ZI85E^2S.D@2YRYSS6Y*(8_\5V<@=#G]K7\$BQ3!J]Z3?Q60_DW\N=SVBGAUV:X$+6!3HT0_-*\F<HU;!C@T8KHP;\R8&;U5F6'RX]4^"N&&W>0E$KR?7T,>4=4/J.!>*XYBRB.$T=W]5;JFDN/ZJ9K2<\!)M(IQ<.R9MW'?EG^YE0@8&SF<6PE[^PDMA?LGV"X[ZJGMO=I?RRAD\!7[\\]DM_:/8YRB9EHO_J'O;1T]7R/<L@+)7T^AW+GIQBSEY6B$WN3'L;M^-W4-]<+V/3^SR@:HEC=LT9$FKZ?G)Q)MS^D^\>Z@'J7^\J8V$*S;QP^I^'W"+6?4UOF39?37R6XG5LP#^UKLXP_C:B%ZV0VI-VTCS<[K]J?\](N'FZSJEOJN;C0

~~Z9]%%%?EA]B?X[G_!8[_M_E*M^W___G4_&#__2S4*_UZ?A=_P DS^'?_8B^$?\ U']/K_(6_P""QW_* M5;]O_P#[.I^,'_J6:A7^O3\+O^29_#O__+$7PC_ZC^GU^H\?_P#(HX2_[_I_M^HF7'R/#?
^^YS_U^A_Z>Q)UVH@'3[\$ @V5T"" 008'R"#P0>X/!K_&6_8O M'_!1O]E$?MK? D ?'3PK@ #@ =@.!7^S3J\ R#[[_KSNO_1#U_C+_M_L7__/*1S]E'_L];X%?^KT*T_#_G_=.)O^P7#?\
IO'BXH_CY1_U]K_^EX0__MO2_X,[/BCJO@S_@FIX!\ :7($64H+OP]X2\(>/2'?V62-2 M/.C7Q/H'A>]VL"B2V<,G#K'GV/O^#.GPGI6I_MV_M'>+[N%)=3*_LLW^G:2 M[J&-L/$WQ2^'0OYHV(.R1H-
&2WW+AC%/*N=K,#^[W_!VU* 2\>?\$OM#\=: M9;SSI\%/VD?AMXSUMXE9TMO#_B70_&GPSDGG?*P#A(?OAN$,P 629!N M8@_S@%3 !I1\<]'^&7 !3'Q!\,M=OK:RB_:#^
'CGP3X>%S*D/VOQEX3U?PU M\2=.LX6DPKS3>&_"?B\10[A)_(HX@\C!&Z !7]*6,E6Y?BO3GA MZM1RZZ86,;[KE5NZ,L<^7BC!NI90;PZA?;WE.$;=OWK:7]X_TQ*_+;]N/_@C M3_P3]_X*'>
=%^)G[27P=N=3^)>BZ5:Z"/'_()6>(? GB;6_L99);'1_$ MD^@7D%EXBMK#S9H=/N=7L+K5 .M96L[#4+:U6.%/U)HK\LPN+Q6!K+$8/$5L M+7BG%5:%2=*HHRTE'F@T^5]4W9V5UH?
7UJ%'$0=.O2IUJ;:A4A&<;K5.TDU M==='NCQC]GK]GKX/?LJ_!SP/\ O@)X)T[X>_"GX=:9+I?A;POILMY=):QW5[< MZGJ5[>ZCJ5O>:JJVKZQJU[?:MK&KZI>7>H:GJ5Y>?%WP%^Q\
M*==O_P!K/KZ>!?V8_'BKPO':W%_^T9\3O"?PP\/^*-&-A"!IQ;XI^>.MM: MMKN"&U6'3(H]%V1!';V*,RI'HWQZ^_@[[GOX'?&GX\+YQ<^%?@;\,O&W MQ%%66UE<0?:6L_!/A>
[\576D19+K#JNHV=O!!8P3J&>6_LVV%)D+?Y1/Q__: M$_;*_P""ZW_!0#X5?#[XF_$B],K?&SXKZ5X(^'@I+N^/PK^!WA36=2?[7]X M8\)0S06HM/"7AA;[5-=UCR3XJ\61Z7
M/C=^WK\9;ZYET[P_X8^'7@G6M *ZIJ<:'-O%XDUS29/$NK0B3;JWG@WP!XM MLIUW20W1B D;^5G_(.!_CK__9E^)G[!'G@S]DSX87NK_!2M
M_P!G7X5V6HV=_P#$4E[+P'/XXU7OZ;C7-1\41W'P'PI:VZ:WH?@F%)1<"T_MP3-=S/\ Z C[!'O P3@_92_X)T?"O3/AK^SG\.)TC4SIUK;^?BEJUG9ZA\ M4?B5]D:J]UJWC#Q:\ OYX9I[27
EX=L9+/PSH22?9M$TFRA4AOY6O^#T*^@& MC?\ !/S3?WGVEM2_:OA\H\KR$MO@Q ?GW9\SS'7"[<;0* [)'\(/AJT:^ S(C2RLRBDD*TLA4 NQ/I? ?R0?\ M!G7901?L ?M$WR!_O/VN=,'?B;-
XD^"O[17C[1H$EC**TW@[Q_J0TB^B1P=UG?V]G9A9OAEEL[F&1=R MN,UX7\CK9U&T?;.AA'"^_LU/$*ILT^7GE1YK-7?+JG8GBY2Y,!+7D4ZZE;;F M:HN/E>RG:Z?7Y_W0'_@I#_P=$@D#_@DY\
(@ < #0M?('8$?M%8(]QP>U_X M*1?\'1.1G_@DY\(R,C(_L'Q ,CN_P##1/&?6OZLO@;\5_#?QW^#'PG^?@Z M\MM0\+?%KX<#/B+H-3+/!JGC'P]I^OVJ!T+ 201WX@GB;L\4L$RI+&
MZ+ZG7R4\]PE".[:PTS4-8\22:-0!(+>9NW$$%@G.#BG7 W:V>)+>7 O;QR7 M%K:H:T"275[<16EG;(\K*7%W=S0VMK"L.EQ<310Q*\DB*%%9\0<2XOB)
M8)8K#87#K!*M&E]6C67,JRH*2FZM6K?E]C'E4:6YG>^EKRW*J.6.Q[*K6JNO M[-S]]X.SASV:Y(0^)SDW>_E;6Y1117S9ZI_/A_P5D_X+(?^ !.KP3^PQ^U?^ M/_#'[4_P=^+__4_BA\"/BC\)? _PZ^^$?
C;2?B+K6I^?B7X.U?P387%\<>#_MY]8TS0M'TAM<;6M5U+6KZPMQ]^G7, DUYJ4MG87/^97^S5\5;3X%?M&_/XW M7^F3ZW8?!WXU?"WXJ7NC6TB0W.KVGP]\=%XNN-
+MY92L44^H1:0]I%+(PCC MDF5W(4$U_J"_\0[_/P1N/7]BS03_P!U? :&_P#ZA'\0[__1N_P"C*]!__M\.]^T_\]ROU'(.).&,AP>)PE^CG>)6,ES5ZE:C@8MKV"LU"$;>,7)%1\
MI7D_>LHI?'YCEF;9C7HUYSP?T%:E&%3$.SYE-RDY4'S-M1Z)6BM V_MS]E7 M_@J=_P_$_Q?M)_"VE_L]?M0_"_O?XV\7::VHZ9\*]0UV'PM\6D:WTV35=3L M)_ASXD_LSQ2]HUI;WDFI?8-
/OK..*QO+NVO+FPA V?T"K\E?V;_^",G_!__M]E;XU>#?CO\/\ 9>T;X??%CP*VM2>%/%]Q\1?C'K\^CR;[H&I^&M6>'2_% M?Q$UW0IWN]#UG4]/9KS2[@Q17Q MC*,K\UU[RM;6]S\F_P!L?2
M;L5_P3C_9K^&_QGM?%_P"UC\&M>:PSXTT<_M_"7P-XTTGOO\1\!/0W5%5CJ6EP^2^P*W+&J?NF:O<KL0T+>T_F&OAN%?IJ/MR+0 #+RF4OR_!'V=/XIB:_R_Y%X*:QN#&L'O8#U#C*+D:%IR
M,UK3M86)9GT_4K345A9BB2M;7_=R(V8!F17,84L Q$ MD D5_K$^/\@A_P22^(OCGQGC0?8&\ VB:UXQ\=>*_$7C'O7K,GQ6^/5F^ MK>)/$^\LFMZYJ;6>G?
%.STZT:_U2^NKHVMA:6ME;F4Q6MM! J1+RG_$,_P#\ M$;O^C*!'_P##?O?M#?_/?AA!XC^.WA!?AQXI_9M^*6N6W@ MSXAWNH^.)/AG7_AI'X?\1/IC>,+F_?4[G0K2Z\'7&MV.N"YA;2;N=[B_!_G
M;_\ !3;_ ()?T?M&*&^X'QU!\1?2V44_VA^AEAAU6ST#68? M$'AE6U>&_K/3?B;X"N(;"W\3+-Y4ZW]E#KUC:2^'!'8?7_B^U+!"G_B>?PRNG(-U]]M+J-MI=6G@W!1?$>
1/#/Q@*^&7C:PSX]+>(X_BA]TUWP M[K_>G:W\3M2^^ETS5KS&TO8K;4]/AV@T:>:9!;GG/[]_!Q*+ZFYO?Q]Q[VG@:+V'?^X>X^HG+3^RBM9JX(X-8*):44W[=SRYF5L:HV3$ _F-(XG._6H
]_P3D^X.C/V*_P#PQ,^F4*\PFZ(>^(XV^G=?.^ ETS5K&TO8K;4]/AV@T:>:9!;GG/[]_!Q*+ZFYO?Q]Q[VG@:+V'?^X>X^HG+3^RBM9JX(X-8*):44W[=SRYF5L:HV3$ _F-(XG._6H
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\&]7__2^_8)^,'@T_&WXK_LV>#OB3\1?"4MAJ&@Z MAXYU7QCXI\6MZMVDD=S<^_=:\2WOP_U66&2*2W;5Q"]]]GD4/!'Y;Y]3'Y M'PE2P4_4,YA@ZTHU(Y?
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KOA_5K&4+++:N*_USK>W@M((+6U@AMK6VACM[:VMXTA@MX(46.& M"""&5CBABC58XXXU5(T5550H K\Y/^*7G7:JO+(F9_-O,VM[DLMV!(+P[%?,G.%9Z:U#Y JM9U8-[QLBBZ"-TMN!]S-6W1NKNU/*REGHZRT+?3>OG5BI=%&34[GS-YD+[Q-FNF2O37Q_R+EMPDU%7.U,I8B+SA+;(2B\EWNT^7AA!/'9G*?__FLQFY5"_K-PT9@B*TA
N3U(UH50&DHZ2PV%G6/;(?>NN![SZNZ2$(^O[...;=_PZ6(DR[E?9JD8D+=_IQMNZ)BI^0?KA/WZL#*0+Z*WIR*G-5M0Y*UF=CA*PMOPTBI48[&NF,3H5)EF$B4-NW*1<W%;N\9N1LA9:%8$6>)'1:?=?56JI7L)8!^&F>M8?'C'V"3HT.KCT:!,'U*$N(44.A?I@W^?-+LD@+6H1IN%V2>/=R[9=OC9<)L5
(UPDATED) ~~

~~MU4DJF(KN$+J/[NE",:=/W5=_28+!U*#K5\35]OB\2XNM4BG&G&,$U3HT8-OE 3IT[RLW[TY-REJ[(HHHKQ#O/ V0$! end EX-101.SCH 17 hca-20241231.xsd XBRL TAXONOMY EXTENSION SCHEMA WITH EMBEDDED LINKBASES DOCUMENT 100000 - Document - Cover Page link:presentationLink link:calculationLink link:definitionLink 100010 - Statement - Consolidated Income Statements link:presentationLink link:calculationLink link:definitionLink 100020 - Disclosure - Assets and Liabilities Measured at Fair Value - Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis (Detail) 2 link:presentationLink link:calculationLink link:definitionLink 100030 - Disclosure - Investments of Insurance Subsidiaries - Schedule of Investments (Detail) 2 link:presentationLink link:calculationLink link:definitionLink 100040 - Disclosure - Long Term Debt - Schedule of Long-Term Debt (Detail) 2 link:presentationLink link:calculationLink link:definitionLink 100050 - Statement - Consolidated Comprehensive Income Statements link:presentationLink link:calculationLink link:definitionLink 100060 - 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Disclosure - Employee Benefit Plans link:presentationLink link:calculationLink link:definitionLink 995597 - Disclosure - Segment and Geographic Information link:presentationLink link:calculationLink link:definitionLink 995607 - Disclosure - Other Comprehensive Loss link:presentationLink link:calculationLink link:definitionLink 995617 - Disclosure - Accrued Expenses link:presentationLink link:calculationLink link:definitionLink 995627 - Disclosure - Accounting Policies (Policies) link:presentationLink link:calculationLink link:definitionLink 995637 - Disclosure - Accounting Policies (Tables) link:presentationLink link:calculationLink link:definitionLink 995647 - Disclosure - Share-Based Compensation (Tables) link:presentationLink link:calculationLink link:definitionLink 995657 - Disclosure - Income Taxes (Tables) link:presentationLink link:calculationLink link:definitionLink 995667 - Disclosure - Earnings Per Share (Tables) link:presentationLink link:calculationLink link:definitionLink 995677 - 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link:calculationLink link:definitionLink 995967 - Disclosure - Assets and Liabilities Measured at Fair Value - Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis (Detail) link:presentationLink link:calculationLink link:definitionLink 995977 - Disclosure - Assets and Liabilities Measured at Fair Value - Additional Information (Detail) link:presentationLink link:calculationLink link:definitionLink 995987 - Disclosure - Long-Term Debt - Schedule of Long-Term Debt (Detail) link:presentationLink link:calculationLink link:definitionLink 995997 - Disclosure - Long-Term Debt - Schedule of Long-Term Debt (Parenthetical) (Detail) link:presentationLink link:calculationLink link:definitionLink 996007 - Disclosure - Long-Term Debt - Additional Information (Detail) link:presentationLink link:calculationLink link:definitionLink 996017 - Disclosure - Leases - Schedule Of Lease-Related Assets And Liabilities (Detail) link:presentationLink link:calculationLink 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Geographic Information - Schedule Of Geographic Distributions Of Revenues, Salaries And Benefits, Supplies, Other Operating Expenses, Equity In Earnings Of Affiliates, Adjusted Segment EBITDA, Depreciation And Amortization, Assets And Goodwill And Other Intangible Assets (Detail) link:presentationLink link:calculationLink link:definitionLink 996097 - Disclosure - Other Comprehensive Loss - Components of Accumulated Other Comprehensive Loss (Detail) link:presentationLink link:calculationLink link:definitionLink 996107 - Disclosure - Other Comprehensive Loss - Components of Accumulated Other Comprehensive Loss (Parenthetical) (Detail) link:presentationLink link:calculationLink link:definitionLink 996117 - Disclosure - Other Accrued Expenses - Summary of Other Accrued Expenses (Detail) link:presentationLink link:calculationLink link:definitionLink Statement [Line Items]Statement [Line Items]Schedule of lease expense for finance and operating leasesDisclosure Of Information Related To Lease Expnses Finance And Operating Leases [Table Text Block]Tabular disclosure of lease related expenses.Senior Notes Due 2033 [Member]Senior Notes Due Two Thousand Thirty Three MemberSenior Notes Due Two Thousand Thirty Three MemberSenior Secured Notes [Member]Senior Secured Notes [Member]Senior secured notes.Schedule of undiscounted cash flows to the finance lease liabilities and operating lease liabilities recorded on balance sheetSchedule Of Maturities Of Operating And Finance Leases Liabilities [Table Text Block]Schedule of maturities of operating and finance leases liabilities.Debt Instrument [Axis]Debt Instrument [Axis]Cybersecurity Risk Board of Directors Oversight [Text Block]Accounts receivableIncrease (Decrease) in Accounts ReceivablePlan Name [Domain]Plan Name [Domain]Reorganization Group [Member]Reorganization Group Units [Member]Reorganization group units.Investment GainsInvestment GainsInvestment gains.Entity Address, Postal Zip CodeInternational (Managed Care and Other Insurers) [Member]International [Member]International.AOCI, Debt Securities, Available-for-sale, Adjustment, after TaxUnrealized gains (losses) on available-for-sale securities, beginning balancesUnrealized gains (losses) on available-for-sale securities, ending balancesCybersecurity Risk Board Committee or Subcommittee Responsible for Oversight [Text Block]Disposal Group Name [Axis]Disposal Group Name [Axis]OtherOther Sundry Liabilities, CurrentEffect of dilutive incremental sharesWeighted Average Number of Shares Outstanding, Diluted, AdjustmentWeighted Average Number of Shares Outstanding, Diluted, Adjustment, TotalEntity Incorporation, State or Country CodeTotal minimum lease paymentsFinance Lease, Liability, to be PaidInterest paymentsInterest Paid, Excluding Capitalized Interest, Operating ActivitiesSchedule of Interest Rate Swap Agreements Designated as Cash Flow HedgesSchedule of Interest Rate Derivatives [Table Text Block]SuppliesSupplies ExpenseSuppliesSenior Notes [Member]Senior Notes [Member]Acquisition of hospitals and health care entitiesPayments to Acquire Interest in Subsidiaries and AffiliatesPayments to Acquire Interest in Subsidiaries and Affiliates, TotalShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Weighted Average Exercise PriceSARs Options exercisable, Weighted Average Exercise PriceProperty and equipment, at cost:Property And Equipment [Abstract]Property and equipment's.OtherOther Noncash Income (Expense)Other Noncash Income (Expense), TotalFair Value Hierarchy and NAV [Axis]Fair Value Hierarchy and NAV [Axis]Business acquisition percentage of voting interests acquiredBusiness Acquisition, Percentage of Voting Interests AcquiredGoodwill and other intangible assetsGoodwill and other intangible assets, Beginning BalanceGoodwill and other intangible assets, Ending BalanceIntangible Assets, Net (Including Goodwill)Intangible Assets, Net (Including Goodwill), TotalAuditor NameNumber of directors as per the amended and restated by-lawsNumber Of Directors Constituting Board Of DirectorsNumber of directors constituting board of directors minimum.Deferred, FederalDeferred Federal Income Tax Expense (Benefit)Significant Other Observable Inputs (Level 2) [Member]Fair Value, Inputs, Level 2 [Member]Share-based Compensation Arrangement by Share-based Payment Award [Line Items]Share-Based Compensation Arrangement by Share-Based Payment Award [Line Items]Long-term Debt, Type [Domain]Long Term Debt, Type [Domain]Payment to acquire venture providing post acute care servicesPayments to Acquire Business Two, Net of Cash AcquiredLong-Term Debt, Maturity, Year FiveMaturity of long-term debt in 2029Reclassification out of Accumulated Other Comprehensive Income [Axis]Reclassification out of Accumulated Other Comprehensive Income [Axis]Reduction to unrecognized tax benefits.Reduction to unrecognized tax benefitsDeferred tax assets, reductionsLapse of applicable statutes of limitationsUnrecognized Tax Benefits, Reduction Resulting from Lapse of Applicable Statute of LimitationsLong-term debt due within one yearLess amounts due within one yearLong-Term Debt, Current MaturitiesLong-Term Debt, Current Maturities, TotalHome Health and Hospice [Member]Home health and hospice.ContingenciesCommitments and Contingencies Disclosure [Text Block]Accrued salariesAccrued Salaries, CurrentSenior Unsecured Note Maturities Ranging 2023 to 2095 [Member]Senior Unsecured Note Maturities Ranging Two Thousand Twenty Three To Two Thousand Ninety Five [Member]Senior Unsecured Note Maturities Ranging Two Thousand Twenty Three To Two Thousand Ninety Five [Member]Interest Rate Swaps [Member]Interest Rate Swap [Member]Product and Service [Axis]Product and Service [Axis]Total debt average termLong Term Debt Average TermLong-term debt average term.Lender Name [Axis]Lender Name [Axis]Depreciation and amortizationDepreciation, Depletion and AmortizationDepreciation, Depletion and Amortization, TotalRepurchase of common stock, sharesRepurchase of common stock, sharesCommon stock repurchasedStock Repurchased During Period, SharesFederal net operating loss carryforwardsDeferred Tax Assets Operating Loss Carryforwards FederalDeferred Tax Assets Operating Loss Carryforwards Federal.Other comprehensive income defined benefit plans net unamortized loss arising during period tax expenses.Other Comprehensive Income Unrealized Loss On Derivatives Arising During Period Tax ExpensesChange in fair value of derivative instruments, income tax expenseInvestment Fiar ValueInvestments of insurance subsidiariesInvestments of insurance subsidiariesInvestment Owned, Fair ValueInvestment Owned, Fair Value, Ending BalanceInvestment Owned, Fair Value, Beginning BalanceAsset-Based Revolving Credit Facility Maturing on June 28, 2022 [Member]Asset Based Revolving Credit Facility Maturing On June Twenty Eight Two Thousand Twenty Two [Member]Asset based revolving credit facility maturing on june twenty eight two thousand twenty two.Cybersecurity Risk Management Processes Integrated [Text Block]Discontinued Operation, Gain (Loss) on Disposal of Discontinued Operation, Net of TaxDiscontinued Operation, Gain (Loss) on Disposal of Discontinued Operation, Net of Tax, TotalGain (loss) after taxCapital StockEquity [Text Block]Title and Position [Axis]Long-Term Debt, GrossCarrying amounts of long-term debtOtherComprehensiveIncomeUnrealizedHoldingLossOnDebtSecuritiesArisingDuringPeriodTaxExpenseOtherComprehensiveIncomeUnrealizedHoldingLossOnDebtSecuritiesArisingDuringPeri gains (losses) on available-for-sale securities, tax expenseFinite lived intangible asset useful lifeFinite-Lived Intangible Asset, Useful LifeInventoriesInventory, Policy [Policy Text Block]CIKEntity Central Index KeySchedule of lease-related assets and liabilitiesDisclousure Of Lease Related Assets And Liabilities [Table Text Block]Tabular disclosure of lease assets and liabilities.Debt Securities, Available-for-sale [Line Items]Debt Securities, Available-for-Sale [Line Items]Discontinued Operations, Disposed of by Sale [Member]Discontinued Operations, Disposed of by Sale [Member]Net change in revolving credit facilitiesProceeds from (Repayments of) Lines of CreditShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Forfeitures in PeriodCancelled, SARs OptionsAuditor OpinionAuditor Opinion [Text Block]Common Stock, Value, OutstandingCommon stock $0.01 par; authorized 1,800,000,000 shares; outstanding 249,981,400 shares - 2024 and 265,537,300 shares - 2023Increase (decrease) in cash from operating assets and liabilities:Increase (Decrease) in Operating Capital [Abstract]Money market funds and other, Unrealized LossesMoney Market Funds And Other Unrealized LossesMoney market funds and other, unrealized losses.States and Municipalities [Member]US States and Political Subdivisions Debt Securities [Member]Proceeds from sale of businessSales of hospitals and health care entitiesProceeds from Divestiture of BusinessesForeign currency translation adjustments, beginning balancesForeign currency translation adjustments, ending balancesAccumulated Other Comprehensive Income (Loss), Foreign Currency Translation Adjustment, Net of TaxYear 5Finance Lease, Liability, to be Paid, Year FiveLong-Term Debt, Maturity, Year FourMaturity of long-term debt in 2028Income Statement [Abstract]Share-Based Payment Arrangement, Stock Appreciation Right, Activity [Table Text Block]Schedule of Stock Appreciation Rights ActivityEntity Address, State or ProvinceOther Nonhospital Health Care Entities [Member]Other Nonhospital Health Care Entities [Member]Other nonhospital health care entities.Year 1Finance Lease, Liability, to be Paid, Year OneRight-of-use lease assets and obligationsDeferred Tax Liabilities Right Of Use Lease ObligationDeferred Tax Liabilities Right Of Use Lease ObligationIncome before income taxesIncome before income taxesIncome (Loss) from Continuing Operations before Income Taxes, Noncontrolling InterestAdjustments To Estimated Reimbursement Amounts Resulting In Net Decrease To Revenues Related To Primarily Cost Reports Filed During Previous YearsAdjustments To Estimated Reimbursement Amounts Resulting In Net Decrease To Revenues Related To Primarily Cost Reports Filed During Previous YearsAdjustments to estimated reimbursement net decrease filed during previous yearsNumber of owned and operated hospitalsNumber Of Owned And Operated HospitalsNumber of owned and operated hospitals.Income Tax Examination, Interest ExpenseIncome Tax Examination, Interest ExpenseProduct and Service, Other [Member]Other [Member]Other Comprehensive Income Location [Axis]Other Comprehensive Income Location [Axis]Weighted Average Remaining Term AbstractWeighted-average remaining term:Weighted Average Remaining Term [Abstract]Reclassification out of Accumulated Other Comprehensive Income [Member]Reclassification out of Accumulated Other Comprehensive Income [Member]Pretax gain (loss) before taxDiscontinued Operation, Gain (Loss) from Disposal of Discontinued Operation, before Income TaxDebt Instrument, Repurchased Face AmountDebt instrument, redemption principal amountDebt instrument maturity dateLine of Credit Facility, Expiration DateShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Intrinsic ValueSARs Options exercisable, Aggregate Intrinsic ValueSchedule of Maturities of InvestmentsInvestments Classified by Contractual Maturity Date [Table Text Block]ThereafterFinance Lease, Liability, to be Paid, after Year FivePayment of debt issuance costsPayments of Debt Issuance CostsAmortization of debt issuance costsAmortization of debt issuance costsAmortization of Debt Issuance CostsEstimated amount reclassified from other comprehensive income and reduce interest expenseDerivative Instruments, Gain (Loss) Reclassification from Accumulated OCI to Income, Estimated Net Amount to be TransferredAsset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]Asset based revolving credit facility maturing on june thirty two thousand twenty six.CoverCover [Abstract]Basic earnings per shareBasic earnings per shareEarnings Per Share, BasicEarnings Per Share, Basic, TotalReclassification out of Accumulated Other Comprehensive Income [Domain]Reclassification out of Accumulated Other Comprehensive Income [Domain]Income Tax Contingency [Line Items]Income Tax Contingency [Line Items]Unrealized Amounts, GainsDebt Securities, Available-for-Sale, Accumulated Gross Unrealized Gain, before TaxNet payments of professional and general liability claimsProfessional And General Liability Claims Payments NetProfessional and general liability claims payments net.Income Tax Contingency [Table]Income Tax Contingency [Table]Noncontributory Nonqualified Plan Benefit Cost (Credit)Noncontributory nonqualified plan benefit cost (credit).Noncontributory and nonqualified plan, benefit expense (credit)Financing cash flows for finance leasesFinance Lease, Principal PaymentsDocument Annual ReportDocument Annual ReportConsolidation Items [Domain]Investments, Debt and Equity Securities [Abstract]Financial InstrumentsDerivative Instruments and Hedging Activities Disclosure [Text Block]Performance obligations for inpatient/ outpatient services satisfied periodRevenue, Remaining Performance Obligation, Expected Timing of Satisfaction, ExplanationLine of Credit Facility, Increase (Decrease), Net, TotalLine of Credit Facility, Increase (Decrease), NetIncrease in revolving credit facilityCompensation expenseShare-Based Payment Arrangement, ExpenseFinance leasesFinance Lease, Weighted Average Discount Rate, PercentForeign currency translation adjustments, income tax expenseOther Comprehensive Income Foreign Currency Translation Adjustment Tax ExpenseOther comprehensive income foreign currency translation adjustment tax expense.Foreign currency translation adjustments, income tax expenseEstimated costs of charity careEstimated Cost Of Charity CareEstimated cost of charity care.Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six One [Member]Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six One [Member]Asset based revolving credit facility maturing on june thirty two thousand twenty six one.Total debt (average life of 9.4 years, rates averaging 5.1%)Long Term DebtChange in investmentsPayments for (Proceeds from) InvestmentsPayments for (Proceeds from) Investments, TotalSenior Secured Notes Due 2024 [Member]Senior Secured Notes Due Two Thousand Twenty Four [Member]Senior Secured Notes Due Two Thousand Twenty Four [Member]Losses (gains) included in other operating expensesOther Comprehensive Income (Loss), Reclassification Adjustment from AOCI for Sale of Securities, before TaxRetained Earnings (Accumulated Deficit)Retained Earnings (Accumulated Deficit), TotalRetained deficitPlan Name [Axis]Plan Name [Axis]Segment Reporting [Abstract]Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, NumberSARs Options Outstanding, Beginning BalanceSARs Options Outstanding, Ending BalanceCurrent assets:Assets, Current [Abstract]Common stock were reserved for issuanceCommon Stock, Capital Shares Reserved for Future IssuanceMoney market funds and other, Amortized CostMoney Market Funds And Other Amortized CostMoney market funds and other amortized cost.Schedule of Defined Benefit Plans Disclosures [Table]Defined Benefit Plan [Table]Outstanding checks unpresented for paymentOutstanding Checks Unpresented For PaymentOutstanding checks unpresented for payment.Net cash provided by operating activitiesNet Cash Provided by (Used in) Operating ActivitiesWeighted Average Grant Date Fair Value, RSUs and PSUs, CancelledShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Forfeitures, Weighted Average Grant Date Fair ValueNumber of freestanding surgery centersNumber Of Freestanding Surgery CentersNumber of freestanding surgery centers.Product and Service [Domain]Product and Service [Domain]Accumulated other comprehensive lossAccumulated Other Comprehensive Income (Loss), Net of TaxAccumulated Other Comprehensive Income (Loss), Net of Tax, TotalAccumulated other comprehensive loss, net of tax, ending balancesAccumulated other comprehensive loss, net of tax, beginning balancesDebt Instrument [Line Items]Debt Instrument [Line Items]Property and equipment, netProperty, Plant and Equipment, NetYear 4Lessee, Operating Lease, Liability, to be Paid, Year FourInvestment SecuritiesInvestment, Policy [Policy Text Block]Cash flows from operating activities:Net Cash Provided by (Used in) Operating Activities [Abstract]Common stock, par valueCommon Stock, Par or Stated Value Per ShareCybersecurity Risk Management Positions or Committees Responsible [Text Block]Operating Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]Unrealized gains (losses) on available-for-sale securities, net of income taxesOCI, Debt Securities, Available-for-Sale, Unrealized Holding Gain (Loss), before Adjustment, after TaxUnrealized gains (losses) on available-for-sale securities, net of income taxesStatement of Cash Flows [Abstract]Counterparty Name [Axis]Counterparty Name [Axis]Provisions for losses related to professional liability risksProvisions For Losses Related To Professional Liability RisksProvisions for losses related to professional liability risks.Decrease in provision for professional liability risksDecrease in Provisions For Professional Liability RisksDecrease in provisions for professional liability risks.Investments in and advances to affiliatesEquity Method InvestmentsLong-Term Debt, Fair ValueEstimated fair value of long-term debtSenior Notes Due Two Thousand Fifty Four [Member]Senior notes due two thousand fifty four.Senior Secured Notes Due 2054 [Member]Other, AssetsDeferred Tax Assets, OtherMedicare [Member]Medicare [Member]Medicare.Equity Components [Axis]Equity Components [Axis]Entity Address, Address Line OneSchedule of Computations of Basic and Diluted Earnings Per ShareSchedule of Earnings Per Share, Basic and Diluted [Table Text Block]Additions based on tax positions related to the current yearUnrecognized Tax Benefits Increase Decrease Resulting From Current Period Tax PositionsUnrecognized tax benefits, increase (decrease) resulting from current period tax positions.RSUs and PSUs, GrantedShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Grants in PeriodCybersecurity Risk Process for Informing Board Committee or Subcommittee Responsible for Oversight~~

~~[Text Block]Income taxes and other liabilitiesIncome Taxes And Other LiabilitiesIncome taxes and other liabilities.Subsequent Event Type [Axis]Defined benefit plans, income tax expenseOther Comprehensive Income Defined Benefit Plans Net Unamortized Gain Arising During Period Tax expenseOther comprehensive income defined benefit plans net unamortized gain arising during period tax expense.Fair value of the noncontrolling interest in the acquiree at the acquisition dateBusiness Combination, Acquisition of Less than 100 Percent, Noncontrolling Interest, Fair ValueMaximum borrowing capacityLine of Credit Facility, Maximum Borrowing CapacityRisk-free interest rateShare-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Risk Free Interest RateAccounts receivable, AssetsDeferred Tax Assets Accounts ReceivableDeferred tax assets, accounts receivable.Hedging Relationship [Axis]Hedging Relationship [Axis]Urgent Care Centers [Member]Urgent Care Centers.Investments of Insurance SubsidiariesInvestments in Debt and Marketable Equity Securities (and Certain Trading Assets) Disclosure [Text Block]RSUs and PSUs Outstanding, Beginning BalanceRSUs and PSUs Outstanding, Ending BalanceShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, NumberTotal lease liabilitiesTotal Lease LiabilitiesPresent value of lessee's for lease payments from finance lease.Entity Voluntary FilersAmendmentAmendment FlagNet income attributable to noncontrolling interestsNet Income (Loss) Attributable to Noncontrolling InterestNet Income (Loss) Attributable to Noncontrolling Interest, TotalCurrent, FederalCurrent Federal Tax Expense (Benefit)Inventories and other assetsIncrease (Decrease) in Inventories and Other Operating AssetsFair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]Right-of-use operating lease obligationsOperating Lease, Liability, NoncurrentLong-term lease obligationsText Block [Abstract]Debt Instrument, Name [Domain]Debt Instrument, Name [Domain]Investment carrying valueDebt Securities, Available-for-Sale, NoncurrentInvestments of insurance subsidiariesDepreciation and fixed asset basis differences, LiabilitiesDeferred Tax Liabilities, Property, Plant and EquipmentDefined Benefit Plan, Net Periodic Benefit Cost (Credit)Defined Benefit Plan, Net Periodic Benefit Cost (Credit), TotalDefined benefit plan cost (credit)Tax Cuts And Jobs Act Of 2017 Income Tax Examination Interest ExpenseTax cuts and jobs act of 2017 income tax examination interest expense.Tax Cuts And Jobs Act Of 2017 Income Tax Examination Interest ExpenseOperating Lease, Liability, Current, Statement of Financial Position [Extensible Enumeration]Accounts ReceivableReceivable [Policy Text Block]Net income attributable to HCA Healthcare, Inc.Net income attributable to HCA Healthcare, Inc.Senior Secured Notes Due 2034 [Member]Senior Notes Due Two Thousand Thirty Four [Member]Senior notes due two thousand thirty four.Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercises in PeriodExercised, SARs OptionsSenior Secured Notes Due 2027 [Member]Senior Secured Notes Due Two Thousand Twenty Seven [Member]Senior secured notes due two thousand twenty seven.Senior Secured Asset-Based Revolving Credit Facility [Member]Senior Secured Asset Based Revolving Credit Facility [Member]Senior secured asset-based revolving credit facility.Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, NumberSARs Options Exercisable, Ending BalanceVariable Rate [Domain]Variable Rate [Domain]Benefits expense of defined benefit plansDefined Contribution Plan, CostLandLandOtherStockholders' Equity, OtherSchedule of Long-Term DebtSchedule of Debt [Table Text Block]Change in fair value of derivative instruments, income tax benefitOther Comprehensive Income Unrealized Loss On Derivatives Arising During Period Tax BenefitOther comprehensive income defined benefit plans net unamortized loss arising during period tax benefit.Losses (gains) on sales of facilitiesGain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber PropertySalaries and benefitsLabor and Related ExpenseSalaries and benefitsEquity Component [Domain]Equity Component [Domain]Range [Domain]Statistical Measurement [Domain]Total debt average rateLong-Term Debt, Weighted Average Interest Rate, at Point in TimeAdjustments to estimated reimbursement filed during previous yearsAdjustments To Estimated Reimbursement Amounts Resulting In Net Increases To Revenues Related To Primarily Cost Reports Filed During Previous YearsAdjustments to estimated reimbursement amounts resulting in net increases to revenues related to primarily cost reports filed during previous years.Document Financial Statement Error Correction [Flag]General and administrative expenseGeneral and Administrative ExpenseGeneral and Administrative Expense, TotalOther, RatioOther Revenues RatioOther revenues ratio.Operating Expenses Excluding Depreciation And Amortization Interest Expense Losses (Gains) On Sales Of Facilities Losses On Retirement Of DebtOperating expenses excluding depreciation and amortization interest expense losses (gains) on sales of facilities losses on retirement of debt.Operating expensesLong-term line of creditLine of credit outstandingLong-Term Line of Credit, NoncurrentSenior Secured Credit Facility [Member]Senior secured credit facility member.Senior Secured Credit Facility [Member]Deferred, StateDeferred State and Local Income Tax Expense (Benefit)Cybersecurity Risk Materially Affected or Reasonably Likely to Materially Affect Registrant [Text Block]Cybersecurity Risk Management Processes Integrated [Flag]Net incomeNet incomeNet Income (Loss), Including Portion Attributable to Noncontrolling InterestDebt Instrument, Variable Interest Rate, Type [Extensible Enumeration]Other [Member]Other Acquisition [Member]Other acquisition.Operating cash flows for operating leasesOperating Lease, PaymentsEmployee Benefit PlansRetirement Benefits [Text Block]Other Comprehensive Income Unrealized Holding Loss On Debt Securities Arising During Period Tax BenefitOther comprehensive income unrealized holding loss on debt securities arising during period tax benefit.Unrealized losses on available-for-sale securities, tax benefitSupplemental Executive Retirement Plan [Member]Supplemental Executive Retirement Plan [Member]Supplemental executive retirement plan.Payables and Accruals [Abstract]Deferred loan costsDeferred Loan CostsDeferred loan costs.Other, LiabilitiesDeferred Tax Liabilities, OtherGross carrying amount of intangible assetsFinite-Lived Intangible Assets AcquiredGoodwill and other intangible assets, AcquisitionsGoodwill And Other Intangible Assets Acquired During PeriodGoodwill and other intangible assets acquired during period.Consolidation Items [Axis]Cancelled, Weighted Average Exercise PriceShare-Based Compensation Arrangements by Share-Based Payment Award, Options, Forfeitures in Period, Weighted Average Exercise PriceClass of Stock [Domain]Class of Stock [Domain]Federal Home Loan Banks [Abstract]Government Relief Fund DomainGovernment Relief Fund [Domain]Other comprehensive income (loss)Other Comprehensive Income (Loss), Net of TaxSenior Unsecured Note Maturities Ranging Two Thousand Twenty Five To Two Thousand sixty four [Member]Senior unsecured note maturities ranging two thousand twenty five to two thousand sixty four member.Senior Unsecured Note Maturities Ranging 2025 to 2064 [Member]Comprehensive income attributable to HCA Healthcare, Inc.Comprehensive Income (Loss), Net of Tax, Attributable to ParentCommon stock, shares outstandingCommon Stock, Shares, OutstandingCommon Stock, Shares, Outstanding, Beginning BalanceCommon Stock, Shares, Outstanding, Ending BalanceFair Value Measurements and DisclosuresFair Value Measurement, Policy [Policy Text Block]Interest rate swapsInterest Income (Expense), OperatingInterest Income (Expense), Net, TotalSchedule of Provision for Income TaxesSchedule of Components of Income Tax Expense (Benefit) [Table Text Block]Maturity DateDerivative Maturity Month And YearDerivative maturity month and year.Cybersecurity Risk Process for Informing Management or Committees Responsible [Text Block]GEORGIADeferred, ForeignDeferred Foreign Income Tax Expense (Benefit)Schedule of Restricted Stock Units ActivityShare-Based Payment Arrangement, Restricted Stock Unit, Activity [Table Text Block]Entity Interactive Data CurrentDebt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, Year OneDue in one year or less, Fair ValueOperating Activities [Domain]Operating Activities [Domain]Money market funds and other, Fair ValueMoney market funds and otherMoney Market Funds And Other Fair ValueMoney market funds and other fair value.Debentures Maturities Ranging 2024 to 2095 [Member]Debentures Maturities Ranging Two Thousand Twenty Four To Two Thousand Ninety Five [Member]Debentures maturities ranging two thousand twenty four to two thousand ninety five.Retirement Plan Type [Axis]Retirement Plan Type [Axis]Type of Adoption [Domain]Accounting Standards Update [Domain]Weighted Average Grant Date Fair Value, RSUs and PSUs, VestedShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Weighted Average Grant Date Fair ValueCash and cash equivalents at beginning of periodCash and cash equivalents at end of periodCash, Cash Equivalents, Restricted Cash, and Restricted Cash EquivalentsCash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, TotalStatement of Financial Position Location, Balance [Axis]Less: amount of lease payments representing interestFinance Lease, Liability, Undiscounted Excess AmountRange [Axis]Statistical Measurement [Axis]Commitments and Contingencies, Policy [Policy Text Block]Government Investigations, Claims and LitigationForeign currency translationOther Comprehensive Income (Loss), Foreign Currency Transaction and Translation Adjustment, before TaxOther Comprehensive Income (Loss), Foreign Currency Transaction and Translation Adjustment, before Tax, TotalSettlementsUnrecognized Tax Benefits, Decrease Resulting from Settlements with Taxing AuthoritiesCompensation, AssetsDeferred Tax Assets, Tax Deferred Expense, Compensation and BenefitsDeferred Tax Assets, Tax Deferred Expense, Compensation and Benefits, TotalOperating leasesOperating Lease, CostIncome Tax Expense (Benefit), Continuing Operations, Adjustment of Deferred Tax (Asset) LiabilityIncrease in tax provision, due to internal restructuring of certain affiliatesTotal lease expenseLease, CostProfessional Liability ClaimsProfessional Liability Claims [Policy Text Block]Professional liability claims.Operating cash flows for finance leasesFinance Lease, Interest Payment on LiabilitySchedule of Estimated Cost of Uncompensated CareSchedule Of Estimated Costs Of Uncompensated Care [Table Text Block]Schedule of estimated costs of uncompensated care.Number of hospitals soldNumber Of Hospitals SoldNumber of hospitals sold.Payment to acquire venture providing post acute care servicesPayments to Acquire Businesses, Net of Cash AcquiredPayments to Acquire Businesses, Net of Cash Acquired, TotalShares Available for Future GrantsShare-Based Compensation Arrangement by Share-Based Payment Award, Number of Shares Available for GrantAccounting PoliciesBasis of Presentation and Significant Accounting Policies [Text Block]Weighted Average Grant Date Fair Value, RSUs and PSUs, GrantedShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Grants in Period, Weighted Average Grant Date Fair ValueMaximum amount losses per occurrenceFacilities Insured By Wholly Owned Insurance Subsidiary For Losses Maximum AmountFacilities insured by wholly owned insurance subsidiary for losses maximum amount.Effect of exchange rate changes on cash and cash equivalentsEffect of Exchange Rate on Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Continuing OperationsEmployee medical benefitsAccrued Employee Benefits, CurrentOwnership [Domain]Ownership [Domain]Total assetsAssetsAssetsExpected life, in yearsShare-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected TermEffect of Interest Rate on Results of OperationsSchedule of Cash Flow Hedging Instruments, Statements of Financial Performance and Financial Position, Location [Table Text Block]Senior notes due two thousand twenty three.Senior Notes Due Two Thousand Twenty Three [Member]Senior Notes Due 2023 [Member]Schedule of Long-term Debt Instruments [Table]Schedule of Long-Term Debt Instruments [Table]Number of hospitals purchasedNumber Of Hospitals AcquiredNumber of hospitals acquired.Senior Unsecured Note Maturities Ranging 2024 to 2095 [Member]Senior Unsecured Note Maturities Ranging Two Thousand Twenty Four To Two Thousand Ninety Five [Member]Senior Unsecured Note Maturities Ranging Two Thousand Twenty Four To Two Thousand Ninety Five [Member]Current, ForeignCurrent Foreign Tax Expense (Benefit)Foreign pretax incomeIncome (Loss) from Continuing Operations before Income Taxes, ForeignDeferred tax liabilitiesDeferred Tax Liabilities, GrossRSUs and PSUs, VestedShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in PeriodInterest expense on derivative instruments, benefit reclassified into operations from other comprehensive incomeOther Comprehensive Income Reclassified Interest Expense On Derivatives Arising During Period Tax BenefitOther comprehensive income reclassified interest expense on derivatives arising during period tax benefit.Business Acquisition [Line Items]Business Acquisition [Line Items]Recent PronouncementsNew Accounting Pronouncements, Policy [Policy Text Block]Entity Address, City or TownAccumulated Other Comprehensive Loss [Member]AOCI Attributable to Parent [Member]Equity [Abstract]Equity in earnings of affiliatesIncome (Loss) from Equity Method InvestmentsEquity in (earnings) losses of affiliatesNumber of freestanding endoscopy centersNumber Of Freestanding Endoscopy CentersNumber of freestanding endoscopy centersSegments [Axis]Segments [Axis]Other items, netEffective Income Tax Rate Reconciliation, Other Adjustments, PercentAuditor LocationOutpatient Services [Member]Outpatient Services [Member]Outpatient services.Cybersecurity Risk Materially Affected or Reasonably Likely to Materially Affect Registrant [Flag]RSUs and PSUs, CancelledShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Forfeited in PeriodYear 2Finance Lease, Liability, to be Paid, Year TwoSenior Secured Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]Senior Secured Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]Senior secured revolving credit facility maturing on june thirty two thousand twenty six.Senior Secured Term Loan A Facility [Member]Senior secured term loan A facility.Hospital Facility [Member]Hospital Facility [Member]Hospital facility.Hedging Relationship [Domain]Hedging Relationship [Domain]Debt instrument, principal amountDebt Instrument, Face AmountDepreciation expenseDepreciationDepreciation, TotalRSUs and PSUs, Vested, valueShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Fair ValueSchedule of Segment Reporting Information, by Segment [Table]Schedule of Segment Reporting Information, by Segment [Table]Due in one year or less, Amortized CostDebt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, Year OneCybersecurity Risk Third Party Oversight and Identification Processes [Flag]Share-Based CompensationShare-Based Payment Arrangement [Text Block]Cybersecurity Risk Management Positions or Committees Responsible Report to Board [Flag]Capital Structure [Table]Capital Structure [Table]Capital Structure [Table]Share-based benefit plans, sharesShares Issued, Shares, Share-Based Payment Arrangement, after ForfeitureShares Issued, Shares, Share-Based Payment Arrangement, after Forfeiture, TotalCurrent, StateCurrent State and Local Tax Expense (Benefit)Employee Stock Purchase Plan ("ESPP") [Member]Employees Stock Purchase Plan [Member]Employees Stock Purchase Plan [Member]Percentage of employer contribution to match participant contribution in defined contribution planDefined Contribution Plan, Employer Matching Contribution, Percent of Employees' Gross PayOperating leasesOperating Lease, Weighted Average Discount Rate, PercentHospital Facility Two [Member]Hospital facility two.Senior Secured Notes Due 2029 [Member]Senior Secured Notes Due Two Thousand Twenty Nine [Member]Senior secured notes due two thousand twenty nine.Multiply by the cost-to-charges ratioCost-to-charges ratio (patient care costs as percentage of gross patient charges)Cost To Charges RatioCost-to-charges ratio.Fair Value Disclosures [Abstract]Senior Secured Notes Due 2049 [Member]Senior secured notes due two thousand forty nine [Member]Senior secured notes due two thousand forty nine.Finance Lease, Liability, to be Paid, Fiscal Year Maturity [Abstract]Finance Lease Liabilities, Payments, Due [Abstract]Amount of Loss Recognized in OCI on Derivatives, Net of TaxChange in fair value of derivative financial instrumentsOther Comprehensive Income (Loss), Derivative, Excluded Component, Increase (Decrease), before Adjustments and TaxEntity Public FloatDeferred tax assetsDeferred Tax Assets, Net of Valuation AllowanceChief Executive Officer [Member]Acquisitions and DispositionsMergers, Acquisitions and Dispositions Disclosures [Text Block]Intangible assets increasedFinite-Lived Intangible Assets, Period Increase (Decrease)Finite-Lived Intangible Assets, Period Increase (Decrease), TotalCurrent liabilities:Liabilities, Current [Abstract]Distributions to noncontrolling interestsPayments to Noncontrolling InterestsFederal Fund Rate [Member]Federal Fund Rate [Member]Federal Fund Rate [Member]Income tax payments, netIncome Taxes Paid, NetIncome Taxes Paid, Net, TotalDocument TypeDocument TypeAdjustments for New Accounting Pronouncements [Axis]Accounting Standards Update [Axis]OtherPayments for (Proceeds from) Other Investing ActivitiesAvailable for sale securities average scheduled maturityAvailable For Sale Securities Average Scheduled Maturity PeriodAvailable-for-sale securities average scheduled maturity period.Foreign Currency Translation And Other [Member]Foreign Currency Translation And Other [Member]Foreign Currency Translation And Other [Member]Title of 12(b) SecurityCash and cash equivalentsCash and Cash Equivalents, at Carrying ValueCash and Cash Equivalents, at Carrying Value, TotalStatement of Financial Position Location, Balance [Domain]Year 5Lessee, Operating Lease, Liability, to be Paid, Year FiveDefined Benefit Plan, Accumulated Benefit ObligationDefined benefit plan obligationMoney Market Funds and Other [Member]Money Market Funds And Other [Member]Money market funds and other.Cybersecurity Risk Management, Strategy, and Governance [Line Items]Statement of Stockholders' Equity [Abstract]Document Fiscal Period FocusShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercises in Period, Intrinsic ValueTotal Intrinsic Value of SARsLong-term debtLong-Term Debt, Excluding Current MaturitiesLong-Term Debt, Excluding Current Maturities, TotalLong-term debt, less debt issuance costs and discounts of $369 and $333Provision for tax benefits related to settlement of employee awardsShare-Based Payment Arrangement, Expense, Tax BenefitCALIFORNIAShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Grants in Period, GrossGranted, SARs OptionsPayment of dividendsPayments of DividendsPayments of Dividends, TotalAsset Class [Domain]Asset Class [Domain]Gross carrying amount of indefinite-lived intangible assetsIndefinite Lived Intangible Assets Gross Carrying AmountIndefinite Lived Intangible Assets Gross Carrying AmountProperty and equipment, at costProperty, Plant and Equipment, GrossProperty, Plant and Equipment, Gross, Beginning BalanceProperty, Plant and Equipment, Gross, Ending BalanceSubsequent Event Type [Domain]Finance leasesFinance Lease, Right-of-Use Asset, after Accumulated AmortizationFinance Lease, Right-of-Use Asset, after Accumulated Amortization, TotalDerivative Instruments, Gain (Loss) [Line Items]Derivative Instruments, Gain (Loss) [Line Items]Schedule of Fair Value of Each Stock Option Award is Estimated on Grant Date, Using Option Valuation ModelsSchedule of Share-Based Payment Award, Stock Options, Valuation Assumptions [Table Text Block]Reinsurance for professional liability risks retention minimum level of amount per occurrenceReinsurance For Professional Liability Risks Retention Minimum Level Of AmountReinsurance for professional liability risks retention minimum level of amount.Money market funds and other, Unrealized GainsMoney Market Funds And Other Unrealized GainsMoney market funds and other, unrealized gains.Operating Segments [Member]Hospital and other nonhospital health care entities [Member]Hospital and other nonhospital health care entities.Corporate And OtherCorporate and other.Corporate and OtherDue after ten years, Fair ValueDebt Securities,~~

~~Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 10Financial Instruments [Domain]Financial Instruments [Domain]Tax Cuts And Jobs Act Of 2017 Income Tax Examination Interest Expense Net Of TaxTax cuts and jobs act of 2017 income tax examination interest expense net of tax.Tax cuts and jobs act of 2017 income tax examination interest expense net of taxSelf-insured retention amount per occurrenceSelf Insured Retention AmountSelf insured retention amount.Cash flows from investing activities:Net Cash Provided by (Used in) Investing Activities [Abstract]Repurchase of common stockPayments for Repurchase of Common StockTENNESSEEIncome taxesDeferred Income Taxes and Tax CreditsDeferred Income Taxes and Tax Credits, TotalSenior Secured Revolving Credit Facility Maturing On June 28, 2022 [Member]Senior Secured Revolving Credit Facility Maturing On June Twenty Eight Two Thousand Twenty Two [Member]Senior secured revolving credit facility maturing on June twenty eight two thousand twenty two.Goodwill increase (decrease)Goodwill, Period Increase (Decrease)Goodwill, Period Increase (Decrease), TotalCash dividends declared, per shareCommon Stock, Dividends, Per Share, DeclaredIncome attributable to noncontrolling interests from consolidated partnershipsEffective Income Tax Rate Reconciliation, Noncontrolling Interest Income (Loss), PercentStatement of Comprehensive Income [Abstract]Income TaxesIncome Tax Disclosure [Text Block]Reductions for tax positions of prior yearsUnrecognized Tax Benefits, Decrease Resulting from Prior Period Tax PositionsDebt Issuance Costs and DiscountsDeferred Loan Costs [Policy Text Block]Deferred loan costs.Schedule of Reconciliation of Federal Statutory Rate to Effective Income Tax RateSchedule of Effective Income Tax Rate Reconciliation [Table Text Block]Senior secured debtSecured DebtSecured Debt, TotalCybersecurity Risk Management, Strategy, and Governance [Abstract]Ownership [Axis]Ownership [Axis]Line of credit facility, retired.Line of credit facility, retiredDefined benefit plans, benefit reclassified into operations from other comprehensive incomeOther Comprehensive Income Reclassified Defined Benefit Plans Net Unamortized Loss Arising During Period Tax BenefitOther comprehensive income reclassified defined benefit plans net unamortized loss arising during period tax benefit.Maturity Date, 2022 [Member]Derivative Instrument Maturity Date December Two Thousand And Twenty Two [Member]Derivative instrument maturity date December 2022.Repurchase of common stockStock Repurchased During Period, ValueOther Accrued ExpensesOther Accrued Liabilities [Text Block]Other accrued liabilities.Accounting Standards Update 2023-07 [Member]Senior Secured Term Loan B Facility [Member]Senior secured term loan B facility.Summary Of Significant Accounting Policies [Table]Summary Of Significant Accounting Policies [Table]Summary Of Significant Accounting Policies [Table]Debt Securities, Available-for-Sale [Table]Other accrued expensesOther accrued expensesOther Accrued Liabilities, CurrentOtherProceeds from (Payments for) Other Financing ActivitiesTotal defined benefit plansOther Comprehensive (Income) Loss, Defined Benefit Plan, after Reclassification Adjustment, before TaxOther Comprehensive (Income) Loss, Defined Benefit Plan, after Reclassification Adjustment, before Tax, TotalLIABILITIES AND STOCKHOLDERS' EQUITYLiabilities and Equity [Abstract]Noncontributory and nonqualified plan, benefit expenseNoncontributory Nonqualified Plan Benefit CostNoncontributory, nonqualified plan, benefit cost.Period End DateDocument Period End DateNet cash used in financing activitiesNet Cash Provided by (Used in) Financing ActivitiesICFR Auditor Attestation FlagTax benefit from settlements of employee equity awardsEffective Income Tax Rate Reconciliation, Tax Settlement, PercentEffective Income Tax Rate Reconciliation, Tax Settlement, Percent, TotalEffective income tax rate on income attributable to HCA Healthcare, Inc.Effective Income Tax Rate Reconciliation, PercentDeferred Tax Assets, Operating Loss Carryforwards, State and LocalState net operating loss carryforwardsSenior secured notes due two thousand forty two.Senior Secured Notes Due Two Thousand Forty Two [Member]Senior Secured Notes Due 2042 [Member]Due after one year through five years, Fair ValueDebt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year One Through FiveThereafterLessee, Operating Lease, Liability, to be Paid, after Year FiveWeighted Average Discount Rate AbstractWeighted-average discount rate:Weighted Average Discount Rate [Abstract]Senior Unsecured Notes [Member]Senior Unsecured Notes [Member]Senior unsecured notes.Revenues From Third Party Payers [Line Items]Revenues From Third Party Payers [Line Items]Revenues From Third Party Payers [Line Items]Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Table]Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Table]Provision for income taxesProvision for income taxesIncome Tax Expense (Benefit)Increased tax provisionAccounts receivable, LiabilitiesDeferred Tax Liabilities Accounts ReceivableDeferred tax liabilities accounts receivable.Cash dividends declaredDividends, Common Stock, CashSouthern Georgia [Member]Southern Georgia.EquipmentMachinery and Equipment, GrossChange in fair value of derivative instruments, net of income taxesOther comprehensive income loss change in fair value of derivative instruments, net of income taxesOther Comprehensive Income Loss Change in Fair Value of Derivative Instruments, Net of Income TaxesChange in fair value of derivative instruments, net of income tax benefitTrading SymbolBusiness Combinations [Abstract]Variable Rate [Axis]Variable Rate [Axis]Equity, Attributable to ParentStockholders' Equity Attributable to Parent, Beginning BalanceStockholders' Equity Attributable to Parent, Ending BalanceStockholders' deficit attributable to HCA Healthcare, Inc.Performance adjustmentShare Based Compensation Arrangement By Share Based Payment Award Equity Instruments Other Than Options Net Performance Adjustment Weighted Average Net Performance Adjustment Fair ValueShare based compensation arrangement by share based payment award equity instruments other than options net performance adjustment weighted average net performance adjustment fair value.Change in fair value of derivatives instruments, (income) expense (benefit) reclassified into operations from other comprehensive incomeOther Comprehensive Income (Loss), Derivative, Excluded Component, Increase (Decrease), Adjustments, after TaxBuildingsBuildings and Improvements, GrossDefined benefit plans, income tax benefitOther Comprehensive Income Defined Benefit Plans Net Unamortized Loss Arising During Period Tax BenefitOther comprehensive income defined benefit plans net unamortized loss arising during period tax benefit.Managed Medicare.Managed Medicare [Member]Managed Medicare [Member]Senior Notes Due Two Thousand Twenty Four [Member]Senior notes due two thousand twenty four.Senior Secured Notes Due 2024 [Member]OCI, Debt Securities, Available-for-Sale, Unrealized Holding Gain (Loss), before Adjustment and TaxUnrealized gains (losses) on available-for-sale securitiesProperty, Plant and Equipment, Type [Axis]Long-Lived Tangible Asset [Axis]Medicaid.Medicaid [Member]Medicaid [Member]Defined Benefit Plan, Pension Plan with Projected Benefit Obligation in Excess of Plan Assets, Plan AssetsDefined benefit plan, projected benefit obligation in excess of plan assetsDerivative Instrument [Axis]Derivative Instrument [Axis]Aggregate purchase pricePayments to Acquire Businesses, GrossInterest benefit on derivative instruments, expense reclassified into operations from other comprehensive incomeOther Comprehensive Income Reclassified Interest Benefit On Derivatives Arising During Period Tax ExpenseOther comprehensive income reclassified interest benefit on derivatives arising during period tax expenseRestricted Stock Units (RSUs) [Member]Restricted Stock Units (RSUs) [Member]Senior Secured Notes Due 2039 [Member]Senior Secured Notes Due 2039 [Member]Senior Secured Notes Due 2039 [Member]Variable lease expenseVariable Lease, CostCybersecurity Risk Management, Strategy, and Governance [Table]Time Based Stock Options [Member]Time based stock options.Time SARs [Member]GoodwillGoodwill, TotalGoodwill, Beginning BalanceGoodwill, Ending BalanceReserves for professional liability risks cover individual claimsReserves For Professional Liability Risks Cover Individual ClaimsReserves for professional liability risks cover individual claims.Unrecognized Compensation Cost Related to Nonvested AwardsShare-Based Payment Arrangement, Nonvested Award, Cost Not yet Recognized, AmountShare-Based Payment Arrangement, Nonvested Award, Cost Not yet Recognized, Amount, TotalEffective Income Tax Rate Reconciliation Internal Restructuring Of Affiliates , PercentEffective income tax rate reconciliation internal restructuring of affiliates , percent.Internal restructuring of affiliatesSenior unsecured notesUnsecured DebtUnsecured Debt, TotalCybersecurity Risk Management Expertise of Management Responsible [Text Block]Share Repurchase Program [Axis]Share Repurchase Program [Axis]Income Tax Examination Interest Expense Net Of TaxIncome tax examination interest expense net of tax.Income tax examination interest expense net of taxOther Comprehensive Income Location [Domain]Other Comprehensive Income Location [Domain]Geographical [Axis]Geographical [Axis]Year 3Finance Lease, Liability, to be Paid, Year ThreeUnrealized Amounts, LossesDebt Securities, Available-for-Sale, Accumulated Gross Unrealized Loss, before TaxLeases [Abstract]Senior Secured Notes Due 2047 [Member]Senior Secured Notes Due Two Thousand Forty Seven [Member]Senior secured notes due two thousand forty seven.Equipment [Member]Equipment [Member]Estimated cost of total uncompensated careEstimated Cost Of Uncompensated CareEstimated cost of uncompensated care.Senior Notes Due 2053 [Member]Senior Notes Due Two Thousand Fifty Three [Member]Senior Secured Notes Due Two Thousand Fifty Three.Issuances of long-term debtProceeds from Issuance of Long-Term DebtProceeds from Issuance of Long-Term Debt, TotalCash and Cash EquivalentsCash and Cash Equivalents, Policy [Policy Text Block]Goodwill and other intangible assets, Foreign currency translation, amortization and otherGoodwill Foreign Currency Translation, Amortization And OtherGoodwill foreign currency translation, amortization and other.Operating Lease, Liability, Noncurrent, Statement of Financial Position [Extensible Enumeration]Schedule of Business Acquisitions, by Acquisition [Table]Schedule of Business Acquisitions, by Acquisition [Table]Expected dividend yieldShare-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Dividend RateInvestments of Insurance SubsidiariesMarketable Securities, Policy [Policy Text Block]Increase (decrease) in provisions for professional liability risksIncrease (Decrease) In Provisions For Professional Liability RisksIncrease (decrease) in provisions for professional liability risks.Finance Lease, Liability, Current, Statement of Financial Position [Extensible Enumeration]Finance Lease, Liability, Current, Statement of Financial Position [Extensible Enumeration]Trading Activity [Axis]Trading Activity [Axis]Security Exchange NameSenior secured notes due two thousand thirty two.Senior Secured Notes Due Two Thousand Thirty Two [Member]Senior Secured Notes Due 2032 [Member]Patient care costs (salaries and benefits, supplies, other operating expenses and depreciation and amortization)Patient Care CostsPatient care costs.Schedule of InvestmentsSchedule of Available-for-Sale Securities Reconciliation [Table Text Block]Counterparty Name [Domain]Counterparty Name [Domain]Business Acquisition, Acquiree [Domain]Business Acquisition, Acquiree [Domain]Schedule of supplemental cash flow informationSchedule Of Supplemental Cash Flow Information Related To Leases [Table Text Block]Schedule of supplemental cash flow information related to leases.Deferred loan costs, accumulated amortizationDeferred Loan Costs Accumulated AmortizationDeferred loan costs, accumulated amortization.Estimated termination valueDerivative Credit Risk Related Contingent Features Estimated Termination ValueDerivative, credit risk related contingent features estimated termination value.Property, Plant and Equipment, Type [Domain]Long-Lived Tangible Asset [Domain]Class of Stock [Axis]Class of Stock [Axis]Unrecognized tax benefits, accrued interestUnrecognized Tax Benefits, Interest on Income Taxes AccruedAccumulated depreciationAccumulated Depreciation, Depletion and Amortization, Property, Plant, and EquipmentAccumulated Depreciation, Depletion and Amortization, Property, Plant, and Equipment, TotalAccumulated Depreciation, Depletion and Amortization, Property, Plant, and Equipment, Beginning BalanceAccumulated Depreciation, Depletion and Amortization, Property, Plant, and Equipment, Ending BalanceOperating Activities [Axis]Operating Activities [Axis]Assets and Liabilities Measured at Fair ValueFair Value Disclosures [Text Block]Year 3Lessee, Operating Lease, Liability, to be Paid, Year ThreeSchedule of Revenues from Third Party Payers, Uninsured and Other PayersSchedule Of Revenues From Third Party Payers And Uninsured [Table Text Block]Schedule of revenues from third party payers and uninsured.Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Grants in Period, Weighted Average Grant Date Fair ValueWeighted Average Fair Value of SARs Options GrantedPercentage of senior secured credit facility over eligible accounts receivablePercentage Of Senior Secured Credit Facility Over Eligible Accounts ReceivablePercentage of senior secured credit facility over eligible accounts receivable.Subsequent Event [Member]Subsequent Event [Member]Maximum [Member]Maximum [Member]Compensation, LiabilitiesDeferred Tax Liabilities Tax Deferred Expense Compensation And Benefits Employee CompensationDeferred tax liabilities tax deferred expense compensation and benefits employee compensation.Total liabilities and stockholders' equity (deficit)Liabilities and EquityDue after five years through ten years, Amortized CostDebt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year 5 Through 10Gain (loss) on extinguishment of debtLosses on retirement of debtGain (Loss) on Extinguishment of DebtGain (Loss) on Extinguishment of Debt, TotalRight-of-use operating lease assetsOperating Lease, Right-of-Use AssetOperating leasesRetirement Benefits [Abstract]Revenues from third party payersRevenues From Third Party PayersRevenues from third party payers.Diluted earnings per shareDiluted earnings per shareEarnings Per Share, DilutedEarnings Per Share, Diluted, TotalDistributionsNoncontrolling Interest, Decrease from Distributions to Noncontrolling Interest HoldersShare-based benefit plansShares Granted, Value, Share-Based Payment Arrangement, after ForfeitureShares Granted, Value, Share-Based Payment Arrangement, after Forfeiture, TotalFair Value Hierarchy and NAV [Domain]Fair Value Hierarchy and NAV [Domain]Total current assetsAssets, CurrentNet cash used in investing activitiesNet Cash Provided by (Used in) Investing ActivitiesSenior Unsecured Note Maturity Year 2025 [Member]Senior Unsecured Note Maturity Year Two Thousand Twenty Five [Member]Senior Unsecured Note Maturity Year Two Thousand Twenty Five [Member]Beginning BalanceEnding BalanceUnrecognized Tax BenefitsOther comprehensive income (loss) before taxes:Other Comprehensive Income (Loss), before Tax [Abstract]Charity care amountCharity CareCharity care.Entity Filer CategorySenior Notes Due Two Thousand Sixty Four [Member]Senior notes due two thousand sixty four.Senior Secured Notes Due 2064 [Member]Other comprehensive income (loss) before taxesOther Comprehensive Income (Loss), before TaxDepreciation and fixed asset basis differences, AssetsDeferred Tax Assets, Property, Plant and EquipmentGovernment Relief Fund AxisGovernment Relief Fund [Axis]Defined benefit plans, net of income taxesOther Comprehensive Income (Loss), Defined Benefit Plan, Gain (Loss) Arising During Period, after TaxDefined benefit plans, net of income tax benefitBalanceTotal stockholders' equity (deficit)BalanceEquity, Including Portion Attributable to Noncontrolling InterestAvailable for sale securities expected maturity of debt securitiesAvailable For Sale Securities Expected Maturity Period Of Debt SecuritiesAvailable for sale securities expected maturity of debt securities (in years).Unrecognized tax benefits that would impact effective tax rateUnrecognized Tax Benefits that Would Impact Effective Tax RateAmortized Cost, TotalDebt Securities, Available-for-Sale, Amortized Cost, after Allowance for Credit LossChange in liability for uncertain tax positionsEffective Income Tax Rate Reconciliation, Tax Contingency, PercentEffective Income Tax Rate Reconciliation, Tax Contingency, Percent, TotalNotional AmountDerivative, Notional AmountCurrent Fiscal Year End DateEquity, Including Portion Attributable to Noncontrolling Interest [Abstract]Stockholders' equity (deficit):Property and EquipmentProperty, Plant and Equipment, Policy [Policy Text Block]Equity Attributable to Noncontrolling Interests [Member]Noncontrolling Interest [Member]Less: amount of lease payments representing interestLessee, Operating Lease, Liability, Undiscounted Excess AmountTotal uncompensated careUncompensated CareUncompensated care.Real Estate and Other Investments [Member]Real Estate And Other Investments [Member]Real Estate And Other Investments [Member]Northern Georgia [Member]Northern Georgia.Share-Based Payment Arrangement, Noncash Expense, TotalShare-based compensationShare-Based Payment Arrangement, Noncash ExpenseReserves for professional liability risksProfessional Liability Risks ReservesProfessional liability risks reserves.Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Intrinsic ValueSARs Options outstanding, Aggregate Intrinsic ValueHospital Facility One [Member]Hospital facility one.Revenues from third party payers, RatioRevenues From Third Party Payers RatioRevenues from third party payers ratio.Days revenues in accounts receivableRevenues In Accounts Receivable PeriodDays revenues in accounts receivable.Fair ValueInterest Rate Cash Flow Hedge Derivative at Fair Value, NetInterest Rate Cash Flow Hedge Derivative at Fair Value, Net, TotalAmounts receivable under reinsurance contracts recorded in other current assetsReinsurance Contracts Receivable Amount Recorded In Other Current AssetsReinsurance contracts receivable amount recorded in other current assets.Registrant NameEntity Registrant NameManaged Medicaid [Member]Managed Medicaid [Member]Managed Medicaid.Finance leasesFinance Lease, Weighted Average Remaining Lease TermTrading Activity, by Type [Domain]Trading Activity, by Type [Domain]Number of geographically organized groupsNumber of Reportable SegmentsSchedule of Share-based Compensation Arrangements by Share-based Payment Award [Table]Schedule of Share-Based Compensation Arrangements by Share-Based Payment Award [Table]Earnings Per ShareEarnings Per Share [Text Block]Performance adjustmentShare Based Compensation Arrangement By Share Based Payment Award Equity Instruments Other Than Options Net Performance AdjustmentShare based compensation arrangement by share based payment award equity instruments other than options net performance adjustment.Entity Emerging Growth CompanyProfessional liability risksProfessional Liability RisksProfessional liability risks.Senior Secured Notes Due 2026 [Member]Senior Secured Notes Due Two Thousand Twenty Six [Member]Senior Secured Notes Due Two Thousand Twenty Six [Member]Money Market Funds [Member]Weighted average common shares outstandingBasicWeighted Average Number of Shares Outstanding, BasicWeighted Average Number of Shares Outstanding, Basic, TotalPension Plans, Postretirement and Other Employee Benefits [Line Items]Pension Plans, Postretirement and Other Employee Benefits [Line Items]Pension Plans, Postretirement and Other Employee Benefits [Line Items]Finance leasesLong-term lease obligationsFinance Lease, Liability, NoncurrentAdditions for tax positions of prior yearsUnrecognized Tax Benefits, Increase Resulting from Prior Period Tax PositionsChange in fair value of derivative instruments, beginning balancesChange in fair value of derivative instruments, ending balancesAOCI, Cash Flow Hedge, Cumulative Gain (Loss), after TaxNotional amount, totalDerivative Liability, Notional AmountLessee, Operating Lease, Liability, to be Paid, Fiscal Year Maturity [Abstract]Operating Lease Liabilities, Payments Due [Abstract]Tax Cuts And Jobs Act Of 2017 Income Tax Examination Change In Tax RateTax cuts and jobs act of 2017 income tax examination change in tax rate.Tax cuts and jobs act of 2017 income tax examination change in tax rateCommon stock, shares authorizedCommon stock, shares authorizedCommon Stock, Shares AuthorizedShare Repurchase Program [Domain]Share Repurchase Program [Domain]Other operating expensesOther Cost and Expense, OperatingDebt instrument, maturities rangeDebt Instrument Maturity Date Range End OneDebt instrument maturity date range end one.InterestInterest Payable, CurrentEstimated useful lives in~~

~~yearsProperty, Plant and Equipment, Useful LifePerformance Stock Options [Member]Performance stock options.Performance SARs [Member]InterestFinance Lease, Interest ExpenseQuoted Prices in Active Markets for Identical Assets (Level 1) [Member]Fair Value, Inputs, Level 1 [Member]Accounts payable and accrued expensesIncrease (Decrease) in Accounts Payable and Accrued LiabilitiesIncrease (Decrease) in Accounts Payable and Accrued Liabilities, TotalDebt Disclosure [Abstract]Long-Term DebtLong-Term Debt [Text Block]Documents Incorporated by ReferenceDocuments Incorporated by Reference [Text Block]Granted, Weighted Average Exercise PriceShare-Based Compensation Arrangements by Share-Based Payment Award, Options, Grants in Period, Weighted Average Exercise PriceIntangible assets decreased due to amortization and other adjustmentsAmortization of Intangible AssetsNonhospital Health Care [Member]Healthcare Entity [Member]Healthcare entity.Fair Value, TotalDebt Securities, Available-for-Sale, Maturity, without Single Maturity Date, Fair ValueDerivative Instruments, Gain (Loss) [Table]Derivative Instruments, Gain (Loss) [Table]Financial Instrument [Axis]Financial Instrument [Axis]Allowances for professional liability and other risks, LiabilitiesDeferred Tax Liabilities Allowances for Professional Liability and Other RisksDeferred tax liabilities allowances for professional liability and other risks.Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Weighted Average Remaining Contractual TermSARs Options outstanding, Weighted Average Remaining Contractual TermEarning Per ShareEarnings Per Share, Policy [Policy Text Block]Total lease assetsAggregate of lease assetsRepresents aggregate lease assets.Share-Based Payment Arrangement [Abstract]Debt Securities [Member]Debt Securities [Member]Other Comprehensive LossComprehensive Income (Loss) Note [Text Block]Goodwill impairmentsGoodwill, Impairment LossSchedule of Accumulated Other Comprehensive Income (Loss) [Table Text Block]Components of Accumulated Other Comprehensive LossCybersecurity Risk Role of Management [Text Block]Debt securitiesFair ValueDebt Securities, Available-for-SaleDebt Securities, Available-for-Sale, TotalAccounting Policies [Abstract]LeasesLessee Lease Disclosure [Text Block]Lessee Lease Disclosure [Text Block].Foreign currency translation adjustments, income tax benefitOther Comprehensive Loss Foreign Currency Translation Adjustment Tax BenefitOther comprehensive loss foreign currency translation adjustment tax benefit.Income Tax Disclosure [Abstract]Capital Structure [Line Items]Capital Structure [Line Items]Capital Structure [Line Items]Effective income tax rate on income before income taxesEffective Income Tax Rate Continuing Operation Adjusted For Noncontrolling InterestEffective income tax rate continuing operation adjusted for noncontrolling interest.Disposal Group Name [Domain]Disposal Group Name [Domain]Statement [Table]Statement [Table]Comprehensive income attributable to noncontrolling interestsComprehensive Income (Loss), Net of Tax, Attributable to Noncontrolling InterestComprehensive Income (Loss), Net of Tax, Attributable to Noncontrolling Interest, TotalEntity File NumberEntity File NumberSegment and Geographic InformationSegment Reporting Disclosure [Text Block]Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]Expense (benefit) reclassified into operations from other comprehensive income, TotalReclassification from Accumulated Other Comprehensive Income, Current Period, Net of TaxChange in cash and cash equivalentsCash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Period Increase (Decrease), Including Exchange Rate EffectDebentures Maturities Ranging 2027 to 2095 [Member]Debentures Maturities Ranging Two Thousand Twenty Seven To Two Thousand Ninety Five [Member]Debentures maturities ranging two thousand twenty seven to two thousand ninety five member.Per share data:Earnings Per Share [Abstract]State income taxes, net of federal tax benefitEffective Income Tax Rate Reconciliation, State and Local Income Taxes, PercentSenior secured notes due two thousand fifty two.Senior Secured Notes Due Two Thousand Fifty Two [Member]Senior Secured Notes Due 2052 [Member]Finance leases and other secured debtCapital leases and other secured debtDebt and Lease ObligationDebt and Lease Obligation, TotalIncome taxes interest and penalty expenseIncome Tax Examination, Penalties and Interest ExpenseIncome Tax Examination, Penalties and Interest Expense, TotalStatement of Financial Position [Abstract]Interest expenseInterest Expense, Operating and NonoperatingInterest Expense, TotalLiability for unrecognized tax benefitsUnrecognized Tax Benefits Including Interest Accrued Net of Deferred Tax AssetsUnrecognized tax benefits including interest accrued net of deferred tax assets.Expected volatilityShare-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Volatility RateLine Of Credit Facility Including Increased ValueLine Of Credit Facility Including Increased ValueLine of credit facility including increased valueEntity Shell CompanyEffective interest rateDebt Instrument, Interest Rate, Effective PercentageOCI, Debt Securities, Available-for-Sale, Gain (Loss), after Adjustment, before TaxTotal Unrealized losses on available-for-sale securitiesEntity Tax Identification NumberNoncontrolling Interests in Consolidated EntitiesConsolidation, Subsidiaries or Other Investments, Consolidated Entities, Policy [Policy Text Block]Assets:ASSETSAssets [Abstract]Construction in progressConstruction in Progress, GrossFinancial InstrumentsFair Value of Financial Instruments, Policy [Policy Text Block]Entity Current Reporting StatusShare-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Weighted Average Remaining Contractual TermSARs Options exercisable, Weighted Average Remaining Contractual TermYear 4Finance Lease, Liability, to be Paid, Year FourDefined Benefit Plan Accumulated Cost AssetDefined benefit plan accumulated cost asset.Defined benefit plan, assetsPension costs included in salaries and benefitsOther Comprehensive Income (Loss), Defined Benefit Plan, Gain (Loss), Reclassification Adjustment from AOCI, before TaxLong-term Debt, Type [Axis]Long-Term Debt, Type [Axis]Investment Owned, at Cost, TotalInvestment Owned, CostRevenuesRevenue from Contract with Customer [Policy Text Block]Other Senior Secured Debt [Member]Other Senior Secured Debt [Member]Other senior secured debt.Geographical [Domain]Geographical [Domain]Document Fiscal Year FocusRight-of-use lease obligationsDeferred Tax Assets Right Of Use Lease ObligationDeferred tax assets right of use lease obligationChange in Accounting Principle, Accounting Standards Update, Adoption DateManaged Care and Other Insurers [Member]Managed Care And Other Insurers [Member]Managed care and other insurers.Repayment of long-term debtRepayments of Long-Term DebtRepayments of Long-Term Debt, TotalRepayments of debtAccumulated amortization of intangible assetsFinite-Lived Intangible Assets, Accumulated AmortizationSchedule of Unrecognized Tax Benefits Roll Forward [Table Text Block]Schedule of Activity Related to our Gross Unrecognized Tax BenefitsInvestment carrying valueAsset fair valueLong-Term InvestmentsAsset fair valueDue after one year through five years, Amortized CostDebt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year One Through FiveBusiness Acquisition [Axis]Business Acquisition [Axis]Income taxes (benefits) related to other comprehensive income itemsOther Comprehensive Income (Loss), TaxOther Comprehensive Income (Loss), Tax, TotalCity Area CodeTotal current liabilitiesLiabilities, CurrentSummary Of Significant Accounting Policies [Line Items]Summary Of Significant Accounting Policies [Line Items]Summary of significant accounting policies.Derivative Contract [Domain]Derivative Contract [Domain]Line of Credit Facility, Lender [Domain]Line of Credit Facility, Lender [Domain]Net operating loss carryforwards, expiration dateOperating Loss Carry forwards Expiration Dates OneOperating loss carry forwards expiration dates one.Senior Secured Notes Due 2023 [Member]Senior Secured Notes Due Two Thousand Twenty Three [Member]Senior secured notes due two thousand twenty three.InventoriesInventory, NetInventory, Net, TotalFederal statutory rateEffective Income Tax Rate Reconciliation, at Federal Statutory Income Tax Rate, PercentProfessional liability risksCurrent portion of professional liability risks reservesCurrent Professional Liability RisksCurrent professional liability risks.Investment LossesInvestment LossesInvestment losses.Goodwill and Intangible AssetsGoodwill and Intangible Assets, Policy [Policy Text Block]Due after ten years, Amortized CostDebt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year 10Local Phone NumberSenior Secured Term Loan Facilities [Member]Senior Secured Term Loan Facilities [Member]Senior secured term loan facilities.Percentage of employer contribution to match participant contribution in defined contribution plan, netDefined Contribution Plan, Employer Matching Contribution, Percent of MatchRevenues ratio from third party payersRevenue RatioRevenue ratio.Income Tax Authority [Axis]Income Tax Jurisdiction [Axis]Retirement Plan Type [Domain]Retirement Plan Type [Domain]Commitments and Contingencies Disclosure [Abstract]Balance, sharesBalance, sharesShares, IssuedRepurchase price of common stock, per shareShares Acquired, Average Cost Per ShareNoncontributory and nonqualified plan, accrued benefits liabilitiesNoncontributory Nonqualified Plan Accumulated Benefit ObligationNoncontributory, nonqualified plan, accumulated benefit obligation.Debt issuance costs and discountsDebt Issuance Costs, NetDebt Issuance Costs, Net, TotalAmortized CostDebt Securities, Available-for-Sale, Amortized CostAmortized CostAmortized CostSchedule of Deferred Tax Assets and LiabilitiesSchedule of Deferred Tax Assets and Liabilities [Table Text Block]Less: current obligations under leasesOperating leasesOperating Lease, Liability, CurrentRight-of-use operating leasesDiscontinued Operation, Gain (Loss) on Disposal, Statement of Income or Comprehensive Income [Extensible Enumeration]Cash Paid For Amounts Included In Measurement Of Lease Liabilities AbstractCash paid for amounts included in the measurement of lease liabilities:Cash Paid For Amounts Included In Measurement Of Lease Liabilities [Abstract]Revenues From Third Party Payers [Table]Revenues From Third Party Payers [Table]Revenues from third party payers [Table]Other Comprehensive Income (Loss), Foreign Currency Transaction and Translation Adjustment, Net of TaxOther Comprehensive Income (Loss), Foreign Currency Transaction and Translation Adjustment, Net of Tax, TotalForeign currency translation adjustments, net of income tax benefitForeign currency translation adjustments, net of income tax benefitIncome Tax Authority [Domain]Income Tax Jurisdiction [Domain]Debt instrument, stated interestDebt Instrument, Interest Rate, Stated PercentagePay-Fixed Interest Rate Swap [Member]Fixed Income Interest Rate [Member]Retained Earnings (Deficit) [Member]Retained Earnings [Member]Amortization of debt issuance costs and discountsAmortization of Debt Issuance Costs and DiscountsAmortization of Debt Issuance Costs and Discounts, TotalPurchase of property and equipmentPayments to Acquire Property, Plant, and EquipmentPayments to Acquire Property, Plant, and Equipment, TotalBoard of Directors Chairman [Member]Document Transition ReportShare repurchase program authorized amountShare Repurchase Program, Authorized, AmountYear 2Lessee, Operating Lease, Liability, to be Paid, Year TwoDue after five years through ten years, Fair ValueDebt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 5 Through 10Inpatient Services [Member]Inpatient Services [Member]Inpatient services.Exercised, Weighted Average Exercise PriceShare-Based Compensation Arrangements by Share-Based Payment Award, Options, Exercises in Period, Weighted Average Exercise PriceRegulatory Assets [Abstract]Regulatory assets.Medium-term Notes Maturity Year 2025 [Member]Medium-Term Notes Maturity Year Two Thousand Twenty Five [Member]Medium-term notes maturity year two thousand twenty five.Auditor Firm IDMinimum [Member]Minimum [Member]Common Stock [Member]Common Stock [Member]Long-Term Debt, Maturity, Year TwoMaturity of long-term debt in 2026Weighted Average Grant Date Fair Value, RSUs and PSUs, Beginning balanceWeighted Average Grant Date Fair Value, RSUs and PSUs, Ending balanceShare-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, Weighted Average Grant Date Fair ValueAdditional Paid-in Capital [Member]Capital in Excess of Par Value [Member]Restricted Stock Units and Performance Stock Units [Member]Restricted Stock Units and Performance Stock Units [Member]Restricted Stock Units and Performance Stock Units [Member]Reinsurance for professional liability risks retention level of amount per occurrenceReinsurance For Professional Liability Risks Retention Level Of AmountReinsurance for professional liability risks retention level of amount.Entity Well-known Seasoned IssuerSenior Secured Notes Due 2031 [Member]Senior Secured Notes Due 2031 [Member]Senior secured notes due 2031.Finance leases and other secured debtOther senior secured debtSecured Debt, OtherAdjustments to reconcile net income to net cash provided by operating activities:Adjustments to Reconcile Net Income (Loss) to Cash Provided by (Used in) Operating Activities [Abstract]Number of hours of service required to qualify for the planNo Of Hours Of Service Required To Qualify For PlanNo of hours of service required to qualify for the plan.Defined Contribution Benefit Plans [Member]Pension Plan [Member]Other comprehensive income loss reclassification adjustment from interest costs included in interest expense.Other Comprehensive Income Loss Reclassification Adjustment From Interest Costs Included in Interest ExpenseInterest costs included in interest expenseYear 1Lessee, Operating Lease, Liability, to be Paid, Year OneOtherOther Assets, NoncurrentSenior Secured Notes Due 2025 [Member]Senior Secured Notes Due Two Thousand Twenty Five [Member]Senior Secured Notes Due Two Thousand Twenty Five [Member]Senior Notes Due 2028 [Member]Senior Notes Due Two Thousand Twenty Eight MemberSenior Notes Due Two Thousand Twenty Eight MemberTaxes other than incomeAccrual for Taxes Other than Income Taxes, CurrentSegments [Domain]Segments [Domain]Senior Secured Revolving Credit Facility MemberSenior Secured Revolving Credit Facility [Member]Senior Secured Revolving Credit Facility [Member]Estimated implicit price concessions recorded as reductions to revenues and accounts receivableEstimated implicit price concessionsEstimated implicit price concessions.Performance Shares PSUs [Member]Performance Shares [Member]Available For Sale Securities [Policy Text Block]Available For Sale Securities [Policy Text Block]Investments of Insurance SubsidiariesLine Of Credit FacilityLine Of Credit FacilityLine of credit facilityOtherOther Assets, CurrentEntity Common Stock, Shares OutstandingForeign Currency Translation Amortization And OtherForeign Currency Translation Amortization And OtherGoodwill acquired during periodGoodwill, Acquired During PeriodNoncontrolling interestsEquity, Attributable to Noncontrolling InterestStockholders' Equity Attributable to Noncontrolling Interest, TotalStockholders' Equity Attributable to Noncontrolling Interest, Beginning BalanceStockholders' Equity Attributable to Noncontrolling Interest, Ending BalanceBasis of PresentationBasis of Accounting, Policy [Policy Text Block]Debt issuance costsDebt Issuance Costs, Noncurrent, NetDebt Issuance Costs, Noncurrent, Net, TotalTitle and Position [Domain]Finance lease expense:Finance Lease Costs [Abstract]Finance Lease CostsLess: current obligations under leasesFinance leasesFinance Lease, Liability, CurrentNational group.National Group [Member]National Group [Member]Defined benefit plans, beginning balancesDefined benefit plans, ending balancesAccumulated Other Comprehensive (Income) Loss, Defined Benefit Plan, after TaxAccumulated Other Comprehensive (Income) Loss, Defined Benefit Plan, after Tax, TotalFinance Lease, Right-of-Use Asset, AmortizationDepreciation and amortizationAmerican Group [Member]American Group [Member]American group.Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six Eight [Member]Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six Eight [Member]Asset based revolving credit facility maturing on june thirty two thousand twenty six eight.Allowances for professional liability and other risks, AssetsDeferred Tax Assets Allowances For Professional Liability And Other RisksDeferred tax assets, allowances for professional liability and other risks.Defined benefit plans, expense (benefit) reclassified into operations from other comprehensive incomeOther Comprehensive (Income) Loss, Defined Benefit Plan, Reclassification Adjustment from AOCI, after TaxOther Comprehensive (Income) Loss, Defined Benefit Plan, Reclassification Adjustment from AOCI, after Tax, TotalTotal SARs [Member]Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring BasisFair Value, Assets Measured on Recurring Basis [Table Text Block]Long-Term Debt, Maturity, Year ThreeMaturity of long-term debt in 2027Present value of future minimum lease paymentsOperating Lease, LiabilityPresent value of future minimum lease paymentsTotal change in fair value of derivative financial instrumentsOther Comprehensive Income (Loss), Derivative, Excluded Component, Increase (Decrease), after Adjustments, before TaxSummary of Other Accrued ExpensesSchedule of Accrued Liabilities [Table Text Block]Corporate and Other [Member]Corporate Segment and Other Operating Segment [Member]Eliminations and Reconciling Items [Member]Eliminations and reconciling items.Shares used for diluted earnings per shareDilutedWeighted Average Number of Shares Outstanding, DilutedSchedule of Segment Reporting Information, by Segment [Table Text Block]Schedule Of Geographic Distributions Of Revenues, Salaries And Benefits, Supplies, Other Operating Expenses, Equity In Earnings Of Affiliates, Adjusted Segment EBITDA, Depreciation And Amortization, Assets And Goodwill And Other Intangible AssetsFinance Lease, Liability, Noncurrent, Statement of Financial Position [Extensible Enumeration]Accounts receivableAccounts Receivable, after Allowance for Credit Loss, CurrentAccounts Receivable, after Allowance for Credit Loss, Current, TotalTotal minimum lease paymentsLessee, Operating Lease, Liability, to be PaidCybersecurity Risk Management Third Party Engaged [Flag]Unrealized gains on available-for-sale securities, tax expenseOther comprehensive income unrealized holding gain on debt securities arising during period tax expense.Other Comprehensive Income Unrealized Holding Gain On Debt Securities Arising During Period Tax ExpenseUnrealized gains (losses) on available-for-sale securities, tax expenseShares used in earnings per share calculations (in millions):Weighted Average Number of Shares Outstanding, Diluted [Abstract]Senior Unsecured Note Maturities Ranging 2024 to 2053 [Member]Senior Unsecured Note Maturities Ranging Two Thousand Twenty Four To Two Thousand Fifty Three [Member]Senior unsecured note maturities ranging two thousand twenty four to two thousand fifty three.Present value of future minimum lease paymentsFinance Lease, LiabilityPresent value of future minimum lease paymentsComprehensive incomeComprehensive income (loss)Comprehensive Income (Loss), Net of Tax, Including Portion Attributable to Noncontrolling InterestEntity Small BusinessSegment Reporting Information [Line Items]Segment Reporting Information [Line Items]Asset Based Revolving Credit Facility [Member]Asset Based Revolving Credit Facility [Member]Asset based revolving credit facility.Cybersecurity Risk Management Processes for Assessing, Identifying, and Managing Threats [Text Block]Debt instrument basis spreadDebt Instrument, Basis Spread on Variable RateDefined benefit plansOther Comprehensive Income (Loss), Defined Benefit Plan, Gain (Loss) Arising During Period, before TaxSenior Secured Notes Due 2051 [Member]Senior Secured Notes Due 2051 [Member]Senior secured notes due 2051.Revenues from third party payersRevenuesRevenuesRevenues, TotalLess amounts classified as current assetsAmounts classified as current assetsInvestments, Fair Value DisclosureIncome Tax Examination, Increase (Decrease) in Liability from Prior YearReduced Tax ProvisionReduced Tax ProvisionNumber of facilities locationsNumber Of Facilities LocationsNumber of facilities locations.Building and Improvements [Member]Building And Improvements [Member]Building and improvements.Cash flows from financing activities:Net Cash Provided by (Used in) Financing Activities [Abstract]Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Weighted Average Exercise PriceSARs Options outstanding, Weighted Average Exercise Price, Beginning BalanceSARs Options outstanding, Weighted Average Exercise Price, Ending BalanceAdjusted segment EBITDAAdjusted~~

~~Income Loss From Continuing Operations Before Income Taxes Depreciation And AmortizationIncome before depreciation and amortization, interest expense, losses (gains) on sales of facilities, losses on retirement of debt, legal claim costs, income taxes and net income attributable to non controlling interests.Adjusted segment EBITDALiabilitiesLiabilities [Abstract]Asset Class [Axis]Asset Class [Axis]Derivative Instruments and Hedging Activities Disclosure [Abstract]Defined contribution benefit plansAccrued Defined Contribution Benefit Plan LiabilitiesAccrued defined contribution benefit plan liabilities.Restoration Plan [Member]Restoration Plan [Member]Restoration plan.State and Local Jurisdiction [Member]State and Local Jurisdiction [Member]Amounts receivable under reinsurance contracts recorded in other assetsReinsurance Contracts Receivable Amount Recorded In Other AssetsReinsurance contracts receivable amount recorded in other assets.Percentage of income of federal poverty level eligible for charity carePatients Treated At Hospitals For Nonelective Care Income Less Than Or Equal To Specified Percentage Of Federal Poverty Level Eligible For Charity CarePatients treated at hospitals for nonelective care income less than or equal to specified percentage of the federal poverty level eligible for charity care.Adjustments to estimated reimbursement filed during respective yearAdjustments To Estimated Medicare And Medicaid Reimbursement Amounts And Disproportionate Share Funds Resulting In Net Increases To Revenues Related To Cost Reports Filed During Respective YearAdjustments to estimated Medicare and Medicaid reimbursement amounts and disproportionate-share funds, resulting in net increases to revenues related to primarily cost reports filed during the respective year.Operating leasesOperating Lease, Weighted Average Remaining Lease TermSenior Notes Due Two Thousand Thirty One [Member]Senior notes due two thousand thirty one.Senior Secured Notes Due 2031 [Member]Unrealized gains (losses) on available-for-sale securities, expense (benefit) reclassified into operations from other comprehensive income, net of income tax benefitOCI, Debt Securities, Available-for-Sale, Gain (Loss), after Adjustment and Tax, TotalOCI, Debt Securities, Available-for-Sale, Gain (Loss), after Adjustment and TaxCybersecurity Risk Management Positions or Committees Responsible [Flag]Atlantic Group [Member]Atlantic group.Atlantic Group [Member]Accounts payableAccounts Payable, CurrentAccounts Payable, Current, TotalTotal expenses including equity in earnings of affiliatesCosts and ExpensesShort-term lease expenseShort-Term Lease, Cost XML 19 R1.htm IDEA: XBRL DOCUMENT~~

Cover Page - USD ($) $ in Millions	12 Months Ended Dec. 31, 2024	Jan. 31, 2025	Jun. 30, 2024
Cover [Abstract]			
Document Type	10-K		
Amendment Flag	false		
Document Period End Date	Dec. 31, 2024		
Document Fiscal Year Focus	2024		
Document Fiscal Period Focus	FY		
Trading Symbol	HCA		
Entity Registrant Name	HCA Healthcare, Inc.		
Entity Central Index Key	0000860730		
Current Fiscal Year End Date	--12-31		
Entity Current Reporting Status	Yes		
Entity Filer Category	Large Accelerated Filer		
Entity Shell Company	false		
Entity Small Business	false		
Entity Emerging Growth Company	false		
Entity Common Stock, Shares Outstanding		248,341,900	
Entity Interactive Data Current	Yes		
Entity File Number	1-11239		
Entity Incorporation, State or Country Code	DE		
Entity Tax Identification Number	27-3865930		
Entity Address, Address Line One	One Park Plaza		
Entity Address, City or Town	Nashville		
Entity Address, State or Province	TN		
Entity Address, Postal Zip Code	37203		
City Area Code	615		
Local Phone Number	344-9551		
Document Annual Report	true		
Document Transition Report	false		
Title of 12(b) Security	Common Stock, $0.01 Par Value		
Security Exchange Name	NYSE		
Entity Voluntary Filers	No		
Entity Well-known Seasoned Issuer	Yes		
Entity Public Float			$ 60,369
ICFR Auditor Attestation Flag	true		
Auditor Firm ID	42		
Auditor Name	Ernst & Young LLP		
Auditor Location	Nashville, Tennessee, United States of America		
Auditor Opinion	**Opinion on Internal Control Over Financial Reporting** We have audited HCA Healthcare, Inc.’s internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Control—Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework) (the COSO criteria). In our opinion, HCA Healthcare, Inc. (the Company) maintained, in all material respects, effective internal control over financial reporting as of December 31, 2024, based on the COSO criteria. We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of HCA Healthcare, Inc. as of December 31, 2024 and 2023, and the related consolidated statements of income, comprehensive income, stockholders’ equity (deficit), and cash flows for each of the three years in the period ended December 31, 2024, and the related notes and our report dated February 13, 2025 expressed an unqualified opinion thereon. **Opinion on the Financial Statements** We have audited the accompanying consolidated balance sheets of HCA Healthcare, Inc. (the Company) as of December 31, 2024 and 2023, the related consolidated statements of income, comprehensive income, stockholders’ equity (deficit) and cash flows for each of the three years in the period ended December 31, 2024, and the related notes (collectively referred to as the “consolidated financial statements”). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company at December 31, 2024 and 2023, and the results of its operations and its cash flows for each of the three years in the period ended December 31, 2024, in conformity with U.S. generally accepted accounting principles. We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework), and our report dated February 13, 2025 expressed an unqualified opinion thereon.		
Document Financial Statement Error Correction [Flag]	false		
Documents Incorporated by Reference	Portions of the Registrant’s definitive proxy materials for its 2025 Annual Meeting of Stockholders are incorporated by reference into Part III hereof.		

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Consolidated Income Statements - USD ($) shares in Thousands, $ in Millions	12 Months Ended Dec. 31, 2024	 Dec. 31, 2023	 Dec. 31, 2022
Income Statement [Abstract]			
Revenues	$ 70,603	$ 64,968	$ 60,233
Salaries and benefits	31,170	29,487	27,685

Supplies	10,755	9,902	9,371
Other operating expenses	14,819	12,875	11,155
Equity in earnings of affiliates	(23)	(22)	(45)
Depreciation and amortization	3,312	3,077	2,969
Interest expense	2,061	1,938	1,741
Losses (gains) on sales of facilities	(14)	5	(1,301)
Losses on retirement of debt	0	0	78
Total expenses including equity in earnings of affiliates	62,080	57,262	51,653
Income before income taxes	8,523	7,706	8,580
Provision for income taxes	1,866	1,615	1,746
Net income	6,657	6,091	6,834
Net income attributable to noncontrolling interests	897	849	1,191
Net income attributable to HCA Healthcare, Inc.	$ 5,760	$ 5,242	$ 5,643
Per share data:			
Basic earnings per share	$ 22.27	$ 19.25	$ 19.43
Diluted earnings per share	$ 22	$ 18.97	$ 19.15
Shares used in earnings per share calculations (in millions):			
Basic	258,603	272,404	290,348
Diluted	261,806	276,412	294,666

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Consolidated Comprehensive Income Statements - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Statement of Comprehensive Income [Abstract]			
Net income	$ 6,657	$ 6,091	$ 6,834
Other comprehensive income (loss) before taxes:			
Foreign currency translation	(16)	41	(111)
Unrealized gains (losses) on available-for-sale securities	1	11	(55)
Losses (gains) included in other operating expenses	0	(1)	1
Total Unrealized losses on available-for-sale securities	1	10	(54)
Defined benefit plans	65	27	49
Pension costs included in salaries and benefits	1	3	9
Total defined benefit plans	66	30	58
Change in fair value of derivative financial instruments	0	0	6
Interest costs included in interest expense	0	0	2
Total change in fair value of derivative financial instruments	0	0	8
Other comprehensive income (loss) before taxes	51	81	(99)
Income taxes (benefits) related to other comprehensive income items	13	16	(13)
Other comprehensive income (loss)	38	65	(86)
Comprehensive income	6,695	6,156	6,748
Comprehensive income attributable to noncontrolling interests	897	849	1,191
Comprehensive income attributable to HCA Healthcare, Inc.	$ 5,798	$ 5,307	$ 5,557

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Consolidated Balance Sheets - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Current assets:		
Cash and cash equivalents	$ 1,933	$ 935
Accounts receivable	10,751	9,958
Inventories	1,738	2,021
Other	1,992	2,013
Total current assets	16,414	14,927
Property and equipment, at cost:		
Land	3,295	3,120
Buildings	22,691	21,560
Equipment	34,670	31,998
Construction in progress	1,858	1,870
Property and equipment, at cost	62,514	58,548
Accumulated depreciation	(33,100)	(30,833)
Property and equipment, net	29,414	27,715
Investments of insurance subsidiaries	569	477
Investments in and advances to affiliates	662	756
Goodwill and other intangible assets	10,093	9,945
Right-of-use operating lease assets	2,131	2,207
Other	230	184
Total assets	59,513	56,211
Current liabilities:		
Accounts payable	4,276	4,233
Accrued salaries	2,304	2,127
Other accrued expenses	3,899	3,871
Long-term debt due within one year	4,698	2,424
Total current liabilities	15,177	12,655
Long-term debt, less debt issuance costs and discounts of $369 and $333	38,333	37,169
Professional liability risks	1,544	1,557
Right-of-use operating lease obligations	1,863	1,903
Income taxes and other liabilities	2,041	1,867
Stockholders' equity (deficit):		
Common stock $0.01 par; authorized 1,800,000,000 shares; outstanding 249,981,400 shares - 2024 and 265,537,300 shares - 2023	3	3
Accumulated other comprehensive loss	(387)	(425)
Retained deficit	(2,115)	(1,352)
Stockholders' deficit attributable to HCA Healthcare, Inc.	(2,499)	(1,774)
Noncontrolling interests	3,054	2,834
Total stockholders' equity (deficit)	555	1,060
Total liabilities and stockholders' equity (deficit)	$ 59,513	$ 56,211

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Consolidated Balance Sheets (Parenthetical) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Statement of Financial Position [Abstract]		
Debt issuance costs	$ 369	$ 333
Common stock, par value	$ 0.01	$ 0.01
Common stock, shares authorized	1,800,000,000	1,800,000,000
Common stock, shares outstanding	249,981,400	265,537,300

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Consolidated Statements of	**Common Stock**

Stockholders' Equity (Deficit) - USD ($) $ in Millions	Total	[Member]	Capital in Excess of Par Value [Member]	Accumulated Other Comprehensive Loss [Member]	Retained Earnings (Deficit) [Member]	Equity Attributable to Noncontrolling Interests [Member]
Balance at Dec. 31, 2021	$ 1,489	$ 3	$ 0	$ (404)	$ (532)	$ 2,422
Balance, shares at Dec. 31, 2021		305,477,000				
Comprehensive income (loss)	6,748			(86)	5,643	1,191
Repurchase of common stock	$ (7,000)		(264)		(6,736)	
Repurchase of common stock, shares	(30,747,000)	(30,747,000)				
Share-based benefit plans	$ 282		282			
Share-based benefit plans, shares		2,648,000				
Cash dividends declared	(655)				(655)	
Distributions	(1,025)					(1,025)
Other	88		(18)			106
Balance at Dec. 31, 2022	(73)	$ 3	0	(490)	(2,280)	2,694
Balance, shares at Dec. 31, 2022		277,378,000				
Comprehensive income (loss)	6,156			65	5,242	849
Repurchase of common stock	$ (3,842)		(172)		(3,670)	
Repurchase of common stock, shares	(14,465,000)	(14,465,000)				
Share-based benefit plans	$ 172		172			
Share-based benefit plans, shares		2,624,000				
Cash dividends declared	(658)				(658)	
Distributions	(640)					(640)
Other	(55)				14	(69)
Balance at Dec. 31, 2023	1,060	$ 3	0	(425)	(1,352)	2,834
Balance, shares at Dec. 31, 2023		265,537,000				
Comprehensive income (loss)	6,695			38	5,760	897
Repurchase of common stock	$ (6,064)		(261)		(5,803)	
Repurchase of common stock, shares	(17,798,000)	(17,798,000)				
Share-based benefit plans	$ 261		261			
Share-based benefit plans, shares		2,242,000				
Cash dividends declared	(688)				(688)	
Distributions	(711)					(711)
Other	2				(32)	34
Balance at Dec. 31, 2024	$ 555	$ 3	$ 0	$ (387)	$ (2,115)	$ 3,054
Balance, shares at Dec. 31, 2024		249,981,000				

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Consolidated Statements of Stockholders' Equity (Deficit) (Parenthetical) - $ / shares	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Statement of Stockholders' Equity [Abstract]			
Cash dividends declared, per share	$ 2.64	$ 2.4	$ 2.24

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Consolidated Statements of Cash Flows - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Cash flows from operating activities:			
Net income	$ 6,657	$ 6,091	$ 6,834
Increase (decrease) in cash from operating assets and liabilities:			
Accounts receivable	(799)	(935)	(797)
Inventories and other assets	334	(126)	(59)
Accounts payable and accrued expenses	359	604	(296)
Depreciation and amortization	3,312	3,077	2,969
Income taxes	22	229	571
Losses (gains) on sales of facilities	(14)	5	(1,301)
Losses on retirement of debt	0	0	78
Amortization of debt issuance costs and discounts	35	35	29
Share-based compensation	360	262	341
Other	248	189	153
Net cash provided by operating activities	10,514	9,431	8,522
Cash flows from investing activities:			
Purchase of property and equipment	(4,875)	(4,744)	(4,395)
Acquisition of hospitals and health care entities	(266)	(635)	(224)
Sales of hospitals and health care entities	328	193	1,237
Change in investments	(115)	(112)	14
Other	(5)	(19)	(21)
Net cash used in investing activities	(4,933)	(5,317)	(3,389)
Cash flows from financing activities:			
Issuances of long-term debt	7,495	3,224	5,997
Net change in revolving credit facilities	(1,880)	(1,020)	120
Repayment of long-term debt	(2,410)	(909)	(2,830)
Distributions to noncontrolling interests	(711)	(640)	(1,025)
Payment of debt issuance costs	(67)	(31)	(53)
Payment of dividends	(690)	(661)	(653)
Repurchase of common stock	(6,042)	(3,811)	(7,000)
Other	(277)	(246)	(212)
Net cash used in financing activities	(4,582)	(4,094)	(5,656)

Effect of exchange rate changes on cash and cash equivalents	(1)	7	(20)
Change in cash and cash equivalents	998	27	(543)
Cash and cash equivalents at beginning of period	935	908	1,451
Cash and cash equivalents at end of period	1,933	935	908
Interest payments	1,938	1,892	1,662
Income tax payments, net	$ 1,844	$ 1,386	$ 1,175

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Pay vs Performance Disclosure - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Pay vs Performance Disclosure			
Net Income (Loss)	$ 5,760	$ 5,242	$ 5,643

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Insider Trading Arrangements	3 Months Ended Dec. 31, 2024
Trading Arrangements, by Individual	
Rule 10b5-1 Arrangement Adopted	false
Non-Rule 10b5-1 Arrangement Adopted	false
Rule 10b5-1 Arrangement Terminated	false
Non-Rule 10b5-1 Arrangement Terminated	false

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Insider Trading Policies and Procedures	3 Months Ended Dec. 31, 2024
Insider Trading Policies and Procedures [Line Items]	
Insider Trading Policies and Procedures Adopted	true

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Cybersecurity Risk Management, Strategy, and Governance	12 Months Ended Dec. 31, 2024
Cybersecurity Risk Management, Strategy, and Governance [Line Items]	
Cybersecurity Risk Management Processes for Assessing, Identifying, and Managing Threats [Text Block]	**Item 1C.** ***Cybersecurity*** Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations. The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs. The security program includes cybersecurity and information security risk management. Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs. We seek to leverage a comprehensive risk management program aligned with the National Institute of Technology Cybersecurity Framework 2.0 that encompasses a structured approach to assess, identify, and manage cyber and information security risks. The internal processes for these activities are evaluated for alignment with our objectives and overall risk tolerance. This approach is consistent with our overall risk management efforts. The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management. We utilize cross-functional teams and risk assessment tools and technologies to identify potential cybersecurity and information security threats and risks. These teams include representatives from various departments within our Company to promote a holistic view of the organization’s cybersecurity and information security risk landscape and to facilitate communication. We have implemented multiple layers of security measures designed to protect the confidentiality, integrity and availability of our data and the systems and devices that store and transmit such data. We also seek to embed security measures into software and system development processes and to use current security technologies. In addition, we engage third parties to actively monitor potential threats as well as our security defenses. The risk landscape is assessed to determine the likelihood and potential impact of identified risks. This assessment involves a combination of qualitative and quantitative analyses to help prioritize identified risks and determine the appropriate risk treatment. The effectiveness of the cybersecurity and information security program is tested through a combination of internal and external assessments. Updates are provided to senior management and the Audit and Compliance Committee for informed decision-making and are integrated into our broader enterprise risk management processes. We also seek to oversee and identify potential cybersecurity and information security threats and risks relating to suppliers and third-party service providers. These efforts may include due diligence to assess the party’s cybersecurity practices, controls, and compliance with relevant statutes and regulations; the use of contractual agreements that outline certain cybersecurity requirements; and using outside services to perform ongoing monitoring of select suppliers and third-party service providers. We also collaborate with select third-party suppliers to develop and align incident response plans. No risks from cybersecurity threats or previous cybersecurity incidents have materially affected our business strategy, results of operations, or financial condition. However, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cybersecurity threats, including the remediation of critical information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future. Additionally, while we have in place insurance coverage designed to address certain aspects of cybersecurity risks, such insurance coverage may be insufficient to cover all insured losses or all types of claims that may arise.
Cybersecurity Risk Management Processes Integrated [Flag]	true
Cybersecurity Risk Management Processes Integrated [Text Block]	The effectiveness of the cybersecurity and information security program is tested through a combination of internal and external assessments. Updates are provided to senior management and the Audit and Compliance Committee for informed decision-making and are integrated into our broader enterprise risk management processes.
Cybersecurity Risk Management Third Party Engaged [Flag]	true
Cybersecurity Risk Third Party Oversight and Identification Processes [Flag]	true
Cybersecurity Risk Materially Affected or Reasonably Likely to Materially Affect Registrant [Flag]	true
Cybersecurity Risk Materially Affected or Reasonably Likely to Materially Affect Registrant [Text Block]	No risks from cybersecurity threats or previous cybersecurity incidents have materially affected our business strategy, results of operations, or financial condition. However, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cybersecurity threats, including the remediation of critical information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future.
Cybersecurity Risk Board of Directors Oversight [Text Block]	Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations. The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs. The security program includes cybersecurity and information security risk management. Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs. We seek to leverage a comprehensive risk management program aligned with the National Institute of Technology Cybersecurity Framework 2.0 that encompasses a structured approach to assess, identify, and manage cyber and information security risks. The internal processes for these activities are evaluated for alignment with our objectives and overall risk tolerance. This approach is consistent with our overall risk management efforts. The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management.
Cybersecurity Risk Board Committee or Subcommittee Responsible for Oversight [Text Block]	The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee.
Cybersecurity Risk Process for Informing	The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical

Board Committee or Subcommittee Responsible for Oversight [Text Block]	business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management's plans for monitoring and testing compliance with data security regulations.
Cybersecurity Risk Role of Management [Text Block]	Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management's plans for monitoring and testing compliance with data security regulations.
Cybersecurity Risk Management Positions or Committees Responsible [Flag]	true
Cybersecurity Risk Management Positions or Committees Responsible [Text Block]	The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management.
Cybersecurity Risk Management Expertise of Management Responsible [Text Block]	Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs.
Cybersecurity Risk Process for Informing Management or Committees Responsible [Text Block]	The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs.
Cybersecurity Risk Management Positions or Committees Responsible Report to Board [Flag]	true

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Accounting Policies	12 Months Ended Dec. 31, 2024
Accounting Policies [Abstract]	
Accounting Policies	

NOTE 1 — ACCOUNTING POLICIES

Reporting Entity

HCA Healthcare, Inc. is a holding company whose affiliates own and operate hospitals and related health care entities. The term "affiliates" includes direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. At December 31, 2024 these affiliates owned and operated 190 hospitals, 124 freestanding surgery centers, 26 freestanding endoscopy centers and provided extensive outpatient and ancillary services. HCA Healthcare, Inc.'s facilities are located in 20 states and England. The terms "Company," "HCA," "we," "our" or "us," as used herein and unless otherwise stated or indicated by context, refer to HCA Healthcare, Inc. and its affiliates. The terms "facilities" or "hospitals" refer to entities owned and operated by affiliates of HCA and the term "employees" refers to employees of affiliates of HCA.

Basis of Presentation

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

The consolidated financial statements include all subsidiaries and entities controlled by HCA. We generally define "control" as ownership of a majority of the voting interest of an entity. The consolidated financial statements include entities in which we absorb a majority of the entity's expected losses, receive a majority of the entity's expected residual returns, or both, as a result of ownership, contractual or other financial interests in the entity. The accounts of acquired entities are included in our consolidated financial statements for periods subsequent to our acquisition of controlling interests. Significant intercompany transactions have been eliminated. Investments in entities we do not control, but in which we have a substantial ownership interest and can exercise significant influence, are accounted for using the equity method.

The majority of our expenses are "costs of revenues" items. Costs that could be classified as general and administrative include our corporate office costs, which were $421 million, $353 million and $307 million for the years ended December 31, 2024, 2023 and 2022, respectively.

Revenues

Our revenues generally relate to contracts with patients in which our performance obligations are to provide health care services to the patients. Revenues are recorded during the period our obligations to provide health care services are satisfied. Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Our performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges), and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services we provide to the related patients typically specify payments at amounts less than our standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

NOTE 1 — ACCOUNTING POLICIES (continued)

Revenues (continued)

Our revenues are based upon the estimated amounts we expect to be entitled to receive from patients and third-party payers. Estimates of contractual adjustments under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured and other discounts). We also record estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts we expect to collect. Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, are summarized in the following table (dollars in millions):

	Years Ended December 31,					
	2024	**Ratio**	**2023**	**Ratio**	**2022**	**Ratio**
Medicare	**$ 10,780**	**15.3 %**	$ 10,585	16.3 %	$ 10,447	17.3 %
Managed Medicare	**11,987**	**17.0**	10,496	16.2	9,201	15.3
Medicaid	**4,678**	**6.6**	3,606	5.6	2,636	4.4
Managed Medicaid	**3,980**	**5.6**	3,879	6.0	3,998	6.6
Managed care and other insurers	**34,954**	**49.5**	31,819	49.0	29,120	48.3
International (managed care and other insurers)	**1,682**	**2.4**	1,509	2.3	1,317	2.2
Other	**2,542**	**3.6**	3,074	4.6	3,514	5.9
Revenues	**$ 70,603**	**100.0 %**	$ 64,968	100.0 %	$ 60,233	100.0 %

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined (in relation to certain government programs, primarily Medicare, this is generally referred to as the "cost report" filing and settlement process). The adjustments to estimated Medicare and Medicaid reimbursement and disproportionate-share amounts, related primarily to cost reports filed during the respective year, resulted in net increases to revenues of $42 million, $84 million and $56 million in 2024, 2023 and 2022, respectively. The adjustments to estimated reimbursement amounts related primarily to cost reports filed during previous years resulted in net increases to revenues of $78 million in 2024, $58 million in 2023 and $42 million in 2022.

The Emergency Medical Treatment and Labor Act ("EMTALA") requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospital's emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individual's ability to pay for treatment. Federal and state laws and regulations require, and our commitment to providing quality patient care encourages, us to provide services to patients who are financially unable to pay for the health care services they receive.

Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level, are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied.

NOTE 1 — ACCOUNTING POLICIES (continued)

Revenues (continued)

The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is our primary source of cash and is critical to our operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable collection efforts have been performed.

The estimates for implicit price concessions are based upon management's assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of our revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of our accounts receivable. We perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and writeoff data. We believe our quarterly updates to the estimated implicit price concession amounts at each of our hospital facilities provide reasonable estimates of our revenues and valuations of our accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of our accounts receivable or period-to-period comparisons of our revenues. At December 31, 2024 and 2023, estimated implicit price concessions of $7.773 billion and $7.283 billion, respectively, had been recorded to adjust our revenues and accounts receivable to the estimated amounts we expect to collect.

To quantify the total impact of the trends related to uninsured patient accounts, we believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions):

	2024	2023	2022
Patient care costs (salaries and benefits, supplies, other operating expenses and depreciation and amortization)	**$ 60,056**	$ 55,341	$ 51,180
Cost-to-charges ratio (patient care costs as percentage of gross patient charges)	**10.1 %**	10.5 %	11.0 %
Total uncompensated care	**$ 43,231**	$ 35,426	$ 31,734
Multiply by the cost-to-charges ratio	**10.1 %**	10.5 %	11.0 %
Estimated cost of total uncompensated care	**$ 4,366**	$ 3,720	$ 3,491

The total uncompensated care amounts include charity care of $15.942 billion, $14.425 billion and $13.615 billion for the years ended December 31, 2024, 2023 and 2022, respectively. The estimated cost of charity care was $1.610 billion, $1.515 billion and $1.498 billion for the years ended December 31, 2024, 2023 and 2022, respectively.

Recent Pronouncements

In December 2023, the FASB issued Accounting Standards Update 2023-09, *Improvements to Income Tax Disclosures* (“ASU 2023-09”), which requires enhanced annual disclosures for specific categories in the rate reconciliation and income taxes paid disaggregated by federal, state and foreign taxes. ASU 2023-09 is effective for public business entities for annual periods beginning on or after December 15, 2024. We plan to adopt ASU 2023-09 effective January 1, 2025 applying a retrospective approach to all prior periods presented in the financial statements. We do not believe the adoption of this new standard will have a material effect on our disclosures.

NOTE 1 — ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with a maturity of three months or less when purchased. Our insurance subsidiaries’ cash equivalent investments in excess of the amounts required to pay estimated professional liability claims during the next twelve months are not included in cash and cash equivalents as these funds are not available for general corporate purposes. Carrying values of cash and cash equivalents approximate fair value due to the short-term nature of these instruments.

Accounts Receivable

We receive payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care health plans, commercial insurance companies, employers and patients. We recognize that revenues and receivables from government agencies are significant to our operations, but do not believe there are significant credit risks associated with these government agencies. We do not believe there are any other significant concentrations of revenues from any particular payer that would subject us to any significant credit risks in the collection of our accounts receivable. Days revenues in accounts receivable were 54 days, 53 days and 53 days at December 31, 2024, 2023 and 2022, respectively. Changes in general economic conditions, revenue cycle service center operations, payer mix, payer claim processing, or federal or state governmental health care coverage could affect our collection of accounts receivable, cash flows and results of operations.

Inventories

Inventories are stated at the lower of cost (first-in, first-out) or market.

Property and Equipment

Depreciation expense, computed using the straight-line method, was $3.294 billion in 2024, $3.052 billion in 2023 and $2.941 billion in 2022. Buildings and improvements are depreciated over estimated useful lives ranging generally from 10 to 40 years. Estimated useful lives of equipment vary generally from four to 10 years.

When events, circumstances or operating results indicate the carrying values of certain property and equipment expected to be held and used might be impaired, we prepare projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar assets and independent appraisals.

Property and equipment to be disposed of are reported at the lower of their carrying amounts or fair value less costs to sell or close. The estimates of fair value are usually based upon recent sales of similar assets and market responses based upon discussions with and offers received from potential buyers.

NOTE 1 — ACCOUNTING POLICIES (continued)

Investments of Insurance Subsidiaries

At December 31, 2024 and 2023, the investment securities held by our insurance subsidiaries were classified as “available-for-sale” as defined in Accounting Standards Codification (“ASC”) No. 320, *Investments — Debt Securities* and are recorded at fair value. The investment securities are held for the purpose of providing a funding source to pay liability claims covered by the insurance subsidiaries. We perform quarterly assessments of individual investment securities to determine whether declines in fair value are due to credit-related or noncredit-related factors. Our investment securities evaluation process involves subjective judgments, often involves estimating the outcome of future events, and requires a significant level of professional judgment in determining whether a credit-related impairment has occurred. We evaluate, among other things, the financial position and near-term prospects of the issuer, conditions in the issuer’s industry, liquidity of the investment, changes in the amount or timing of expected future cash flows from the investment, and recent downgrades of the issuer by a rating agency, to determine if, and when, a decline in the fair value of an investment below amortized cost is considered to be a credit-related impairment. The extent to which the fair value of the investment is less than amortized cost and our ability and intent to retain the investment, to allow for any anticipated recovery of the investment’s fair value, are important components of our investment securities evaluation process.

Goodwill and Intangible Assets

Goodwill is not amortized but is subject to annual impairment tests. In addition to the annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist. Impairment testing for goodwill is done at the reporting unit level. Reporting units are one level below the business segment level, and our impairment testing is performed at the operating division level. We compare the fair value of the reporting unit assets to the carrying amount, on at least an annual basis, to determine if there is potential impairment. If the fair value of the reporting unit assets is less than their carrying value, an impairment loss is recognized. Fair value is estimated based upon internal evaluations of each reporting unit that include quantitative analyses of market multiples, revenues and cash flows and reviews of recent sales of similar facilities. No goodwill impairments were recognized during 2024, 2023 or 2022.

During 2024, goodwill increased by $170 million related to acquisitions and declined by $6 million related to foreign currency translation and other adjustments. During 2023, goodwill increased by $362 million related to acquisitions and declined by $50 million related to foreign currency translation and other adjustments.

During 2024 and 2023, identifiable intangible assets declined by $16 million and $20 million, respectively, due to amortization and other adjustments. Identifiable intangible assets with finite lives are amortized over estimated lives ranging generally from three to 10 years. The gross carrying amount of amortizable identifiable intangible assets at both December 31, 2024 and 2023 was $274 million and accumulated amortization was $244 million and $228 million, respectively. The gross carrying amount of indefinite-lived identifiable intangible assets at both December 31, 2024 and 2023 was $293 million. Indefinite-lived identifiable intangible assets are not amortized but are subject to annual impairment tests, and impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Debt Issuance Costs and Discounts

Debt issuance costs and discounts are amortized based upon the terms of the respective debt obligations. The gross carrying amounts of debt issuance costs and discounts at December 31, 2024 and 2023 were $608 million and $559 million, respectively, and accumulated amortization was $239 million and $226 million, respectively. Amortization of debt issuance costs and discounts is included in interest expense and was $35 million, $35 million and $29 million for 2024, 2023 and 2022, respectively.

NOTE 1 — ACCOUNTING POLICIES (continued)

Professional Liability Claims

Reserves for professional liability risks were $2.131 billion and $2.089 billion at December 31, 2024 and 2023, respectively. The current portion of the reserves, $587 million and $532 million at December 31, 2024 and 2023, respectively, is included in “other accrued expenses” in the consolidated balance sheets. Provisions for losses related to professional liability risks were $627 million, $619 million and $517 million for 2024, 2023 and 2022, respectively, and are included in “other operating expenses” in our consolidated income statements. Provisions for losses related to professional liability risks are based upon actuarially determined estimates. We recorded an increase to the provision for professional liability risks of $40 million during 2023 and a reduction to the provision for professional liability risks of $55 million for 2022, due to the receipt of updated actuarial information. Loss and loss expense reserves represent the estimated ultimate net cost of all reported and unreported losses incurred and unpaid through the respective consolidated balance sheet dates. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. Adjustments to the estimated reserve amounts are included in current operating results. The reserves for professional liability risks cover approximately 2,100 individual claims at both December 31, 2024 and 2023 and estimates for unreported potential claims. The time period required to resolve these claims can vary depending upon the jurisdiction and whether the claim is settled or litigated. During 2024 and 2023, $600 million and $550 million, respectively, of net payments were made for professional and general liability claims. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate; however, there can be no assurance the ultimate liability will not exceed our estimates.

A portion of our professional liability risks is insured through our insurance subsidiary. Subject, in most cases, to a $15 million per occurrence self-insured retention, our facilities are insured by our insurance subsidiary for losses up to $80 million per occurrence ($110 million effective January 1, 2025). The insurance subsidiary has obtained reinsurance for professional liability risks generally above a retention level of either $25 million or $35 million per occurrence, depending on the jurisdiction for the related claim. We also maintain professional liability insurance with unrelated commercial carriers for losses in excess of amounts insured by our insurance subsidiary.

The obligations covered by reinsurance and excess insurance contracts are included in the reserves for professional liability risks, as we remain liable to the extent the reinsurers and excess insurance carriers do not meet their obligations under the reinsurance and excess insurance contracts. The amounts receivable under the reinsurance contracts were $35 million and $34 million at December 31, 2024 and 2023, respectively, recorded in “other assets,” and $45 million and $8 million at December 31, 2024 and 2023, respectively, recorded in “other current assets.”

Financial Instruments

Derivative financial instruments have been employed to manage risks, including interest rate exposures, and have not been used for trading or speculative purposes. Changes in the fair value of derivatives are recognized periodically either in earnings or in stockholders’ equity, as a component of other comprehensive income, depending on whether the derivative financial instrument qualifies for hedge accounting, and if so, whether it qualifies as a fair value hedge or a cash flow hedge. Gains and losses on derivatives designated as cash flow hedges, to the extent they are effective, are recorded in other comprehensive income, and subsequently reclassified to earnings to offset the impact of the hedged items when they occur. The net interest paid or received on interest rate swaps is recognized as interest expense.

Noncontrolling Interests in Consolidated Entities

The consolidated financial statements include all assets, liabilities, revenues and expenses of less than 100% owned entities that we control. Accordingly, we have recorded noncontrolling interests in the earnings and equity of such entities.

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Share-Based Compensation	**12 Months Ended Dec. 31, 2024**
Share-Based Payment Arrangement [Abstract]	
Share-Based Compensation	

NOTE 2 — SHARE-BASED COMPENSATION

Stock Incentive Plans

Our stock incentive plans are designed to promote the long-term financial interests and growth of the Company by attracting and retaining management and other personnel, motivating them to achieve long range goals and aligning their interests with those of our stockholders. Stock appreciation right (“SAR”) and restricted share unit (“RSU”) grants vest solely based upon continued employment over a specific period of time, and performance share unit (“PSU”) grants vest based upon both continued employment over a specific period of time and the achievement of predetermined financial targets over a specific period of time. At December 31, 2024 there were 7.316 million shares available for future grants.

Employee Stock Purchase Plan

Our employee stock purchase plan (“ESPP”) provides our participating employees an opportunity to obtain shares of our common stock at a discount (through payroll deductions over three-month periods). At December 31, 2024, 9.618 million shares of common stock were reserved for ESPP issuances. During 2024, 2023 and 2022, the Company recognized $18 million, $17 million and $16 million, respectively, of compensation expense related to the ESPP.

SAR, RSU and PSU Activity

The fair value of each SAR award is estimated on the grant date, using valuation models and the weighted average assumptions indicated in the following table. Awards under our stock incentive plans generally vest based on continued employment ("Time SARs" and "RSUs") or based upon continued employment and the achievement of certain financial targets ("Performance SARs" and "PSUs"). PSUs have a three-year cumulative earnings per share target, and the number of PSUs earned can vary from zero (for actual performance of less than 90% of target) to two times the original PSU grant (for actual performance of 110% or more of target). Each grant is valued as a single award with an expected term equal to the average expected term of the component vesting tranches. The expected term of the share-based award is limited by the contractual term. We use historical exercise behavior data and other factors to estimate the expected term of the SARs.

Compensation cost is recognized on the straight-line attribution method. The straight-line attribution method requires that total compensation expense recognized must at least equal the vested portion of the grant-date fair value. The expected volatility is derived using historical stock price information for our common stock and the volatility implied by the trading of options to purchase our stock on open-market exchanges. The risk-free interest rate is the approximate yield on United States Treasury Strips having a life equal to the expected share-based award life on the date of grant. The expected life is an estimate of the number of years a share-based award will be held before it is exercised. The expected dividend yield is estimated based on the assumption that the dividend yield at date of grant will be maintained over the expected life of the grant.

	2024	2023	2022
Risk-free interest rate	**3.94 %**	3.69 %	1.64 %
Expected volatility	**33 %**	36 %	34 %
Expected life, in years	**5.23**	5.14	5.11
Expected dividend yield	**0.87 %**	0.95 %	0.95 %

NOTE 2 — SHARE-BASED COMPENSATION (continued)

SAR, RSU and PSU Activity (continued)

Information regarding Time SAR and Performance SAR activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands):

	Time SARs	Performance SARs	Total SARs	Weighted Average Exercise Price	Weighted Average Remaining Contractual Term	Aggregate Intrinsic Value (dollars in millions)
SARs outstanding, December 31, 2021	6,162	286	6,448	$ 113.15		
Granted	570	—	570	236.00		
Exercised	(660)	(159)	(819)	90.84		
Cancelled	(112)	—	(112)	182.87		
SARs outstanding, December 31, 2022	5,960	127	6,087	126.38		
Granted	580	—	580	253.49		
Exercised	(1,156)	(83)	(1,239)	95.29		
Cancelled	(59)	—	(59)	202.05		
SARs outstanding, December 31, 2023	5,325	44	5,369	146.46		
Granted	**491**	**—**	**491**	**305.44**		
Exercised	**(1,128)**	**(44)**	**(1,172)**	**111.02**		
Cancelled	**(101)**	**—**	**(101)**	**246.78**		
SARs outstanding, December 31, 2024	**4,587**	**—**	**4,587**	**$ 170.31**	**5.3 years**	**$ 598**
SARs exercisable, December 31, 2024	**3,322**	**—**	**3,322**	**$ 136.86**	**4.3 years**	**$ 542**

The weighted average fair values of SARs granted during 2024, 2023 and 2022 were $102.65, $87.47 and $69.55 per share, respectively. The intrinsic values of SARs exercised during 2024, 2023 and 2022 were $257 million, $207 million and $115 million, respectively. As of December 31, 2024, the unrecognized compensation cost related to nonvested SARs was $47 million.

Information regarding RSU and PSU activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands):

	RSUs	PSUs	Total RSUs and PSUs	Weighted Average Grant Date Fair Value
RSUs and PSUs outstanding, December 31, 2021	2,191	2,083	4,274	$ 150.32
Granted	611	455	1,066	235.71
Performance adjustment	—	699	699	138.45
Vested	(878)	(1,399)	(2,277)	138.41
Cancelled	(140)	(123)	(263)	183.86
RSUs and PSUs outstanding, December 31, 2022	1,784	1,715	3,499	179.18
Granted	609	479	1,088	253.85
Performance adjustment	—	697	697	144.42
Vested	(717)	(1,393)	(2,110)	152.50
Cancelled	(125)	(88)	(213)	217.78
RSUs and PSUs outstanding, December 31, 2023	1,551	1,410	2,961	214.71
Granted	**582**	**434**	**1,016**	**305.97**
Performance adjustment	**—**	**566**	**566**	**174.55**
Vested	**(639)**	**(1,132)**	**(1,771)**	**181.81**
Cancelled	**(138)**	**(103)**	**(241)**	**260.96**
RSUs and PSUs outstanding, December 31, 2024	**1,356**	**1,175**	**2,531**	**$ 260.95**

NOTE 2 — SHARE-BASED COMPENSATION (continued)

SAR, RSU and PSU Activity (continued)

The fair values of RSUs and PSUs that vested during 2024, 2023 and 2022 were $539 million, $550 million and $550 million, respectively. As of December 31, 2024, the unrecognized compensation cost related to RSUs and PSUs was $383 million.

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Acquisitions and Dispositions

12 Months Ended Dec. 31, 2024

Business Combinations [Abstract]

Acquisitions and Dispositions

NOTE 3 — ACQUISITIONS AND DISPOSITIONS

During 2024, we paid $112 million to acquire three hospital facilities in Texas and $154 million to acquire nonhospital health care entities. During 2023, we paid $229 million to acquire four hospital facilities in Texas and $406 million to acquire nonhospital health care entities. During 2022, we paid $224 million to acquire nonhospital health care entities (noncontrolling interests of $72 million were recorded). Purchase price amounts have been allocated to the related assets acquired and liabilities assumed based upon their respective fair values. The purchase price paid in excess of the fair value of identifiable net assets of these acquired entities aggregated $170 million, $362 million and $262 million in 2024, 2023 and 2022, respectively. The consolidated financial statements include the accounts and operations of the acquired entities subsequent to the respective acquisition dates. The pro forma effects of these acquired entities on our results of operations for periods prior to the respective acquisition dates were not significant.

During 2024, we received proceeds of $295 million and recognized a pretax gain of $189 million ($145 million net of tax) related to the sale of a hospital facility in California. We also received proceeds of $33 million and recognized a pretax loss of $5 million ($4 million after tax) related to sales of real estate and other health care entity investments. In addition, we recognized a pretax loss of $170 million ($130 million after tax) related to a hospital facility in California that we have executed a definitive agreement to sell in 2025. During 2023, we received proceeds of $162 million for the sale of two hospital facilities in Louisiana. We also received proceeds of $31 million related to sales of real estate and other health care entity investments. We recognized a pretax loss of $5 million for these transactions. During 2022, we received proceeds of $326 million and recognized a pretax gain of $274 million ($200 million after tax) related to sales of real estate and other health care entity investments. We also received proceeds of $911 million and recognized a pretax gain of $1.027 billion ($527 million after tax and amounts attributable to noncontrolling interests) in 2022 related to the sale of a controlling interest in a subsidiary of our group purchasing organization.

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Income Taxes

12 Months Ended Dec. 31, 2024

Income Tax Disclosure [Abstract]

Income Taxes

NOTE 4 — INCOME TAXES

The provision for income taxes consists of the following (dollars in millions):

	2024	2023	2022
Current:			
Federal	**$ 1,202**	$ 1,118	$ 1,222
State	**212**	213	206
Foreign	**20**	3	18
Deferred:			
Federal	**394**	241	261
State	**31**	21	27
Foreign	**7**	19	12
	$ 1,866	$ 1,615	$ 1,746

Our provision for income taxes for the years ended December 31, 2024, 2023 and 2022 included tax benefits of $102 million, $93 million and $77 million, respectively, related to the settlement of employee equity awards. The provision for income taxes reflects a $61 million reduction in interest (net of tax) and penalty expense and $36 million and $23 million of interest expense (net of tax) for the years ended December 31, 2024, 2023 and 2022, respectively. During 2024, we derecognized deferred tax assets and increased our tax provision by $276 million due to an internal restructuring of certain affiliates. Our foreign pretax income was $79 million, $85 million and $66 million for the years ended December 31, 2024, 2023 and 2022, respectively.

NOTE 4 — INCOME TAXES (continued)

A reconciliation of the federal statutory rate to the effective income tax rate follows:

	2024	2023	2022

Federal statutory rate	**21.0 %**	21.0 %	21.0 %
State income taxes, net of federal tax benefit	**2.7**	2.6	2.3
Change in liability for uncertain tax positions	**(2.3)**	0.4	0.7
Tax benefit from settlements of employee equity awards	**(1.2)**	(1.2)	(0.9)
Internal restructuring of affiliates	**3.5**	—	—
Other items, net	**0.8**	0.8	0.5
Effective income tax rate on income attributable to HCA Healthcare, Inc.	**24.5**	23.6	23.6
Income attributable to noncontrolling interests from consolidated partnerships	**(2.6)**	(2.6)	(3.3)
Effective income tax rate on income before income taxes	**21.9 %**	21.0 %	20.3 %

A summary of the items comprising our deferred tax assets and liabilities at December 31 follows (dollars in millions):

	2024		2023	
	Assets	Liabilities	Assets	Liabilities
Depreciation and fixed asset basis differences	**$ —**	**$ 1,139**	$ —	$ 1,048
Allowances for professional liability and other risks	**395**	**—**	452	—
Accounts receivable	**418**	**—**	363	—
Compensation	**285**	**—**	308	—
Right-of-use lease assets and obligations	**478**	**462**	506	492
Other	**297**	**932**	592	860
	$ 1,873	**$ 2,533**	$ 2,221	$ 2,400

At December 31, 2024, state net operating loss carryforwards (expiring in years 2025 through 2042) available to offset future taxable income approximated $167 million. Utilization of net operating loss carryforwards in any one year may be limited.

The following table summarizes the activity related to our gross unrecognized tax benefits, excluding accrued interest and penalties of $115 million and $177 million as of December 31, 2024 and 2023, respectively (dollars in millions):

	2024	2023
Balance at January 1	**$ 639**	$ 639
Additions based on tax positions related to the current year	**40**	30
Additions for tax positions of prior years	**63**	4
Reductions for tax positions of prior years	**(206)**	(10)
Settlements	**(17)**	—
Lapse of applicable statutes of limitations	**(15)**	(24)
Balance at December 31	**$ 504**	$ 639

Unrecognized tax benefits of $295 million as of December 31, 2024 ($320 million as of December 31, 2023) would affect the effective rate, if recognized.

During 2024, the Internal Revenue Service ("IRS") completed its examination of our 2016, 2017 and 2018 income tax returns, resolving all federal income tax matters for those years, and the 2020 federal statute of limitations expired. We reduced our tax provision by $254 million, including interest of $118 million (net of tax). Of this amount, $181 million, including $47 million of interest (net of tax) related to the tax rate changes under the 2017 Tax Cuts and Jobs Act.

NOTE 4 — INCOME TAXES (continued)

At December 31, 2024, the IRS was examining the Company's 2022 and 2023 income tax returns and the 2019 income tax returns of certain affiliates. We are subject to examination by the IRS for tax years after 2020, as well as by state and foreign taxing authorities. Depending on the resolution of any federal, state and foreign tax disputes, the completion of examinations by federal, state or foreign taxing authorities, or the expiration of statutes of limitation for specific taxing jurisdictions, we believe it is reasonably possible that our liability for unrecognized tax benefits may significantly increase or decrease within the next 12 months. However, we are currently unable to estimate the range of any possible change.

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Earnings Per Share	12 Months Ended Dec. 31, 2024
Earnings Per Share [Abstract]	
Earnings Per Share	

NOTE 5 — EARNINGS PER SHARE

We compute basic earnings per share using the weighted average number of common shares outstanding. We compute diluted earnings per share using the weighted average number of common shares outstanding plus the dilutive effect of outstanding SARs, RSUs and PSUs, computed using the treasury stock method. During 2024, 2023 and 2022, we repurchased 17.798 million shares, 14.465 million shares and 30.747 million shares, respectively, of our common stock.

The following table sets forth the computations of basic and diluted earnings per share for the years ended December 31, 2024, 2023 and 2022 (dollars and shares in millions, except per share amounts):

	2024	2023	2022
Net income attributable to HCA Healthcare, Inc.	**$ 5,760**	$ 5,242	$ 5,643
Weighted average common shares outstanding	**258.603**	272.404	290.348
Effect of dilutive incremental shares	**3.203**	4.008	4.318
Shares used for diluted earnings per share	**261.806**	276.412	294.666
Earnings per share:			
Basic earnings per share	**$ 22.27**	$ 19.25	$ 19.43
Diluted earnings per share	**$ 22.00**	$ 18.97	$ 19.15

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Investments of Insurance Subsidiaries	12 Months Ended Dec. 31, 2024
Investments, Debt and Equity Securities [Abstract]	
Investments of Insurance Subsidiaries	

NOTE 6 — INVESTMENTS OF INSURANCE SUBSIDIARIES

A summary of the insurance subsidiaries' investments at December 31 follows (dollars in millions):

	2024			
		Unrealized Amounts		
	Amortized Cost	Gains	Losses	Fair Value
Debt securities	**$ 388**	**$ —**	**$ (27)**	**$ 361**
Money market funds and other	**296**	**—**	**—**	**296**
	$ 684	**$ —**	**$ (27)**	**657**
Amounts classified as current assets				**(88)**
Investment carrying value				**$ 569**

NOTE 6 — INVESTMENTS OF INSURANCE SUBSIDIARIES (continued)

	2023			
		Unrealized Amounts		
	Amortized Cost	Gains	Losses	Fair Value
Debt securities	$ 404	$ 1	$ (29)	$ 376
Money market funds and other	188	—	—	188
	$ 592	$ 1	$ (29)	564
Amounts classified as current assets				(87)
Investment carrying value				$ 477

At December 31, 2024 and 2023, the investments in debt securities of our insurance subsidiaries were classified as "available-for-sale." Changes in unrealized gains and losses that are not credit-related are recorded as adjustments to other comprehensive income (loss).

Scheduled maturities of investments in debt securities at December 31, 2024 were as follows (dollars in millions):

	Amortized Cost	Fair Value
Due in one year or less	$ 31	$ 31
Due after one year through five years	145	140
Due after five years through ten years	147	130
Due after ten years	65	60
	$ 388	$ 361

The average expected maturity of the investments in debt securities at December 31, 2024 was 4.4 years, compared to the average scheduled maturity of 8.1 years. Expected and scheduled maturities may differ because the issuers of certain securities have the right to call, prepay or otherwise redeem such obligations prior to their scheduled maturity date.

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Assets and Liabilities Measured at Fair	12 Months Ended Dec. 31, 2024

Value

Fair Value Disclosures [Abstract]

Assets and Liabilities Measured at Fair Value

NOTE 7 — ASSETS AND LIABILITIES MEASURED AT FAIR VALUE

Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820") emphasizes fair value is a market-based measurement, and fair value measurements should be determined based on the assumptions market participants would use in pricing assets or liabilities. ASC 820 utilizes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs observable for the asset or liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity. In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input significant to the fair value measurement in its entirety. Our assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment.

The investments of our insurance subsidiaries are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

NOTE 7 — ASSETS AND LIABILITIES MEASURED AT FAIR VALUE (continued)

The following tables summarize the investments of our insurance subsidiaries measured at fair value on a recurring basis as of December 31, 2024 and 2023, aggregated by the level in the fair value hierarchy within which those measurements fall (dollars in millions):

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Debt securities	$ 361	$ —	$ 361	$ —
Money market funds and other	296	296	—	—
Investments of insurance subsidiaries	657	296	361	—
Less amounts classified as current assets	(88)	(88)	—	—
	$ 569	$ 208	$ 361	$ —

	2023			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Debt securities	$ 376	$ —	$ 376	$ —
Money market funds and other	188	188	—	—
Investments of insurance subsidiaries	564	188	376	—
Less amounts classified as current assets	(87)	(87)	—	—
	$ 477	$ 101	$ 376	$ —

The estimated fair value of our long-term debt was $40.845 billion and $38.253 billion at December 31, 2024 and 2023, respectively, compared to carrying amounts, gross of debt issuance costs, premiums and discounts, aggregating $43.400 billion and $39.926 billion, respectively. The estimates of fair value are generally based on Level 2 inputs, including quoted market prices or quoted market prices for similar issues of long-term debt with the same maturities.

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Long-Term Debt

12 Months Ended
Dec. 31, 2024

Debt Disclosure [Abstract]

Long-Term Debt

NOTE 8 — LONG-TERM DEBT

A summary of long-term debt at December 31, including related interest rates at December 31, 2024, follows (dollars in millions):

	2024	2023
Senior secured asset-based revolving credit facility	$ —	$ 1,880
Senior secured revolving credit facility	—	—
Senior secured term loan facilities (effective interest rate of 5.8%)	1,238	1,313
Other senior secured debt (effective interest rate of 4.6%)	1,046	967
Senior secured debt	2,284	4,160
Senior unsecured notes (effective interest rate of 5.1%)	41,116	35,766
Debt issuance costs and discounts	(369)	(333)
Total debt (average life of 10.9 years, rates averaging 5.1%)	43,031	39,593
Less amounts due within one year	4,698	2,424
	$ 38,333	$ 37,169

NOTE 8 — LONG-TERM DEBT (continued)

During 2024, we issued $4.500 billion aggregate principal amount of senior notes comprised of (i) $1.000 billion aggregate principal amount of 5.450% senior notes due 2031 (the "Existing 2031 Notes"), (ii) $1.300 billion aggregate principal amount of 5.600% senior notes due 2034, (iii) $1.500 billion aggregate principal amount of 6.000% senior notes due 2054 and (iv) $700 million aggregate principal amount of 6.100% senior notes due 2064. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes. During 2024, we repaid all of the $2.000 billion aggregate principal amount of 5.000% senior notes due 2024 at maturity.

During 2024, we also issued $3.000 billion aggregate principal amount of senior notes comprised of (i) $750 million aggregate principal amount of 5.450% senior notes due 2031 (the "New 2031 Notes"), (ii) $1.250 billion aggregate principal amount of 5.450% senior notes due 2034 and (iii) $1.000 billion aggregate principal amount of 5.950% senior notes due 2054. The New 2031 Notes represent a further issuance of our Existing 2031 Notes, issued during February 2024, and together with the New 2031 Notes, the aggregate principal amount of these notes is $1.750 billion. We used the net proceeds to repay borrowings under our asset-based revolving credit facility and for general corporate purposes.

Senior Secured Credit Facilities And Other Senior Secured Debt

We have entered into the following senior secured credit facilities: (i) a $4.500 billion asset-based revolving credit facility maturing on June 30, 2026 with a borrowing base of 85% of eligible accounts receivable, subject to customary reserves and eligibility criteria (none outstanding at December 31, 2024) (the "ABL credit facility"); (ii) a $3.500 billion senior secured revolving credit facility maturing on June 30, 2026 (none outstanding at December 31, 2024 without giving effect to certain outstanding letters of credit); and (iii) a $1.238 billion senior secured term loan facility maturing on June 30, 2026. We refer to the facilities described under (ii) and (iii) above, collectively, as the "cash flow credit facility" and, together with the ABL credit facility, the "senior secured credit facilities." Finance leases and other secured debt totaled $1.046 billion at December 31, 2024.

Borrowings under the senior secured credit facilities bear interest at a rate equal to, at our option, either (a) a base rate determined by reference to the higher of (1) the federal funds rate plus 0.50% or (2) the prime rate of Bank of America or (b) a reference rate (the Secured Overnight Financing Rate (SOFR)) for the relevant interest period, plus, in each case, an applicable margin. The applicable margin for borrowings under the senior secured credit facilities may be reduced subject to attaining certain leverage ratios.

The senior secured credit facilities contain a number of covenants that restrict, subject to certain exceptions, our (and some or all of our subsidiaries') ability to incur additional indebtedness, repay subordinated indebtedness, create liens on assets, sell assets, make investments, loans or advances, engage in certain transactions with affiliates, pay dividends and distributions, and enter into sale and leaseback transactions. In addition, we are required to satisfy and maintain a maximum total leverage ratio covenant under the cash flow credit facility and, in certain situations under the ABL credit facility, a minimum interest coverage ratio covenant.

Senior Unsecured Notes

Senior unsecured notes consist of (i) $40.541 billion aggregate principal amount of senior notes with maturities ranging from 2025 to 2064; (ii) an aggregate principal amount of $125 million medium-term notes maturing 2025; and (iii) an aggregate principal amount of $450 million debentures with maturities ranging from 2027 to 2095.

General Debt Information

The senior secured credit facilities are fully and unconditionally guaranteed by substantially all existing and future, direct and indirect, 100% owned material domestic subsidiaries that are "Unrestricted Subsidiaries" under our Indenture (the "1993 Indenture") dated December 16, 1993 (except for certain special purpose subsidiaries that only guarantee and pledge their assets under our ABL credit facility).

All obligations under the ABL credit facility, and the guarantees of those obligations, are secured, subject to permitted liens and other exceptions, by a first-priority lien on substantially all of the receivables of the borrowers and each guarantor under such ABL credit facility (the "Receivables Collateral").

NOTE 8 — LONG-TERM DEBT (continued)

General Debt Information (continued)

All obligations under the cash flow credit facility and the guarantees of such obligations are secured, subject to permitted liens and other exceptions, by:

- a first-priority lien on the capital stock owned by HCA Inc., or by any guarantor, in each of their respective first-tier subsidiaries;
- a first-priority lien on substantially all present and future assets of HCA Inc. and of each guarantor other than (i) "Principal Properties" (as defined in the 1993 Indenture), (ii) certain other real properties and (iii) deposit accounts, other bank or securities accounts, cash, leaseholds, motor-vehicles and certain other exceptions; and
- a second-priority lien on certain of the Receivables Collateral.

Maturities of long-term debt in years 2026 through 2029 are $5.386 billion, $2.460 billion, $2.606 billion and $3.563 billion, respectively.

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Leases

12 Months Ended
Dec. 31, 2024

Leases [Abstract]

Leases

NOTE 9 — LEASES

We lease property and equipment under finance and operating leases. For leases with terms greater than 12 months, we record the related assets and obligations at the present value of lease payments over the term. Many of our leases include rental escalation clauses and renewal options that are factored into our determination of lease payments, when appropriate. We do not separate lease and nonlease components of contracts. Generally, we use our estimated incremental borrowing rate to discount the lease payments, as most of our leases do not provide a readily determinable implicit interest rate.

The following table presents our lease-related assets and liabilities at December 31, 2024 and 2023 (dollars in millions):

	Balance Sheet Classification	2024	2023
Assets:			
Operating leases	Right-of-use operating lease assets	**$ 2,131**	$ 2,207
Finance leases	Property and equipment	**646**	556
Total lease assets		**$ 2,777**	$ 2,763
Liabilities:			
Current:			
Operating leases	Other accrued expenses	**$ 343**	$ 363
Finance leases	Long-term debt due within one year	**162**	166
Noncurrent:			
Operating leases	Right-of-use operating lease obligations	**1,863**	1,903
Finance leases	Long-term debt	**624**	541
Total lease liabilities		**$ 2,992**	$ 2,973
Weighted-average remaining term:			
Operating leases		**11.3 years**	11.8 years
Finance leases		**10.5 years**	9.0 years
Weighted-average discount rate:			
Operating leases		**5.1%**	4.9%
Finance leases		**5.3%**	4.9%

NOTE 9 — LEASES (continued)

The following table presents certain information related to expenses for finance and operating leases for the years ended December 31, 2024, 2023 and 2022 (dollars in millions):

	2024	2023	2022
Finance lease expense:			
Depreciation and amortization	**$ 159**	$ 164	$ 163
Interest	**37**	31	29
Operating leases(1)	**503**	495	484
Short-term lease expense(1)	**365**	337	329
Variable lease expense(1)	**181**	162	163
	$ 1,245	$ 1,189	$ 1,168

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(1) Expenses are included in “other operating expenses” in our consolidated income statements.

The following table presents supplemental cash flow information for the years ended December 31, 2024, 2023 and 2022 (dollars in millions):

	2024	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows for operating leases	**$ 490**	$ 479	$ 473
Operating cash flows for finance leases	**37**	31	29
Financing cash flows for finance leases	**172**	140	124

Maturities of Lease Liabilities

The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease liabilities recorded on the balance sheet at December 31, 2024 and 2023 (dollars in millions):

	2024		2023	
	Operating Leases	Finance Leases	Operating Leases	Finance Leases
Year 1	**$ 455**	**$ 197**	$ 452	$ 193
Year 2	**405**	**146**	394	155
Year 3	**344**	**99**	340	115
Year 4	**281**	**81**	288	60
Year 5	**221**	**71**	228	45
Thereafter	**1,460**	**497**	1,540	356
Total minimum lease payments	**3,166**	**1,091**	3,242	924
Less: amount of lease payments representing interest	**(960)**	**(305)**	(976)	(217)
Present value of future minimum lease payments	**2,206**	**786**	2,266	707
Less: current lease obligations	**(343)**	**(162)**	(363)	(166)
Long-term lease obligations	**$ 1,863**	**$ 624**	$ 1,903	$ 541

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Contingencies	**12 Months Ended Dec. 31, 2024**
Commitments and Contingencies Disclosure [Abstract]	
Contingencies	

NOTE 10 — CONTINGENCIES

We operate in a highly regulated and litigious industry. As a result, various lawsuits, claims and legal and regulatory proceedings have been and can be expected to be instituted or asserted against us. We are also subject to claims and suits arising in the ordinary course of business, including claims for personal injuries or wrongful restriction of, or interference with, physicians’ staff privileges. In certain of these actions the claimants may seek punitive damages against us, which may not be covered by insurance. We are also subject to claims by various taxing authorities for additional taxes and related interest and penalties. The resolution of any such lawsuits, claims or legal and regulatory proceedings could have a material, adverse effect on our results of operations, financial position or liquidity.

NOTE 10 — CONTINGENCIES (continued)

Government Investigations, Claims and Litigation

Health care companies are subject to numerous investigations by various governmental agencies. Under the federal False Claims Act (“FCA”), private parties have the right to bring *qui tam*, or “whistleblower,” suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities have received, and from time to time, other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our results of operations, financial position or liquidity.

We accrue for such contingencies to the extent that it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. If we are a party to any proceeding that, either individually or in the aggregate, is probable or reasonably possible of having a material, adverse effect on the business, our results of operations, financial position or liquidity, we disclose a summary of such contingencies and the amount or range of reasonably possible losses in excess of recorded amounts or that we are unable to reasonably estimate the amount or range of losses.

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Capital Stock	**12 Months Ended Dec. 31, 2024**
Federal Home Loan Banks [Abstract]	
Capital Stock	

NOTE 11 — CAPITAL STOCK

The amended and restated certificate of incorporation authorizes the Company to issue up to 1,800,000,000 shares of common stock, and our amended and restated by-laws set the number of directors constituting the board of directors of the Company at not less than three members, the exact number to be determined from time to time by resolution adopted by the affirmative vote of a majority of the total number of directors then in office.

Share Repurchase Transactions

During January 2025, January 2024, January 2023, January 2022 and February 2021, our Board of Directors authorized share repurchase programs for up to $10 billion, $6 billion, $3 billion, $8 billion and $6 billion, respectively, of the Company’s outstanding common stock.

During 2024, we repurchased 17.798 million shares of our common stock at an average price of $337.74 per share through market purchases pursuant to the January 2023 authorization (which was completed during 2024) and the January 2024 authorization. At December 31, 2024, we had $764 million of repurchase authorization available under the January 2024 authorization. During 2023, we repurchased 14.465 million shares of our common stock at an average price of $263.47 per share through market purchases pursuant to the January 2022 authorization (which was completed during 2023) and the January 2023 authorization. During 2022, we repurchased 30.747 million shares of our common stock at an average price of $227.67 per share through market purchases pursuant to the February 2021 authorizations (which were completed during 2022) and the January 2022 authorization.

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Employee Benefit Plans	**12 Months Ended Dec. 31, 2024**
Retirement Benefits [Abstract]	
Employee Benefit Plans	

NOTE 12 — EMPLOYEE BENEFIT PLANS

We maintain defined contribution benefit plans that are available to employees who meet certain minimum requirements. The plans require that we match participant contributions up to certain maximum levels (generally, 100% of the first 3% to 9%, depending upon years of vesting service, of compensation deferred by participants). Benefits expense under these plans totaled $689 million for 2024, $659 million for 2023 and $606 million for 2022. Our matching contributions are funded during the year following the participant contributions.

We maintain the noncontributory, nonqualified Restoration Plan to provide retirement benefits for eligible employees. Eligibility for the Restoration Plan is based upon earning eligible compensation in excess of a base amount and attaining 1,000 or more hours of service during the plan year. Company credits to participants’ hypothetical account balances (the Restoration Plan is not funded) depend upon participants’ compensation, years of vesting service, hypothetical investment returns (gains or losses) and certain IRS limitations. The amount recognized under this plan was $31 million expense for 2024, $40 million expense for 2023 and a $27 million credit for 2022. Accrued benefits liabilities under this plan totaled $229 million at December 31, 2024 and $227 million at December 31, 2023.

NOTE 12 — EMPLOYEE BENEFIT PLANS (continued)

We maintain a Supplemental Executive Retirement Plan ("SERP") for certain executives (the SERP is not funded). The plan is designed to ensure that upon retirement the participant receives the value of a prescribed life annuity from the combination of the SERP and our other benefit plans. Benefits expense under the plan was $7 million for 2024, $10 million for 2023 and $22 million for 2022. Accrued benefits liabilities under this plan totaled $109 million at December 31, 2024 and $106 million at December 31, 2023.

We maintain defined benefit pension plans which resulted from certain hospital acquisitions in prior years. The amount recognized under these plans was a $6 million credit for 2024, $2 million expense for 2023, and an $11 million credit for 2022. Net assets available for benefits in excess of the projected benefit obligation under these plans were $118 million and $43 million at December 31, 2024 and 2023, respectively.

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Segment and Geographic Information	**12 Months Ended** **Dec. 31, 2024**
Segment Reporting [Abstract]	
Segment and Geographic Information	

NOTE 13 — SEGMENT AND GEOGRAPHIC INFORMATION

Effective January 1, 2024, we adopted Accounting Standards Update 2023-07, *Segment Reporting (Topic 280): Improvements to Reportable Segment Disclosures*. We operate in one line of business, which is operating hospitals and related health care entities. We operate in three geographically organized groups: the National, Atlantic and American Groups. At December 31, 2024, the National Group included 55 hospitals located in Alaska, California, Idaho, Indiana, Kentucky, Nevada, New Hampshire, North Carolina, Tennessee, Utah and Virginia, the Atlantic Group included 62 hospitals located in Florida, Georgia, Northern Kansas, Missouri and South Carolina, and the American Group included 65 hospitals located in Colorado, Central Kansas, Louisiana and Texas. The eight hospitals we operate in England are included in the Corporate and other group.

Adjusted segment EBITDA is defined as income before depreciation and amortization, interest expense, losses and gains on sales of facilities, losses on retirement of debt, income taxes and net income attributable to noncontrolling interests. We use adjusted segment EBITDA as an analytical indicator for purposes of allocating resources to geographic areas and assessing their performance. Adjusted segment EBITDA is commonly used as an analytical indicator within the health care industry, and also serves as a measure of leverage capacity and debt service ability. Adjusted segment EBITDA should not be considered as a measure of financial performance under generally accepted accounting principles, and the items excluded from adjusted segment EBITDA are significant components in understanding and assessing financial performance. Because adjusted segment EBITDA is not a measurement determined in accordance with generally accepted accounting principles and is thus susceptible to varying calculations, adjusted segment EBITDA, as presented, may not be comparable to other similarly titled measures of other companies. The geographic distributions of our revenues, salaries and benefits, supplies, other operating expenses, equity in earnings or losses of affiliates, adjusted segment EBITDA, depreciation and amortization, assets and goodwill and other intangible assets that are provided to the Chief Operating Decision Maker, which is the Chief Executive Officer, are summarized in the following tables (dollars in millions) and represent the operating segments at December 31, 2024:

	For the Year Ended December 31, 2024		
	National Group	**Atlantic Group**	**American Group**
Revenues	**$ 19,614**	**$ 23,171**	**$ 24,601**
Salaries and benefits	**7,483**	**8,525**	**8,529**
Supplies	**2,812**	**3,553**	**4,035**
Other operating expenses	**4,892**	**6,124**	**6,363**
Equity in (earnings) losses of affiliates	**2**	**(3)**	**(62)**
	15,189	**18,199**	**18,865**
Adjusted segment EBITDA	**$ 4,425**	**$ 4,972**	**$ 5,736**

NOTE 13 — SEGMENT AND GEOGRAPHIC INFORMATION (continued)

	For the Year Ended December 31, 2023		
	National Group	**Atlantic Group**	**American Group**
Revenues	$ 18,105	$ 21,167	$ 22,318
Salaries and benefits	7,196	8,058	8,080
Supplies	2,658	3,331	3,616
Other operating expenses	4,253	5,289	5,473
Equity in (earnings) losses of affiliates	(2)	(3)	(59)
	14,105	16,675	17,110
Adjusted segment EBITDA	$ 4,000	$ 4,492	$ 5,208

	For the Year Ended December 31, 2022		
	National Group	**Atlantic Group**	**American Group**
Revenues	$ 16,767	$ 19,324	$ 20,858
Salaries and benefits	6,959	7,752	7,757
Supplies	2,569	3,088	3,331
Other operating expenses	3,624	4,606	4,711
Equity in (earnings) losses of affiliates	(1)	(3)	(43)
	13,151	15,443	15,756
Adjusted segment EBITDA	$ 3,616	$ 3,881	$ 5,102

	For the Year Ended December 31,		
	2024	**2023**	**2022**
Adjusted segment EBITDA:			
National Group	**$ 4,425**	$ 4,000	$ 3,616
Atlantic Group	**4,972**	4,492	3,881
American Group	**5,736**	5,208	5,102
	15,133	13,700	12,599
Adjustments to reconcile Total Adjusted segment EBITDA to consolidated Income before income taxes:			
Corporate and Other	**1,251**	974	532
Depreciation and amortization	**3,312**	3,077	2,969
Interest expense	**2,061**	1,938	1,741
Losses (gains) on sales of facilities	**(14)**	5	(1,301)
Losses on retirement of debt	**—**	—	78
Income before income taxes	**$ 8,523**	$ 7,706	$ 8,580

NOTE 13 — SEGMENT AND GEOGRAPHIC INFORMATION (continued)

	For the Year Ended December 31,		
	2024	**2023**	**2022**
Revenues:			
National Group	**$ 19,614**	$ 18,105	$ 16,767
Atlantic Group	**23,171**	21,167	19,324
American Group	**24,601**	22,318	20,858
Corporate and other	**3,217**	3,378	3,284
	$ 70,603	$ 64,968	$ 60,233
Depreciation and amortization:			
National Group	**$ 857**	$ 834	$ 801
Atlantic Group	**1,061**	989	921
American Group	**1,083**	971	937
Corporate and other	**311**	283	310
	$ 3,312	$ 3,077	$ 2,969

	December 31,		
	2024	**2023**	**2022**
Assets:			
National Group	**$ 12,855**	$ 12,487	$ 11,793
Atlantic Group	**17,168**	16,098	15,092
American Group	**20,714**	19,786	17,934
Corporate and other	**8,776**	7,840	7,619
	$ 59,513	$ 56,211	$ 52,438

	National Group	**Atlantic Group**	**American Group**	**Corporate and Other**	**Total**
Goodwill and other intangible assets:					
Balance at December 31, 2021	$ 1,212	$ 1,970	$ 5,062	$ 1,296	$ 9,540
Acquisitions	75	90	90	7	262
Foreign currency translation, amortization and other	(43)	(3)	—	(103)	(149)
Balance at December 31, 2022	1,244	2,057	5,152	1,200	9,653
Acquisitions	—	8	326	28	362

Foreign currency translation, amortization and other	(3)	(1)	—	(66)	(70)
Balance at December 31, 2023	1,241	2,064	5,478	1,162	9,945
Acquisitions	**—**	**61**	**105**	**4**	**170**
Foreign currency translation, amortization and other	**(4)**	**(1)**	**3**	**(20)**	**(22)**
Balance at December 31, 2024	**$ 1,237**	**$ 2,124**	**$ 5,586**	**$ 1,146**	**$ 10,093**

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Other Comprehensive Loss — **12 Months Ended Dec. 31, 2024**

Equity [Abstract]

Other Comprehensive Loss

NOTE 14 — OTHER COMPREHENSIVE LOSS

The components of accumulated other comprehensive loss are as follows (dollars in millions):

	Unrealized Gains (Losses) on Available-for-Sale Securities	Foreign Currency Translation Adjustments	Defined Benefit Plans	Change in Fair Value of Derivative Instruments	Total
Balances at December 31, 2021	$ 12	$ (278)	$ (132)	$ (6)	$ (404)
Unrealized losses on available-for-sale securities, net of $12 income tax benefit	(43)				(43)
Foreign currency translation adjustments, net of $16 income tax benefit		(95)			(95)
Defined benefit plans, net of $11 of income taxes			38		38
Change in fair value of derivative instruments, net of $1 of income taxes				5	5
Expense reclassified into operations from other comprehensive income, net of none, $2 and $1 income tax benefits, respectively	1		7	1	9
Balances at December 31, 2022	(30)	(373)	(87)	—	(490)
Unrealized gains on available-for-sale securities, net of $2 of income taxes	9				9
Foreign currency translation adjustments, net of $7 of income taxes		34			34
Defined benefit plans, net of $6 of income taxes			21		21
Expense (benefit) reclassified into operations from other comprehensive income, net of none of income taxes and $1 income tax benefit, respectively	(1)		2		1
Balances at December 31, 2023	(22)	(339)	(64)	—	(425)
Unrealized gains on available-for-sale securities	**1**				**1**
Foreign currency translation adjustments, net of $2 income tax benefit		**(14)**			**(14)**
Defined benefit plans, net of $15 of income taxes			**50**		**50**
Expense reclassified into operations from other comprehensive income			**1**		**1**
Balances at December 31, 2024	**$ (21)**	**$ (353)**	**$ (13)**	**$ —**	**$ (387)**

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Accrued Expenses — **12 Months Ended Dec. 31, 2024**

Text Block [Abstract]

Other Accrued Expenses

NOTE 15 — OTHER ACCRUED EXPENSES

A summary of other accrued expenses at December 31 follows (dollars in millions):

	2024	2023
Professional liability risks	**$ 587**	$ 532
Defined contribution benefit plans	**704**	668
Right-of-use operating leases	**343**	363
Taxes other than income	**419**	382
Interest	**502**	414
Employee medical benefits	**206**	199
Other	**1,138**	1,313
	$ 3,899	$ 3,871

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Accounting Policies (Policies) — **12 Months Ended Dec. 31, 2024**

Basis of Presentation

Basis of Presentation

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

The consolidated financial statements include all subsidiaries and entities controlled by HCA. We generally define "control" as ownership of a majority of the voting interest of an entity. The consolidated financial statements include entities in which we absorb a majority of the entity's expected losses, receive a majority of the entity's expected residual returns, or both, as a result of ownership, contractual or other financial interests in the entity. The accounts of acquired entities are included in our consolidated financial statements for periods subsequent to our acquisition of controlling interests. Significant intercompany transactions have been eliminated. Investments in entities we do not control, but in which we have a substantial ownership interest and can exercise significant influence, are accounted for using the equity method.

The majority of our expenses are "costs of revenues" items. Costs that could be classified as general and administrative include our corporate office costs, which were $421 million, $353 million and $307 million for the years ended December 31, 2024, 2023 and 2022, respectively.

Revenues

Revenues

Our revenues generally relate to contracts with patients in which our performance obligations are to provide health care services to the patients. Revenues are recorded during the period our obligations to provide health care services are satisfied. Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Our performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges), and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services we provide to the related patients typically specify payments at amounts less than our standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

NOTE 1 — ACCOUNTING POLICIES (continued)

Revenues (continued)

Our revenues are based upon the estimated amounts we expect to be entitled to receive from patients and third-party payers. Estimates of contractual adjustments under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured and other discounts). We also record estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts we expect to collect. Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, are summarized in the following table (dollars in millions):

	Years Ended December 31,					
	2024	Ratio	2023	Ratio	2022	Ratio
Medicare	**$ 10,780**	**15.3 %**	$ 10,585	16.3 %	$ 10,447	17.3 %
Managed Medicare	**11,987**	**17.0**	10,496	16.2	9,201	15.3
Medicaid	**4,678**	**6.6**	3,606	5.6	2,636	4.4
Managed Medicaid	**3,980**	**5.6**	3,879	6.0	3,998	6.6
Managed care and other insurers	**34,954**	**49.5**	31,819	49.0	29,120	48.3
International (managed care and other insurers)	**1,682**	**2.4**	1,509	2.3	1,317	2.2
Other	**2,542**	**3.6**	3,074	4.6	3,514	5.9
Revenues	**$ 70,603**	**100.0 %**	$ 64,968	100.0 %	$ 60,233	100.0 %

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined (in relation to certain government programs, primarily Medicare, this is generally referred to as the "cost report" filing and settlement process). The adjustments to estimated Medicare and Medicaid reimbursement and disproportionate-share amounts, related primarily to cost reports filed during the respective year, resulted in net increases to revenues of $42 million, $84 million and $56 million in 2024, 2023 and 2022, respectively. The adjustments to estimated reimbursement amounts related primarily to cost reports filed during previous years resulted in net increases to revenues of $78 million in 2024, $58 million in 2023 and $42 million in 2022.

The Emergency Medical Treatment and Labor Act ("EMTALA") requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospital's emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individual's ability to pay for treatment. Federal and state laws and regulations require, and our commitment to providing quality patient care encourages, us to provide services to patients who are financially unable to pay for the health care services they receive.

Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level, are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied.

Revenues (continued)

The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is our primary source of cash and is critical to our operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable collection efforts have been performed.

The estimates for implicit price concessions are based upon management’s assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of our revenues and accounts receivable (the “hindsight analysis”) as a primary source of information in estimating the collectability of our accounts receivable. We perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and writeoff data. We believe our quarterly updates to the estimated implicit price concession amounts at each of our hospital facilities provide reasonable estimates of our revenues and valuations of our accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of our accounts receivable or period-to-period comparisons of our revenues. At December 31, 2024 and 2023, estimated implicit price concessions of $7.773 billion and $7.283 billion, respectively, had been recorded to adjust our revenues and accounts receivable to the estimated amounts we expect to collect.

To quantify the total impact of the trends related to uninsured patient accounts, we believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions):

	2024	**2023**	**2022**
Patient care costs (salaries and benefits, supplies, other operating expenses and depreciation and amortization)	**$ 60,056**	$ 55,341	$ 51,180
Cost-to-charges ratio (patient care costs as percentage of gross patient charges)	**10.1 %**	10.5 %	11.0 %
Total uncompensated care	**$ 43,231**	$ 35,426	$ 31,734
Multiply by the cost-to-charges ratio	**10.1 %**	10.5 %	11.0 %
Estimated cost of total uncompensated care	**$ 4,366**	$ 3,720	$ 3,491

The total uncompensated care amounts include charity care of $15.942 billion, $14.425 billion and $13.615 billion for the years ended December 31, 2024, 2023 and 2022, respectively. The estimated cost of charity care was $1.610 billion, $1.515 billion and $1.498 billion for the years ended December 31, 2024, 2023 and 2022, respectively.

Recent Pronouncements

Recent Pronouncements

In December 2023, the FASB issued Accounting Standards Update 2023-09, *Improvements to Income Tax Disclosures* (“ASU 2023-09”), which requires enhanced annual disclosures for specific categories in the rate reconciliation and income taxes paid disaggregated by federal, state and foreign taxes. ASU 2023-09 is effective for public business entities for annual periods beginning on or after December 15, 2024. We plan to adopt ASU 2023-09 effective January 1, 2025 applying a retrospective approach to all prior periods presented in the financial statements. We do not believe the adoption of this new standard will have a material effect on our disclosures.

Cash and Cash Equivalents

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with a maturity of three months or less when purchased. Our insurance subsidiaries’ cash equivalent investments in excess of the amounts required to pay estimated professional liability claims during the next twelve months are not included in cash and cash equivalents as these funds are not available for general corporate purposes. Carrying values of cash and cash equivalents approximate fair value due to the short-term nature of these instruments.

Accounts Receivable

Accounts Receivable

We receive payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care health plans, commercial insurance companies, employers and patients. We recognize that revenues and receivables from government agencies are significant to our operations, but do not believe there are significant credit risks associated with these government agencies. We do not believe there are any other significant concentrations of revenues from any particular payer that would subject us to any significant credit risks in the collection of our accounts receivable. Days revenues in accounts receivable were 54 days, 53 days and 53 days at December 31, 2024, 2023 and 2022, respectively. Changes in general economic conditions, revenue cycle service center operations, payer mix, payer claim processing, or federal or state governmental health care coverage could affect our collection of accounts receivable, cash flows and results of operations.

Inventories

Inventories

Inventories are stated at the lower of cost (first-in, first-out) or market.

Property and Equipment

Property and Equipment

Depreciation expense, computed using the straight-line method, was $3.294 billion in 2024, $3.052 billion in 2023 and $2.941 billion in 2022. Buildings and improvements are depreciated over estimated useful lives ranging generally from 10 to 40 years. Estimated useful lives of equipment vary generally from four to 10 years.

When events, circumstances or operating results indicate the carrying values of certain property and equipment expected to be held and used might be impaired, we prepare projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar assets and independent appraisals.

Property and equipment to be disposed of are reported at the lower of their carrying amounts or fair value less costs to sell or close. The estimates of fair value are usually based upon recent sales of similar assets and market responses based upon discussions with and offers received from potential buyers.

Investments of Insurance Subsidiaries

Investments of Insurance Subsidiaries

At December 31, 2024 and 2023, the investment securities held by our insurance subsidiaries were classified as “available-for-sale” as defined in Accounting Standards Codification (“ASC”) No. 320, *Investments — Debt Securities* and are recorded at fair value. The investment securities are held for the purpose of providing a funding source to pay liability claims covered by the insurance subsidiaries. We perform quarterly assessments of individual investment securities to determine whether declines in fair value are due to credit-related or noncredit-related factors. Our investment securities evaluation process involves subjective judgments, often involves estimating the outcome of future events, and requires a significant level of professional judgment in determining whether a credit-related impairment has occurred. We evaluate, among other things, the financial position and near-term prospects of the issuer, conditions in the issuer’s industry, liquidity of the investment, changes in the amount or timing of expected future cash flows from the investment, and recent downgrades of the issuer by a rating agency, to determine if, and when, a decline in the fair value of an investment below amortized cost is considered to be a credit-related impairment. The extent to which the fair value of the investment is less than amortized cost and our ability and intent to retain the investment, to allow for any anticipated recovery of the investment’s fair value, are important components of our investment securities evaluation process.

Goodwill and Intangible Assets

Goodwill and Intangible Assets

Goodwill is not amortized but is subject to annual impairment tests. In addition to the annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist. Impairment testing for goodwill is done at the reporting unit level. Reporting units are one level below the business segment level, and our impairment testing is performed at the operating division level. We compare the fair value of the reporting unit assets to the carrying amount, on at least an annual basis, to determine if there is potential impairment. If the fair value of the reporting unit assets is less than their carrying value, an impairment loss is recognized. Fair value is estimated based upon internal evaluations of each reporting unit that include quantitative analyses of market multiples, revenues and cash flows and reviews of recent sales of similar facilities. No goodwill impairments were recognized during 2024, 2023 or 2022.

During 2024, goodwill increased by $170 million related to acquisitions and declined by $6 million related to foreign currency translation and other adjustments. During 2023, goodwill increased by $362 million related to acquisitions and declined by $50 million related to foreign currency translation and other adjustments.

During 2024 and 2023, identifiable intangible assets declined by $16 million and $20 million, respectively, due to amortization and other adjustments. Identifiable intangible assets with finite lives are amortized over estimated lives ranging generally from three to 10 years. The gross carrying amount of amortizable identifiable intangible assets at both December 31, 2024 and 2023 was $274 million and accumulated amortization was $244 million and $228 million, respectively. The gross carrying amount of indefinite-lived identifiable intangible assets at both December 31, 2024 and 2023 was $293 million. Indefinite-lived identifiable intangible assets are not amortized but are subject to annual impairment tests, and impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Debt Issuance Costs and Discounts

Debt Issuance Costs and Discounts

Debt issuance costs and discounts are amortized based upon the terms of the respective debt obligations. The gross carrying amounts of debt issuance costs and discounts at December 31, 2024 and 2023 were $608 million and $559 million, respectively, and accumulated amortization was $239 million and $226 million, respectively. Amortization of debt issuance costs and discounts is included in interest expense and was $35 million, $35 million and $29 million for 2024, 2023 and 2022, respectively.

Professional Liability Claims

Professional Liability Claims

Reserves for professional liability risks were $2.131 billion and $2.089 billion at December 31, 2024 and 2023, respectively. The current portion of the reserves, $587 million and $532 million at December 31, 2024 and 2023, respectively, is included in “other accrued expenses” in the consolidated balance sheets. Provisions for losses related to professional liability risks were $627 million, $619 million and $517 million for 2024, 2023 and 2022, respectively, and are included in “other operating expenses” in our consolidated income statements. Provisions for losses related to professional liability risks are based upon actuarially determined estimates. We recorded an increase to the provision for professional liability risks of $40 million during 2023 and a reduction to the provision for professional liability risks of $55 million for 2022, due to the receipt of updated actuarial information. Loss and loss expense reserves represent the estimated ultimate net cost of all reported and unreported losses incurred and unpaid through the respective consolidated balance sheet dates. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. Adjustments to the estimated reserve amounts are included in current operating results. The reserves for professional liability risks cover approximately 2,100 individual claims at both December 31, 2024 and 2023 and estimates for unreported potential claims. The time period required to resolve these claims can vary depending upon the jurisdiction and whether the claim is settled or litigated. During 2024 and 2023, $600 million and $550 million, respectively, of net payments were made for professional and general liability claims. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate; however, there can be no assurance the ultimate liability will not exceed our estimates.

A portion of our professional liability risks is insured through our insurance subsidiary. Subject, in most cases, to a $15 million per occurrence self-insured retention, our facilities are insured by our insurance subsidiary for losses up to $80 million per occurrence ($110 million effective January 1, 2025). The insurance subsidiary has obtained reinsurance for professional liability risks generally above a retention level of either $25 million or $35 million per occurrence, depending on the jurisdiction for the related claim. We also maintain professional liability insurance with unrelated commercial carriers for losses in excess of amounts insured by our insurance subsidiary.

The obligations covered by reinsurance and excess insurance contracts are included in the reserves for professional liability risks, as we remain liable to the extent the reinsurers and excess insurance carriers do not meet their obligations under the reinsurance and excess insurance contracts. The amounts receivable under the reinsurance contracts were $35 million and $34 million at December 31, 2024 and 2023, respectively, recorded in “other assets,” and $45 million and $8 million at December 31, 2024 and 2023, respectively, recorded in “other current assets.”

Financial Instruments

Financial Instruments

Derivative financial instruments have been employed to manage risks, including interest rate exposures, and have not been used for trading or speculative purposes. Changes in the fair value of derivatives are recognized periodically either in earnings or in stockholders’ equity, as a component of other comprehensive income, depending on whether the derivative financial instrument qualifies for hedge accounting, and if so, whether it qualifies as a fair value hedge or a cash flow hedge. Gains and losses on derivatives designated as cash flow hedges, to the extent they are effective, are recorded in other comprehensive income, and subsequently reclassified to earnings to offset the impact of the hedged items when they occur. The net interest paid or received on interest rate swaps is recognized as interest expense.

Noncontrolling Interests

Noncontrolling Interests in Consolidated Entities in Consolidated Entities

The consolidated financial statements include all assets, liabilities, revenues and expenses of less than 100% owned entities that we control. Accordingly, we have recorded noncontrolling interests in the earnings and equity of such entities.

Earning Per Share

We compute basic earnings per share using the weighted average number of common shares outstanding. We compute diluted earnings per share using the weighted average number of common shares outstanding plus the dilutive effect of outstanding SARs, RSUs and PSUs, computed using the treasury stock method.

Fair Value Measurements and Disclosures

Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820") emphasizes fair value is a market-based measurement, and fair value measurements should be determined based on the assumptions market participants would use in pricing assets or liabilities. ASC 820 utilizes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs observable for the asset or liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity. In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input significant to the fair value measurement in its entirety. Our assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment.

Investment Securities

The investments of our insurance subsidiaries are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Government Investigations, Claims and Litigation

Government Investigations, Claims and Litigation

Health care companies are subject to numerous investigations by various governmental agencies. Under the federal False Claims Act ("FCA"), private parties have the right to bring *qui tam*, or "whistleblower," suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities have received, and from time to time, other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our results of operations, financial position or liquidity.

We accrue for such contingencies to the extent that it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. If we are a party to any proceeding that, either individually or in the aggregate, is probable or reasonably possible of having a material, adverse effect on the business, our results of operations, financial position or liquidity, we disclose a summary of such contingencies and the amount or range of reasonably possible losses in excess of recorded amounts or that we are unable to reasonably estimate the amount or range of losses.

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Accounting Policies (Tables)

12 Months Ended
Dec. 31, 2024

Accounting Policies [Abstract]

Schedule of Revenues from Third Party Payers, Uninsured and Other Payers

Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, are summarized in the following table (dollars in millions):

	Years Ended December 31,					
	2024	**Ratio**	**2023**	**Ratio**	**2022**	**Ratio**
Medicare	**$ 10,780**	**15.3 %**	$ 10,585	16.3 %	$ 10,447	17.3 %
Managed Medicare	**11,987**	**17.0**	10,496	16.2	9,201	15.3
Medicaid	**4,678**	**6.6**	3,606	5.6	2,636	4.4
Managed Medicaid	**3,980**	**5.6**	3,879	6.0	3,998	6.6
Managed care and other insurers	**34,954**	**49.5**	31,819	49.0	29,120	48.3
International (managed care and other insurers)	**1,682**	**2.4**	1,509	2.3	1,317	2.2
Other	**2,542**	**3.6**	3,074	4.6	3,514	5.9
Revenues	**$ 70,603**	**100.0 %**	$ 64,968	100.0 %	$ 60,233	100.0 %

Schedule of Estimated Cost of Uncompensated Care

A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions):

	2024	**2023**	**2022**
Patient care costs (salaries and benefits, supplies, other operating expenses and depreciation and amortization)	**$ 60,056**	$ 55,341	$ 51,180
Cost-to-charges ratio (patient care costs as percentage of gross patient charges)	**10.1 %**	10.5 %	11.0 %
Total uncompensated care	**$ 43,231**	$ 35,426	$ 31,734
Multiply by the cost-to-charges ratio	**10.1 %**	10.5 %	11.0 %
Estimated cost of total uncompensated care	**$ 4,366**	$ 3,720	$ 3,491

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Share-Based Compensation (Tables)

12 Months Ended
Dec. 31, 2024

Share-Based Payment Arrangement [Abstract]

Schedule of Fair Value of Each Stock Option Award is Estimated on Grant Date, Using Option Valuation Models

The expected dividend yield is estimated based on the assumption that the dividend yield at date of grant will be maintained over the expected life of the grant.

	2024	**2023**	**2022**
Risk-free interest rate	**3.94 %**	3.69 %	1.64 %
Expected volatility	**33 %**	36 %	34 %
Expected life, in years	**5.23**	5.14	5.11
Expected dividend yield	**0.87 %**	0.95 %	0.95 %

Schedule of Stock Appreciation Rights Activity

Information regarding Time SAR and Performance SAR activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands):

	Time SARs	**Performance SARs**	**Total SARs**	**Weighted Average Exercise Price**	**Weighted Average Remaining Contractual Term**	**Aggregate Intrinsic Value (dollars in millions)**
SARs outstanding, December 31, 2021	6,162	286	6,448	$ 113.15		
Granted	570	—	570	236.00		
Exercised	(660)	(159)	(819)	90.84		
Cancelled	(112)	—	(112)	182.87		
SARs outstanding, December 31, 2022	5,960	127	6,087	126.38		
Granted	580	—	580	253.49		
Exercised	(1,156)	(83)	(1,239)	95.29		
Cancelled	(59)	—	(59)	202.05		
SARs outstanding, December 31, 2023	5,325	44	5,369	146.46		
Granted	**491**	**—**	**491**	**305.44**		
Exercised	**(1,128)**	**(44)**	**(1,172)**	**111.02**		
Cancelled	**(101)**	**—**	**(101)**	**246.78**		
SARs outstanding, December 31, 2024	**4,587**	**—**	**4,587**	**$ 170.31**	**5.3 years**	**$ 598**
SARs exercisable, December 31, 2024	**3,322**	**—**	**3,322**	**$ 136.86**	**4.3 years**	**$ 542**

Schedule of Restricted Stock Units Activity

Information regarding RSU and PSU activity during 2024, 2023 and 2022 is summarized below (share amounts in thousands):

	RSUs	**PSUs**	**Total RSUs and PSUs**	**Weighted Average Grant Date Fair Value**
RSUs and PSUs outstanding, December 31, 2021	2,191	2,083	4,274	$ 150.32
Granted	611	455	1,066	235.71
Performance adjustment	—	699	699	138.45
Vested	(878)	(1,399)	(2,277)	138.41
Cancelled	(140)	(123)	(263)	183.86
RSUs and PSUs outstanding, December 31, 2022	1,784	1,715	3,499	179.18
Granted	609	479	1,088	253.85
Performance adjustment	—	697	697	144.42
Vested	(717)	(1,393)	(2,110)	152.50
Cancelled	(125)	(88)	(213)	217.78
RSUs and PSUs outstanding, December 31, 2023	1,551	1,410	2,961	214.71
Granted	**582**	**434**	**1,016**	**305.97**
Performance adjustment	**—**	**566**	**566**	**174.55**
Vested	**(639)**	**(1,132)**	**(1,771)**	**181.81**
Cancelled	**(138)**	**(103)**	**(241)**	**260.96**
RSUs and PSUs outstanding, December 31, 2024	**1,356**	**1,175**	**2,531**	**$ 260.95**

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Income Taxes (Tables)

12 Months Ended
Dec. 31, 2024

Income Tax Disclosure [Abstract]

Schedule of Provision for Income Taxes

The provision for income taxes consists of the following (dollars in millions):

	2024	**2023**	**2022**
Current:			

Federal	$ 1,202	$ 1,118	$ 1,222
State	212	213	206
Foreign	20	3	18
Deferred:			
Federal	394	241	261
State	31	21	27
Foreign	7	19	12
	$ 1,866	$ 1,615	$ 1,746

Schedule of Reconciliation of Federal Statutory Rate to Effective Income Tax Rate

A reconciliation of the federal statutory rate to the effective income tax rate follows:

	2024	2023	2022
Federal statutory rate	21.0 %	21.0 %	21.0 %
State income taxes, net of federal tax benefit	2.7	2.6	2.3
Change in liability for uncertain tax positions	(2.3)	0.4	0.7
Tax benefit from settlements of employee equity awards	(1.2)	(1.2)	(0.9)
Internal restructuring of affiliates	3.5	—	—
Other items, net	0.8	0.8	0.5
Effective income tax rate on income attributable to HCA Healthcare, Inc.	24.5	23.6	23.6
Income attributable to noncontrolling interests from consolidated partnerships	(2.6)	(2.6)	(3.3)
Effective income tax rate on income before income taxes	21.9 %	21.0 %	20.3 %

Schedule of Deferred Tax Assets and Liabilities

A summary of the items comprising our deferred tax assets and liabilities at December 31 follows (dollars in millions):

	2024		2023	
	Assets	Liabilities	Assets	Liabilities
Depreciation and fixed asset basis differences	$ —	$ 1,139	$ —	$ 1,048
Allowances for professional liability and other risks	395	—	452	—
Accounts receivable	418	—	363	—
Compensation	285	—	308	—
Right-of-use lease assets and obligations	478	462	506	492
Other	297	932	592	860
	$ 1,873	$ 2,533	$ 2,221	$ 2,400

Schedule of Activity Related to our Gross Unrecognized Tax Benefits

The following table summarizes the activity related to our gross unrecognized tax benefits, excluding accrued interest and penalties of $115 million and $177 million as of December 31, 2024 and 2023, respectively (dollars in millions):

	2024	2023
Balance at January 1	$ 639	$ 639
Additions based on tax positions related to the current year	40	30
Additions for tax positions of prior years	63	4
Reductions for tax positions of prior years	(206)	(10)
Settlements	(17)	—
Lapse of applicable statutes of limitations	(15)	(24)
Balance at December 31	$ 504	$ 639

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Earnings Per Share (Tables)

12 Months Ended Dec. 31, 2024

Earnings Per Share [Abstract]

Schedule of Computations of Basic and Diluted Earnings Per Share

The following table sets forth the computations of basic and diluted earnings per share for the years ended December 31, 2024, 2023 and 2022 (dollars and shares in millions, except per share amounts):

	2024	2023	2022
Net income attributable to HCA Healthcare, Inc.	$ 5,760	$ 5,242	$ 5,643
Weighted average common shares outstanding	258.603	272.404	290.348
Effect of dilutive incremental shares	3.203	4.008	4.318
Shares used for diluted earnings per share	261.806	276.412	294.666
Earnings per share:			
Basic earnings per share	$ 22.27	$ 19.25	$ 19.43
Diluted earnings per share	$ 22.00	$ 18.97	$ 19.15

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Investments of Insurance Subsidiaries (Tables)

12 Months Ended

Dec. 31, 2024

Investments, Debt and Equity Securities [Abstract]

Schedule of Investments

A summary of the insurance subsidiaries' investments at December 31 follows (dollars in millions):

	2024			
		Unrealized Amounts		
	Amortized Cost	Gains	Losses	Fair Value
Debt securities	$ 388	$ —	$ (27)	$ 361
Money market funds and other	296	—	—	296
	$ 684	$ —	$ (27)	657
Amounts classified as current assets				(88)
Investment carrying value				$ 569

NOTE 6 — INVESTMENTS OF INSURANCE SUBSIDIARIES (continued)

	2023			
		Unrealized Amounts		
	Amortized Cost	Gains	Losses	Fair Value
Debt securities	$ 404	$ 1	$ (29)	$ 376
Money market funds and other	188	—	—	188
	$ 592	$ 1	$ (29)	564
Amounts classified as current assets				(87)
Investment carrying value				$ 477

Schedule of Maturities of Investments

Scheduled maturities of investments in debt securities at December 31, 2024 were as follows (dollars in millions):

	Amortized Cost	Fair Value
Due in one year or less	$ 31	$ 31
Due after one year through five years	145	140
Due after five years through ten years	147	130
Due after ten years	65	60
	$ 388	$ 361

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Assets and Liabilities Measured at Fair Value (Tables)

12 Months Ended

Dec. 31, 2024

Fair Value Disclosures [Abstract]

Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis

The following tables summarize the investments of our insurance subsidiaries measured at fair value on a recurring basis as of December 31, 2024 and 2023, aggregated by the level in the fair value hierarchy within which those measurements fall (dollars in millions):

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Debt securities	$ 361	$ —	$ 361	$ —
Money market funds and other	296	296	—	—
Investments of insurance subsidiaries	657	296	361	—
Less amounts classified as current assets	(88)	(88)	—	—
	$ 569	$ 208	$ 361	$ —

	2023			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Debt securities	$ 376	$ —	$ 376	$ —
Money market funds and other	188	188	—	—
Investments of insurance subsidiaries	564	188	376	—
Less amounts classified as current assets	(87)	(87)	—	—
	$ 477	$ 101	$ 376	$ —

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Long-Term Debt (Tables)

12 Months Ended
Dec. 31, 2024

Debt Disclosure [Abstract]

Schedule of Long-Term Debt

A summary of long-term debt at December 31, including related interest rates at December 31, 2024, follows (dollars in millions):

	2024	2023
Senior secured asset-based revolving credit facility	**$ —**	$ 1,880
Senior secured revolving credit facility	**—**	—
Senior secured term loan facilities (effective interest rate of 5.8%)	**1,238**	1,313
Other senior secured debt (effective interest rate of 4.6%)	**1,046**	967
Senior secured debt	**2,284**	4,160
Senior unsecured notes (effective interest rate of 5.1%)	**41,116**	35,766
Debt issuance costs and discounts	**(369)**	(333)
Total debt (average life of 10.9 years, rates averaging 5.1%)	**43,031**	39,593
Less amounts due within one year	**4,698**	2,424
	$ 38,333	$ 37,169

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Leases (Tables)

12 Months Ended
Dec. 31, 2024

Leases [Abstract]

Schedule of lease-related assets and liabilities

The following table presents our lease-related assets and liabilities at December 31, 2024 and 2023 (dollars in millions):

	Balance Sheet Classification	2024	2023
Assets:			
Operating leases	Right-of-use operating lease assets	**$ 2,131**	$ 2,207
Finance leases	Property and equipment	**646**	556
Total lease assets		**$ 2,777**	$ 2,763
Liabilities:			
Current:			
Operating leases	Other accrued expenses	**$ 343**	$ 363
Finance leases	Long-term debt due within one year	**162**	166
Noncurrent:			
Operating leases	Right-of-use operating lease obligations	**1,863**	1,903
Finance leases	Long-term debt	**624**	541
Total lease liabilities		**$ 2,992**	$ 2,973
Weighted-average remaining term:			
Operating leases		**11.3 years**	11.8 years
Finance leases		**10.5 years**	9.0 years
Weighted-average discount rate:			
Operating leases		**5.1 %**	4.9 %
Finance leases		**5.3 %**	4.9 %

Schedule of lease expense for finance and operating leases

	2024	2023	2022
Finance lease expense:			
Depreciation and amortization	**$ 159**	$ 164	$ 163
Interest	**37**	31	29
Operating leases(1)	**503**	495	484
Short-term lease expense(1)	**365**	337	329
Variable lease expense(1)	**181**	162	163
	$ 1,245	$ 1,189	$ 1,168

Expenses are included in “other operating expenses” in our consolidated income statements.

Schedule of supplemental cash flow information

The following table presents supplemental cash flow information for the years ended December 31, 2024, 2023 and 2022 (dollars in millions):

	2024	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows for operating leases	**$ 490**	$ 479	$ 473
Operating cash flows for finance leases	**37**	31	29
Financing cash flows for finance leases	**172**	140	124

Schedule of undiscounted cash flows to the finance lease liabilities and operating lease liabilities recorded on balance sheet

The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease liabilities recorded on the balance sheet at December 31, 2024 and 2023 (dollars in millions):

	2024		2023	
	Operating Leases	Finance Leases	Operating Leases	Finance Leases
Year 1	**$ 455**	**$ 197**	$ 452	$ 193
Year 2	**405**	**146**	394	155
Year 3	**344**	**99**	340	115
Year 4	**281**	**81**	288	60
Year 5	**221**	**71**	228	45
Thereafter	**1,460**	**497**	1,540	356
Total minimum lease payments	**3,166**	**1,091**	3,242	924
Less: amount of lease payments representing interest	**(960)**	**(305)**	(976)	(217)
Present value of future minimum lease payments	**2,206**	**786**	2,266	707
Less: current lease obligations	**(343)**	**(162)**	(363)	(166)
Long-term lease obligations	**$ 1,863**	**$ 624**	$ 1,903	$ 541

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Segment and Geographic Information (Tables)

12 Months Ended
Dec. 31, 2024

Segment Reporting [Abstract]

Schedule Of Geographic Distributions Of Revenues, Salaries And Benefits, Supplies, Other Operating Expenses, Equity In Earnings Of Affiliates, Adjusted Segment EBITDA, Depreciation And Amortization, Assets And Goodwill And Other Intangible Assets

The geographic distributions of our revenues, salaries and benefits, supplies, other operating expenses, equity in earnings or losses of affiliates, adjusted segment EBITDA, depreciation and amortization, assets and goodwill and other intangible assets that are provided to the Chief Operating Decision Maker, which is the Chief Executive Officer, are summarized in the following tables (dollars in millions) and represent the operating segments at December 31, 2024:

	For the Year Ended December 31, 2024		
	National Group	Atlantic Group	American Group
Revenues	**$ 19,614**	**$ 23,171**	**$ 24,601**
Salaries and benefits	**7,483**	**8,525**	**8,529**
Supplies	**2,812**	**3,553**	**4,035**
Other operating expenses	**4,892**	**6,124**	**6,363**
Equity in (earnings) losses of affiliates	**2**	**(3)**	**(62)**
	15,189	**18,199**	**18,865**
Adjusted segment EBITDA	**$ 4,425**	**$ 4,972**	**$ 5,736**

NOTE 13 — SEGMENT AND GEOGRAPHIC INFORMATION (continued)

	For the Year Ended December 31, 2023		
	National Group	Atlantic Group	American Group
Revenues	$ 18,105	$ 21,167	$ 22,318

Salaries and benefits	7,196	8,058	8,080
Supplies	2,658	3,331	3,616
Other operating expenses	4,253	5,289	5,473
Equity in (earnings) losses of affiliates	(2)	(3)	(59)
	14,105	16,675	17,110
Adjusted segment EBITDA	$ 4,000	$ 4,492	$ 5,208

	For the Year Ended December 31, 2022		
	National Group	Atlantic Group	American Group
Revenues	$ 16,767	$ 19,324	$ 20,858
Salaries and benefits	6,959	7,752	7,757
Supplies	2,569	3,088	3,331
Other operating expenses	3,624	4,606	4,711
Equity in (earnings) losses of affiliates	(1)	(3)	(43)
	13,151	15,443	15,756
Adjusted segment EBITDA	$ 3,616	$ 3,881	$ 5,102

	For the Year Ended December 31,		
	2024	2023	2022
Adjusted segment EBITDA:			
National Group	**$ 4,425**	$ 4,000	$ 3,616
Atlantic Group	**4,972**	4,492	3,881
American Group	**5,736**	5,208	5,102
	15,133	13,700	12,599
Adjustments to reconcile Total Adjusted segment EBITDA to consolidated Income before income taxes:			
Corporate and Other	**1,251**	974	532
Depreciation and amortization	**3,312**	3,077	2,969
Interest expense	**2,061**	1,938	1,741
Losses (gains) on sales of facilities	**(14)**	5	(1,301)
Losses on retirement of debt	**—**	—	78
Income before income taxes	**$ 8,523**	$ 7,706	$ 8,580

NOTE 13 — SEGMENT AND GEOGRAPHIC INFORMATION (continued)

	For the Year Ended December 31,		
	2024	2023	2022
Revenues:			
National Group	**$ 19,614**	$ 18,105	$ 16,767
Atlantic Group	**23,171**	21,167	19,324
American Group	**24,601**	22,318	20,858
Corporate and other	**3,217**	3,378	3,284
	$ 70,603	$ 64,968	$ 60,233
Depreciation and amortization:			
National Group	**$ 857**	$ 834	$ 801
Atlantic Group	**1,061**	989	921
American Group	**1,083**	971	937
Corporate and other	**311**	283	310
	$ 3,312	$ 3,077	$ 2,969

	December 31,		
	2024	2023	2022
Assets:			
National Group	**$ 12,855**	$ 12,487	$ 11,793
Atlantic Group	**17,168**	16,098	15,092
American Group	**20,714**	19,786	17,934
Corporate and other	**8,776**	7,840	7,619
	$ 59,513	$ 56,211	$ 52,438

	National Group	Atlantic Group	American Group	Corporate and Other	Total
Goodwill and other intangible assets:					
Balance at December 31, 2021	$ 1,212	$ 1,970	$ 5,062	$ 1,296	$ 9,540
Acquisitions	75	90	90	7	262
Foreign currency translation, amortization and other	(43)	(3)	—	(103)	(149)
Balance at December 31, 2022	1,244	2,057	5,152	1,200	9,653
Acquisitions	—	8	326	28	362
Foreign currency translation, amortization and other	(3)	(1)	—	(66)	(70)
Balance at December 31, 2023	1,241	2,064	5,478	1,162	9,945
Acquisitions	**—**	**61**	**105**	**4**	**170**
Foreign currency translation, amortization and other	**(4)**	**(1)**	**3**	**(20)**	**(22)**
Balance at December 31, 2024	**$ 1,237**	**$ 2,124**	**$ 5,586**	**$ 1,146**	**$ 10,093**

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Other Comprehensive Loss (Tables)	**12 Months Ended Dec. 31, 2024**
Equity [Abstract]	
Components of Accumulated Other Comprehensive Loss	The components of accumulated other comprehensive loss are as follows (dollars in millions):

	Unrealized Gains (Losses) on Available-for-Sale Securities	Foreign Currency Translation Adjustments	Defined Benefit Plans	Change in Fair Value of Derivative Instruments	Total
Balances at December 31, 2021	$ 12	$ (278)	$ (132)	$ (6)	$ (404)
Unrealized losses on available-for-sale securities, net of $12 income tax benefit	(43)				(43)
Foreign currency translation adjustments, net of $16 income tax benefit		(95)			(95)
Defined benefit plans, net of $11 of income taxes			38		38
Change in fair value of derivative instruments, net of $1 of income taxes				5	5
Expense reclassified into operations from other comprehensive income, net of none, $2 and $1 income tax benefits, respectively	1		7	1	9
Balances at December 31, 2022	(30)	(373)	(87)	—	(490)
Unrealized gains on available-for-sale securities, net of $2 of income taxes	9				9
Foreign currency translation adjustments, net of $7 of income taxes		34			34
Defined benefit plans, net of $6 of income taxes			21		21
Expense (benefit) reclassified into operations from other comprehensive income, net of none of income taxes and $1 income tax benefit, respectively	(1)		2		1
Balances at December 31, 2023	(22)	(339)	(64)	—	(425)
Unrealized gains on available-for-sale securities	**1**				**1**
Foreign currency translation adjustments, net of $2 income tax benefit		**(14)**			**(14)**
Defined benefit plans, net of $15 of income taxes			**50**		**50**
Expense reclassified into operations from other comprehensive income			**1**		**1**
Balances at December 31, 2024	**$ (21)**	**$ (353)**	**$ (13)**	**$ —**	**$ (387)**

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Accrued Expenses (Tables)	**12 Months Ended Dec. 31, 2024**

Text Block [Abstract]	
Summary of Other Accrued Expenses	A summary of other accrued expenses at December 31 follows (dollars in millions):

	2024	2023
Professional liability risks	**$ 587**	$ 532
Defined contribution benefit plans	**704**	668
Right-of-use operating leases	**343**	363
Taxes other than income	**419**	382
Interest	**502**	414
Employee medical benefits	**206**	199
Other	**1,138**	1,313
	$ 3,899	$ 3,871

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Accounting Policies - Additional Information (Detail)		1 Months Ended	12 Months Ended		
	Jan. 01, 2025 USD ($)	Nov. 30, 2017	Dec. 31, 2024 USD ($) Hospital EndoscopyCenter SurgeryCenter Claim State	Dec. 31, 2023 USD ($) Claim	Dec. 31, 2022 USD ($)
Summary Of Significant Accounting Policies [Line Items]					
Number of owned and operated hospitals | Hospital			190		
Number of freestanding surgery centers | SurgeryCenter			124		
Number of freestanding endoscopy centers | EndoscopyCenter			26		
Number of facilities locations | State			20		
General and administrative expense			$ 421,000,000	$ 353,000,000	$ 307,000,000
Adjustments to estimated reimbursement filed during respective year			42,000,000	84,000,000	56,000,000
Adjustments to estimated reimbursement filed during previous years			78,000,000	58,000,000	42,000,000
Estimated implicit price concessions recorded as reductions to revenues and accounts receivable			7,773,000,000	7,283,000,000	
Charity care amount			15,942,000,000	14,425,000,000	13,615,000,000
Estimated costs of charity care			$ 1,610,000,000	$ 1,515,000,000	$ 1,498,000,000
Days revenues in accounts receivable			54 days	53 days	53 days
Depreciation expense			$ 3,294,000,000	$ 3,052,000,000.000	$ 2,941,000,000
Goodwill impairments			0	0	0
Goodwill acquired during period			170,000,000	362,000,000	
Intangible assets decreased due to amortization and other adjustments			16,000,000	20,000,000	
Gross carrying amount of intangible assets			274,000,000	274,000,000	
Accumulated amortization of intangible assets			244,000,000	228,000,000	
Gross carrying amount of indefinite-lived intangible assets			293,000,000	293,000,000	
Deferred loan costs			608,000,000	559,000,000	
Deferred loan costs, accumulated amortization			239,000,000	226,000,000	
Amortization of debt issuance costs			35,000,000	35,000,000	29,000,000
Reserves for professional liability risks			2,131,000,000	2,089,000,000.000	
Current portion of professional liability risks reserves			587,000,000	532,000,000	
Provisions for losses related to professional liability risks			$ 627,000,000	619,000,000	517,000,000
Increase (decrease) in provisions for professional liability risks				$ 40,000,000	$ 55,000,000
Reserves for professional liability risks cover individual claims | Claim			2,100	2,100	
Net payments of professional and general liability claims			$ 600,000,000	$ 550,000,000	
Self-insured retention amount per occurrence			15,000,000		
Maximum amount losses per occurrence			80,000,000		
Reinsurance for professional liability risks retention minimum level of amount per occurrence			25,000,000		
Reinsurance for professional liability risks retention level of amount per occurrence			35,000,000		
Amounts receivable under reinsurance contracts recorded in other assets			35,000,000	34,000,000	
Amounts receivable under reinsurance contracts recorded in other current assets			45,000,000	8,000,000	
Foreign Currency Translation And Other [Member]					
Summary Of Significant Accounting Policies [Line Items]					
Goodwill increase (decrease)			$ 6,000,000	$ 50,000,000	
Subsequent Event [Member]					
Summary Of Significant Accounting Policies [Line Items]					
Maximum amount losses per occurrence	$ 110,000,000				
Inpatient Services [Member]					
Summary Of Significant Accounting Policies [Line Items]					
Performance obligations for inpatient/outpatient services satisfied period			Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges		
Maximum [Member]					
Summary Of Significant Accounting Policies [Line Items]					
Percentage of income of federal poverty level eligible for charity care		400.00%			
Finite lived intangible asset useful life			10 years		
Maximum [Member] | Outpatient Services					

[Member]	
Summary Of Significant Accounting Policies [Line Items]	
Performance obligations for inpatient/ outpatient services satisfied period	Our performance obligations for outpatient services are generally satisfied over a period of less than one day
Maximum [Member] | Building and Improvements [Member]	
Summary Of Significant Accounting Policies [Line Items]	
Estimated useful lives in years	40 years
Maximum [Member] | Equipment [Member]	
Summary Of Significant Accounting Policies [Line Items]	
Estimated useful lives in years	10 years
Minimum [Member]	
Summary Of Significant Accounting Policies [Line Items]	
Finite lived intangible asset useful life	3 years
Minimum [Member] | Building and Improvements [Member]	
Summary Of Significant Accounting Policies [Line Items]	
Estimated useful lives in years	10 years
Minimum [Member] | Equipment [Member]	
Summary Of Significant Accounting Policies [Line Items]	
Estimated useful lives in years	4 years

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Accounting Policies - Schedule of Revenues from Third Party Payers, Uninsured and Other Payers (Detail) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Revenues From Third Party Payers [Line Items]			
Revenues	$ 70,603	$ 64,968	$ 60,233
Revenues ratio from third party payers	100.00%	100.00%	100.00%
Medicare [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 10,780	$ 10,585	$ 10,447
Revenues from third party payers, Ratio	15.30%	16.30%	17.30%
Managed Medicare [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 11,987	$ 10,496	$ 9,201
Revenues from third party payers, Ratio	17.00%	16.20%	15.30%
Medicaid [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 4,678	$ 3,606	$ 2,636
Revenues from third party payers, Ratio	6.60%	5.60%	4.40%
Managed Medicaid [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 3,980	$ 3,879	$ 3,998
Revenues from third party payers, Ratio	5.60%	6.00%	6.60%
Managed Care and Other Insurers [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 34,954	$ 31,819	$ 29,120
Revenues from third party payers, Ratio	49.50%	49.00%	48.30%
International (Managed Care and Other Insurers) [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues from third party payers	$ 1,682	$ 1,509	$ 1,317
Revenues from third party payers, Ratio	2.40%	2.30%	2.20%
Other [Member]			
Revenues From Third Party Payers [Line Items]			
Revenues	$ 2,542	$ 3,074	$ 3,514
Other, Ratio	3.60%	4.60%	5.90%

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Accounting Policies - Schedule of Estimated Cost of Uncompensated Care (Detail) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Accounting Policies [Abstract]			
Patient care costs (salaries and benefits, supplies, other operating expenses and depreciation and amortization)	$ 60,056	$ 55,341	$ 51,180
Cost-to-charges ratio (patient care costs as percentage of gross patient charges)	10.10%	10.50%	11.00%
Total uncompensated care	$ 43,231	$ 35,426	$ 31,734
Multiply by the cost-to-charges ratio	10.10%	10.50%	11.00%
Estimated cost of total uncompensated care	$ 4,366	$ 3,720	$ 3,491

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Share-Based Compensation - Additional Information (Detail) - USD ($) $ / shares in Units, $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Employee Stock Purchase Plan ("ESPP") [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Common stock were reserved for issuance	9,618,000		
Compensation expense	$ 18	$ 17	$ 16
Stock Appreciation Rights (SARs)			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Shares Available for Future Grants	7,316,000		
Weighted Average Fair Value of SARs Options Granted	$ 102.65	$ 87.47	$ 69.55
Total Intrinsic Value of SARs	$ 257	$ 207	$ 115
Unrecognized Compensation Cost Related to Nonvested Awards	47		
Restricted Stock Units and Performance Stock Units [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
RSUs and PSUs, Vested, value	539	$ 550	$ 550
Unrecognized Compensation Cost Related to Nonvested Awards	$ 383		

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Share-Based Compensation - Schedule of Fair Value of Each Stock Option Award is Estimated on Grant Date, Using Option Valuation Models (Detail)	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Share-Based Payment Arrangement [Abstract]			
Risk-free interest rate	3.94%	3.69%	1.64%
Expected volatility	33.00%	36.00%	34.00%
Expected life, in years	5 years 2 months 23 days	5 years 1 month 20 days	5 years 1 month 9 days
Expected dividend yield	0.87%	0.95%	0.95%

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Share-Based Compensation - Schedule of Stock Appreciation Rights Activity (Detail) - USD ($) $ / shares in Units, shares in Thousands, $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
SARs Options outstanding, Weighted Average Exercise Price, Beginning Balance	$ 146.46	$ 126.38	$ 113.15
Granted, Weighted Average Exercise Price	305.44	253.49	236
Exercised, Weighted Average Exercise Price	111.02	95.29	90.84
Cancelled, Weighted Average Exercise Price	246.78	202.05	182.87
SARs Options outstanding, Weighted Average Exercise Price, Ending Balance	170.31	$ 146.46	$ 126.38
SARs Options exercisable, Weighted Average Exercise Price	$ 136.86		
SARs Options outstanding, Weighted Average Remaining Contractual Term	5 years 3 months 18 days		
SARs Options exercisable, Weighted Average Remaining Contractual Term	4 years 3 months 18 days		
SARs Options outstanding, Aggregate Intrinsic Value	$ 598		
SARs Options exercisable, Aggregate Intrinsic Value	$ 542		
Time SARs [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
SARs Options Outstanding, Beginning Balance	5,325	5,960	6,162
Granted, SARs Options	491	580	570
Exercised, SARs Options	(1,128)	(1,156)	(660)
Cancelled, SARs Options	(101)	(59)	(112)
SARs Options Outstanding, Ending Balance	4,587	5,325	5,960
SARs Options Exercisable, Ending Balance	3,322		
Performance SARs [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
SARs Options Outstanding, Beginning Balance	44	127	286
Granted, SARs Options	0	0	0
Exercised, SARs Options	(44)	(83)	(159)
Cancelled, SARs Options	0	0	0
SARs Options Outstanding, Ending Balance	0	44	127
SARs Options Exercisable, Ending Balance	0		
Total SARs [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
SARs Options Outstanding, Beginning Balance	5,369	6,087	6,448
Granted, SARs Options	491	580	570
Exercised, SARs Options	(1,172)	(1,239)	(819)
Cancelled, SARs Options	(101)	(59)	(112)
SARs Options Outstanding, Ending Balance	4,587	5,369	6,087
SARs Options Exercisable, Ending Balance	3,322		

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Share-Based Compensation - Schedule of Restricted Stock Units Activity (Detail) - $ / shares shares in Thousands	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Restricted Stock Units (RSUs) [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
RSUs and PSUs Outstanding, Beginning Balance	1,551	1,784	2,191
RSUs and PSUs, Granted	582	609	611
Performance adjustment	0	0	0
RSUs and PSUs, Vested	(639)	(717)	(878)
RSUs and PSUs, Cancelled	(138)	(125)	(140)
RSUs and PSUs Outstanding, Ending Balance	1,356	1,551	1,784
Performance Shares PSUs [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
RSUs and PSUs Outstanding, Beginning Balance	1,410	1,715	2,083
RSUs and PSUs, Granted	434	479	455
Performance adjustment	566	697	699
RSUs and PSUs, Vested	(1,132)	(1,393)	(1,399)
RSUs and PSUs, Cancelled	(103)	(88)	(123)
RSUs and PSUs Outstanding, Ending Balance	1,175	1,410	1,715
Restricted Stock Units and Performance Stock Units [Member]			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
RSUs and PSUs Outstanding, Beginning Balance	2,961	3,499	4,274
RSUs and PSUs, Granted	1,016	1,088	1,066
Performance adjustment	566	697	699
RSUs and PSUs, Vested	(1,771)	(2,110)	(2,277)
RSUs and PSUs, Cancelled	(241)	(213)	(263)
RSUs and PSUs Outstanding, Ending Balance	2,531	2,961	3,499
Weighted Average Grant Date Fair Value, RSUs and PSUs, Beginning balance	$ 214.71	$ 179.18	$ 150.32
Weighted Average Grant Date Fair Value, RSUs and PSUs, Granted	305.97	253.85	235.71
Performance adjustment	174.55	144.42	138.45
Weighted Average Grant Date Fair Value, RSUs and PSUs, Vested	181.81	152.5	138.41
Weighted Average Grant Date Fair Value, RSUs and PSUs, Cancelled	260.96	217.78	183.86
Weighted Average Grant Date Fair Value, RSUs and PSUs, Ending balance	$ 260.95	$ 214.71	$ 179.18

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Acquisitions and Dispositions - Additional	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022

Information (Detail) $ in Millions	USD ($) Hospital	USD ($) Hospital	USD ($)
Business Acquisition [Line Items]			
Pretax gain (loss) before tax		$ (5)	
Proceeds from sale of business	$ 328	193	$ 1,237
Real Estate and Other Investments [Member]			
Business Acquisition [Line Items]			
Pretax gain (loss) before tax	(5)		274
Gain (loss) after tax	$ (4)		$ 200
Discontinued Operation, Gain (Loss) on Disposal, Statement of Income or Comprehensive Income [Extensible Enumeration]	Gain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber Property		Gain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber Property
Proceeds from sale of business	$ 33	31	$ 326
Discontinued Operations, Disposed of by Sale [Member]			
Business Acquisition [Line Items]			
Pretax gain (loss) before tax			1,027
Gain (loss) after tax			$ 527
Discontinued Operation, Gain (Loss) on Disposal, Statement of Income or Comprehensive Income [Extensible Enumeration]			Gain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber Property
Proceeds from sale of business			$ 911
Hospital Facility [Member]			
Business Acquisition [Line Items]			
Aggregate purchase price	$ 112	$ 229	
Number of hospitals purchased | Hospital	3	4	
Proceeds from sale of business	$ 295	$ 162	
Number of hospitals sold | Hospital	1	2	
Hospital Facility One [Member] | Discontinued Operations, Disposed of by Sale [Member] | CALIFORNIA			
Business Acquisition [Line Items]			
Pretax gain (loss) before tax	$ 189		
Gain (loss) after tax	$ 145		
Discontinued Operation, Gain (Loss) on Disposal, Statement of Income or Comprehensive Income [Extensible Enumeration]	Gain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber Property		
Hospital Facility Two [Member] | Discontinued Operations, Disposed of by Sale [Member] | CALIFORNIA			
Business Acquisition [Line Items]			
Pretax gain (loss) before tax	$ (170)		
Gain (loss) after tax	$ (130)		
Discontinued Operation, Gain (Loss) on Disposal, Statement of Income or Comprehensive Income [Extensible Enumeration]	Gain (Loss) on Disposition of Property Plant Equipment, Excluding Oil and Gas Property and Timber Property		
Nonhospital Health Care [Member]			
Business Acquisition [Line Items]			
Aggregate purchase price	$ 154	$ 406	224
Fair value of the noncontrolling interest in the acquiree at the acquisition date			72
Other [Member]			
Business Acquisition [Line Items]			
Goodwill	$ 170	$ 362	$ 262

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Income Taxes - Schedule of Provision for Income Taxes (Detail) - USD ($) $ in Millions	12 Months Ended Dec. 31, 2024	 Dec. 31, 2023	 Dec. 31, 2022
Income Tax Disclosure [Abstract]			
Current, Federal	$ 1,202	$ 1,118	$ 1,222
Current, State	212	213	206
Current, Foreign	20	3	18
Deferred, Federal	394	241	261
Deferred, State	31	21	27
Deferred, Foreign	7	19	12
Provision for income taxes	$ 1,866	$ 1,615	$ 1,746

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Income Taxes - Additional Information (Detail) - USD ($) $ in Millions	12 Months Ended Dec. 31, 2024	 Dec. 31, 2023	 Dec. 31, 2022
Income Tax Contingency [Line Items]			
Provision for tax benefits related to settlement of employee awards	$ 102	$ 93	$ 77
Income taxes interest and penalty expense	61	36	23
Increase in tax provision, due to internal restructuring of certain affiliates	276		
Foreign pretax income	79	85	$ 66
State net operating loss carryforwards	167		
Unrecognized tax benefits, accrued interest	115	177	
Unrecognized tax benefits that would impact effective tax rate	295	$ 320	
Reduced Tax Provision	254		
Income tax examination interest expense net of tax	118		
Tax cuts and jobs act of 2017 income tax examination change in tax rate	181		
Tax cuts and jobs act of 2017 income tax examination interest expense net of tax	$ 47		
State and Local Jurisdiction [Member] | Minimum [Member]			
Income Tax Contingency [Line Items]			
Net operating loss carryforwards, expiration date	2025		
State and Local Jurisdiction [Member] | Maximum [Member]			
Income Tax Contingency [Line Items]			
Net operating loss carryforwards, expiration date	2042		

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Income Taxes - Schedule of Reconciliation of Federal Statutory Rate to Effective Income Tax Rate (Detail)	12 Months Ended Dec. 31, 2024	 Dec. 31, 2023	 Dec. 31, 2022
Income Tax Disclosure [Abstract]			
Federal statutory rate	21.00%	21.00%	21.00%
State income taxes, net of federal tax benefit	2.70%	2.60%	2.30%
Change in liability for uncertain tax positions	(2.30%)	0.40%	0.70%
Tax benefit from settlements of employee equity awards	(1.20%)	(1.20%)	(0.90%)
Internal restructuring of affiliates	3.50%	0.00%	0.00%
Other items, net	0.80%	0.80%	0.50%
Effective income tax rate on income attributable to HCA Healthcare, Inc.	24.50%	23.60%	23.60%

Income attributable to noncontrolling interests from consolidated partnerships	(2.60%)	(2.60%)	(3.30%)
Effective income tax rate on income before income taxes	21.90%	21.00%	20.30%

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Income Taxes - Schedule of Deferred Tax Assets and Liabilities (Detail) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Income Tax Disclosure [Abstract]		
Depreciation and fixed asset basis differences, Assets	$ 0	$ 0
Allowances for professional liability and other risks, Assets	395	452
Accounts receivable, Assets	418	363
Compensation, Assets	285	308
Right-of-use lease obligations	478	506
Other, Assets	297	592
Deferred tax assets	1,873	2,221
Depreciation and fixed asset basis differences, Liabilities	1,139	1,048
Allowances for professional liability and other risks, Liabilities	0	0
Accounts receivable, Liabilities	0	0
Compensation, Liabilities	0	0
Right-of-use lease assets and obligations	462	492
Other, Liabilities	932	860
Deferred tax liabilities	$ 2,533	$ 2,400

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Income Taxes - Schedule of Activity Related to Unrecognized Tax Benefits (Detail) - USD ($) $ in Millions	**12 Months Ended**	
	Dec. 31, 2024	**Dec. 31, 2023**
Income Tax Disclosure [Abstract]		
Beginning Balance	$ 639	$ 639
Additions based on tax positions related to the current year	40	30
Additions for tax positions of prior years	63	4
Reductions for tax positions of prior years	(206)	(10)
Settlements	(17)	0
Lapse of applicable statutes of limitations	(15)	(24)
Ending Balance	$ 504	$ 639

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Earnings Per Share - Additional information (Detail) - shares	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Earnings Per Share [Abstract]			
Repurchase of common stock, shares	17,798,000	14,465,000	30,747,000

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Earnings Per Share - Schedule of Computations of Basic and Diluted Earnings Per Share (Detail) - USD ($) $ / shares in Units, shares in Thousands, $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Earnings Per Share [Abstract]			
Net income attributable to HCA Healthcare, Inc.	$ 5,760	$ 5,242	$ 5,643
Weighted average common shares outstanding	258,603	272,404	290,348
Effect of dilutive incremental shares	3,203	4,008	4,318
Shares used for diluted earnings per share	261,806	276,412	294,666
Basic earnings per share	$ 22.27	$ 19.25	$ 19.43
Diluted earnings per share	$ 22	$ 18.97	$ 19.15

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Investments of Insurance Subsidiaries - Schedule of Investments (Detail) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Debt Securities, Available-for-sale [Line Items]		
Amounts classified as current assets	$ (88)	$ (87)
Investment carrying value	569	477
Money market funds and other, Amortized Cost	296	188
Money market funds and other, Unrealized Gains	0	0
Money market funds and other, Unrealized Losses	0	0
Money market funds and other, Fair Value	296	188
Investment Owned, at Cost, Total	684	592
Investment Gains	0	1
Investment Losses	(27)	(29)
Investment Fiar Value	657	564
Debt Securities [Member]		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	388	404
Unrealized Amounts, Gains	0	1
Unrealized Amounts, Losses	(27)	(29)
Fair Value	$ 361	$ 376

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Investments of Insurance Subsidiaries - Schedule of Maturities of Investments (Detail) $ in Millions	**Dec. 31, 2024 USD ($)**
Investments, Debt and Equity Securities [Abstract]	
Due in one year or less, Amortized Cost	$ 31
Due after one year through five years, Amortized Cost	145
Due after five years through ten years, Amortized Cost	147
Due after ten years, Amortized Cost	65
Amortized Cost, Total	388

Due in one year or less, Fair Value	31
Due after one year through five years, Fair Value	140
Due after five years through ten years, Fair Value	130
Due after ten years, Fair Value	60
Fair Value, Total	$ 361

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Investments of Insurance Subsidiaries - Additional Information (Detail)	12 Months Ended
	Dec. 31, 2024
Investments, Debt and Equity Securities [Abstract]	
Available for sale securities expected maturity of debt securities	4 years 4 months 24 days
Available for sale securities average scheduled maturity	8 years 1 month 6 days

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Financial Instruments - Effect of Interest Rate Swaps on Results of Operations (Detail) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Derivative Instruments, Gain (Loss) [Line Items]			
Amount of Loss Recognized in OCI on Derivatives, Net of Tax	$ 0	$ 0	$ (6)

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Assets and Liabilities Measured at Fair Value - Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis (Detail) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]		
Money market funds and other	$ 296	$ 188
Investments of insurance subsidiaries	657	564
Less amounts classified as current assets	(88)	(87)
Asset fair value	569	477
Quoted Prices in Active Markets for Identical Assets (Level 1) [Member]		
Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]		
Money market funds and other	296	188
Investments of insurance subsidiaries	296	188
Less amounts classified as current assets	(88)	(87)
Asset fair value	208	101
Significant Other Observable Inputs (Level 2) [Member]		
Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]		
Investments of insurance subsidiaries	361	376
Asset fair value	361	376
Debt Securities [Member]		
Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]		
Debt securities	361	376
Debt Securities [Member] | Significant Other Observable Inputs (Level 2) [Member]		
Fair Value, Net Derivative Asset (Liability) Measured on Recurring Basis, Unobservable Input Reconciliation [Line Items]		
Debt securities	$ 361	$ 376

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Assets and Liabilities Measured at Fair Value - Additional Information (Detail) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Fair Value Disclosures [Abstract]		
Estimated fair value of long-term debt	$ 40,845	$ 38,253
Carrying amounts of long-term debt	$ 43,400	$ 39,926

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Long-Term Debt - Schedule of Long-Term Debt (Detail) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Debt Instrument [Line Items]		
Senior secured debt	$ 2,284	$ 4,160
Debt issuance costs and discounts	(369)	(333)
Total debt (average life of 9.4 years, rates averaging 5.1%)	43,031	39,593
Less amounts due within one year	4,698	2,424
Long-term debt	38,333	37,169
Senior Secured Asset-Based Revolving Credit Facility [Member]		
Debt Instrument [Line Items]		
Long-term line of credit	0	1,880
Senior Secured Revolving Credit Facility [Member]		
Debt Instrument [Line Items]		
Long-term line of credit	0	0
Senior Secured Term Loan Facilities [Member]		
Debt Instrument [Line Items]		
Senior secured debt	1,238	1,313
Other Senior Secured Debt [Member]		
Debt Instrument [Line Items]		
Other senior secured debt	1,046	967
Senior Unsecured Notes [Member]		
Debt Instrument [Line Items]		
Senior unsecured notes	$ 41,116	$ 35,766

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Long-Term Debt - Schedule of Long-Term Debt (Parenthetical) (Detail)	12 Months Ended
	Dec. 31, 2024
Debt Instrument [Line Items]	
Total debt average term	10 years 10 months 24 days
Total debt average rate	5.10%
Senior Secured Term Loan Facilities [Member]	

Debt Instrument [Line Items]	
Effective interest rate	5.80%
Other Senior Secured Debt [Member]	
Debt Instrument [Line Items]	
Effective interest rate	4.60%
Senior Unsecured Notes [Member]	
Debt Instrument [Line Items]	
Effective interest rate	5.10%

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Long-Term Debt - Additional Information (Detail) - USD ($)	**12 Months Ended**				
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**	**Aug. 31, 2024**	**Feb. 29, 2024**
Debt Instrument [Line Items]					
Repayments of debt	$ 2,410,000,000	$ 909,000,000	$ 2,830,000,000		
Debt instrument basis spread	0.50%				
Debt Instrument, Variable Interest Rate, Type [Extensible Enumeration]	Federal Fund Rate [Member]				
Maturity of long-term debt in 2026	$ 5,386,000,000				
Maturity of long-term debt in 2027	2,460,000,000				
Maturity of long-term debt in 2028	2,606,000,000				
Maturity of long-term debt in 2029	$ 3,563,000,000				
Minimum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2026				
Maximum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2029				
Asset-Based Revolving Credit Facility Maturing on June 28, 2022 [Member]					
Debt Instrument [Line Items]					
Maximum borrowing capacity	$ 4,500,000,000				
Percentage of senior secured credit facility over eligible accounts receivable	85.00%				
Senior Secured Revolving Credit Facility Maturing On June 28, 2022 [Member]					
Debt Instrument [Line Items]					
Maximum borrowing capacity	$ 3,500,000,000				
Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]					
Debt Instrument [Line Items]					
Debt instrument maturity date	Jun. 30, 2026				
Senior Secured Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six [Member]					
Debt Instrument [Line Items]					
Debt instrument maturity date	Jun. 30, 2026				
Line of credit outstanding	$ 0				
Asset Based Revolving Credit Facility Maturing On June Thirty Two Thousand Twenty Six One [Member]					
Debt Instrument [Line Items]					
Maximum borrowing capacity	$ 1,238,000,000				
Debt instrument maturity date	Jun. 30, 2026				
Senior Unsecured Note Maturities Ranging 2025 to 2064 [Member] | Minimum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2025				
Senior Unsecured Note Maturities Ranging 2025 to 2064 [Member] | Maximum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2064				
Medium-term Notes Maturity Year 2025 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount	$ 125,000,000				
Debentures Maturities Ranging 2027 to 2095 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount	$ 450,000,000				
Debentures Maturities Ranging 2027 to 2095 [Member] | Minimum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2027				
Debentures Maturities Ranging 2027 to 2095 [Member] | Maximum [Member]					
Debt Instrument [Line Items]					
Debt instrument, maturities range	2095				
Senior Notes [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount				$ 3,000,000,000	$ 4,500,000,000
Senior Notes [Member] | Senior Secured Notes Due 2024 [Member]					
Debt Instrument [Line Items]					
Debt instrument, stated interest	5.00%				
Repayments of debt	$ 2,000,000,000				
Senior Notes [Member] | Senior Secured Notes Due 2031 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount	1,750,000,000			$ 750,000,000	$ 1,000,000,000
Debt instrument, stated interest				5.45%	5.45%
Senior Notes [Member] | Senior Secured Notes Due 2034 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount				$ 1,250,000,000	$ 1,300,000,000
Debt instrument, stated interest				5.45%	5.60%
Senior Notes [Member] | Senior Secured Notes Due 2054 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount				$ 1,000,000,000	$ 1,500,000,000
Debt instrument, stated interest				5.95%	6.00%
Senior Notes [Member] | Senior Secured Notes Due 2064 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount					$ 700,000,000
Debt instrument, stated interest					6.10%
Senior Notes [Member] | Senior Unsecured Note Maturities Ranging 2025 to 2064 [Member]					
Debt Instrument [Line Items]					
Debt instrument, principal amount	40,541,000,000				
Other Senior Secured Debt [Member]					
Debt Instrument [Line Items]					
Finance leases and other secured debt	$ 1,046,000,000.000				

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Leases - Schedule Of Lease-Related Assets And Liabilities (Detail) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Assets:		
Operating leases	$ 2,131	$ 2,207
Finance leases	646	556
Total lease assets	$ 2,777	$ 2,763
Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]	Property, Plant and Equipment, Net	Property, Plant and Equipment, Net
Operating Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]	Operating leases	Operating leases
Liabilities		
Operating leases	$ 343	$ 363
Finance leases	162	166
Right-of-use operating lease obligations	1,863	1,903
Finance leases	624	541
Total lease liabilities	$ 2,992	$ 2,973
Finance Lease, Liability, Current, Statement of Financial Position [Extensible Enumeration]	Less amounts due within one year	Less amounts due within one year
Operating Lease, Liability, Current, Statement of Financial Position [Extensible Enumeration]	Other Accrued Liabilities, Current	Other Accrued Liabilities, Current
Finance Lease, Liability, Noncurrent, Statement of Financial Position [Extensible Enumeration]	Long-Term Debt, Excluding Current Maturities	Long-Term Debt, Excluding Current Maturities
Operating Lease, Liability, Noncurrent, Statement of Financial Position [Extensible Enumeration]	Right-of-use operating lease obligations	Right-of-use operating lease obligations
Weighted-average remaining term:		
Operating leases	11 years 3 months 18 days	11 years 9 months 18 days
Finance leases	10 years 6 months	9 years
Weighted-average discount rate:		
Operating leases	5.10%	4.90%
Finance leases	5.30%	4.90%

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Leases - Schedule Of Lease Expense For Finance And Operating Leases (Detail) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Finance lease expense:			
Depreciation and amortization	$ 159	$ 164	$ 163
Interest	37	31	29
Operating leases [1]	503	495	484
Short-term lease expense [1]	365	337	329
Variable lease expense [1]	181	162	163
Total lease expense	$ 1,245	$ 1,189	$ 1,168

[1] Expenses are included in “other operating expenses” in our consolidated income statements.

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Leases - Schedule Of Supplemental Cash Flow Information (Detail) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Cash Paid For Amounts Included In Measurement Of Lease Liabilities [Abstract]			
Operating cash flows for operating leases	$ 490	$ 479	$ 473
Operating cash flows for finance leases	37	31	29
Financing cash flows for finance leases	$ 172	$ 140	$ 124

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Leases - Schedule of undiscounted cash flows to the finance lease liabilities and operating lease liabilities (Detail) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Operating Lease Liabilities, Payments Due [Abstract]		
Year 1	$ 455	$ 452
Year 2	405	394
Year 3	344	340
Year 4	281	288
Year 5	221	228
Thereafter	1,460	1,540
Total minimum lease payments	3,166	3,242
Less: amount of lease payments representing interest	(960)	(976)
Present value of future minimum lease payments	2,206	2,266
Less: current obligations under leases	(343)	(363)
Long-term lease obligations	1,863	1,903
Finance Lease Liabilities, Payments, Due [Abstract]		
Year 1	197	193
Year 2	146	155
Year 3	99	115
Year 4	81	60
Year 5	71	45
Thereafter	497	356
Total minimum lease payments	1,091	924
Less: amount of lease payments representing interest	(305)	(217)
Present value of future minimum lease payments	786	707
Less: current obligations under leases	(162)	(166)
Long-term lease obligations	$ 624	$ 541

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Capital Stock - Additional Information (Detail) $ / shares in Units, $ in Millions	12 Months Ended							
	Dec. 31, 2024 USD ($) $ / shares Directors shares	Dec. 31, 2023 $ / shares shares	Dec. 31, 2022 $ / shares shares	Jan. 31, 2025 USD ($)	Jan. 31, 2024 USD ($)	Jan. 31, 2023 USD ($)	Jan. 31, 2022 USD ($)	Feb. 28, 2021 USD ($)
Capital Structure [Line Items]								
Common stock, shares authorized | shares	1,800,000,000	1,800,000,000						
Repurchase of common stock, shares | shares	17,798,000	14,465,000	30,747,000					
Repurchase price of common stock, per share | $ / shares	$ 337.74	$ 263.47	$ 227.67					
Board of Directors Chairman [Member]								
Capital Structure [Line Items]								
Share repurchase program authorized amount | $	$ 764				$ 6,000	$ 3,000	$ 8,000	$ 6,000

Subsequent Event [Member] | Board of Directors Chairman [Member]		
Capital Structure [Line Items]		
Share repurchase program authorized amount | $		$ 10,000
Minimum [Member]		
Capital Structure [Line Items]		
Number of directors as per the amended and restated by-laws | Directors	3	

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Employee Benefit Plans - Additional Information (Detail) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Defined Contribution Benefit Plans [Member]			
Pension Plans, Postretirement and Other Employee Benefits [Line Items]			
Percentage of employer contribution to match participant contribution in defined contribution plan, net	100.00%		
Benefits expense of defined benefit plans	$ 689	$ 659	$ 606
Defined benefit plan cost (credit)	(6)	2	(11)
Defined benefit plan, projected benefit obligation in excess of plan assets	$ 118	43	
Defined Contribution Benefit Plans [Member] | Minimum [Member]			
Pension Plans, Postretirement and Other Employee Benefits [Line Items]			
Percentage of employer contribution to match participant contribution in defined contribution plan	3.00%		
Defined Contribution Benefit Plans [Member] | Maximum [Member]			
Pension Plans, Postretirement and Other Employee Benefits [Line Items]			
Percentage of employer contribution to match participant contribution in defined contribution plan	9.00%		
Restoration Plan [Member]			
Pension Plans, Postretirement and Other Employee Benefits [Line Items]			
Number of hours of service required to qualify for the plan	1,000 or more		
Noncontributory and nonqualified plan, benefit expense (credit)	$ 31	40	(27)
Noncontributory and nonqualified plan, accrued benefits liabilities	229	227	
Supplemental Executive Retirement Plan [Member]			
Pension Plans, Postretirement and Other Employee Benefits [Line Items]			
Defined benefit plan cost (credit)	7	10	$ 22
Defined benefit plan obligation	$ 109	$ 106	

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Segment and Geographic Information - Additional Information (Detail)	**12 Months Ended**
	Dec. 31, 2024 Hospital
Segment Reporting Information [Line Items]	
Number of geographically organized groups	3
Number of owned and operated hospitals	190
Accounting Standards Update 2023-07 [Member]	
Segment Reporting Information [Line Items]	
Change in Accounting Principle, Accounting Standards Update, Adoption Date	Jan. 01, 2024
Reorganization Group [Member] | National Group [Member]	
Segment Reporting Information [Line Items]	
Number of owned and operated hospitals	55
Reorganization Group [Member] | American Group [Member]	
Segment Reporting Information [Line Items]	
Number of owned and operated hospitals	65
Reorganization Group [Member] | Atlantic Group [Member]	
Segment Reporting Information [Line Items]	
Number of owned and operated hospitals	62
Reorganization Group [Member] | Corporate and Other [Member]	
Segment Reporting Information [Line Items]	
Number of owned and operated hospitals	8

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Segment and Geographic Information - Schedule Of Geographic Distributions Of Revenues, Salaries And Benefits, Supplies, Other Operating Expenses, Equity In Earnings Of Affiliates, Adjusted Segment EBITDA, Depreciation And Amortization, Assets And Goodwill And Other Intangible Assets (Detail) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Segment Reporting Information [Line Items]			
Revenues	$ 70,603	$ 64,968	$ 60,233
Salaries and benefits	31,170	29,487	27,685
Supplies	10,755	9,902	9,371
Other operating expenses	14,819	12,875	11,155
Equity in (earnings) losses of affiliates	(23)	(22)	(45)
Depreciation and amortization	3,312	3,077	2,969
Interest expense	2,061	1,938	1,741
Losses (gains) on sales of facilities	(14)	5	(1,301)
Losses on retirement of debt	0	0	78
Income before income taxes	8,523	7,706	8,580
Assets	59,513	56,211	52,438
Goodwill and other intangible assets, Beginning Balance	9,945	9,653	9,540
Goodwill and other intangible assets, Acquisitions	170	362	262
Foreign Currency Translation Amortization And Other	(22)	(70)	(149)
Goodwill and other intangible assets, Ending Balance	10,093	9,945	9,653
Operating Segments [Member]			
Segment Reporting Information [Line Items]			
Adjusted segment EBITDA	15,133	13,700	12,599
Eliminations and Reconciling Items [Member]			
Segment Reporting Information [Line Items]			
Corporate and Other	1,251	974	532
Depreciation and amortization	3,312	3,077	2,969

Interest expense	2,061	1,938	1,741
Losses (gains) on sales of facilities	(14)	5	(1,301)
Losses on retirement of debt	0	0	(78)
Income before income taxes	8,523	7,706	8,580
National Group [Member]			
Segment Reporting Information [Line Items]			
Goodwill and other intangible assets, Beginning Balance	1,241	1,244	1,212
Goodwill and other intangible assets, Acquisitions	0	0	75
Foreign Currency Translation Amortization And Other	(4)	(3)	(43)
Goodwill and other intangible assets, Ending Balance	1,237	1,241	1,244
National Group [Member] | Operating Segments [Member]			
Segment Reporting Information [Line Items]			
Revenues	19,614	18,105	16,767
Salaries and benefits	7,483	7,196	6,959
Supplies	2,812	2,658	2,569
Other operating expenses	4,892	4,253	3,624
Equity in (earnings) losses of affiliates	2	(2)	(1)
Operating expenses	15,189	14,105	13,151
Adjusted segment EBITDA	4,425	4,000	3,616
Depreciation and amortization	857	834	801
Assets	12,855	12,487	11,793
Atlantic Group [Member]			
Segment Reporting Information [Line Items]			
Goodwill and other intangible assets, Beginning Balance	2,064	2,057	1,970
Goodwill and other intangible assets, Acquisitions	61	8	90
Foreign Currency Translation Amortization And Other	(1)	(1)	(3)
Goodwill and other intangible assets, Ending Balance	2,124	2,064	2,057
Atlantic Group [Member] | Operating Segments [Member]			
Segment Reporting Information [Line Items]			
Revenues	23,171	21,167	19,324
Salaries and benefits	8,525	8,058	7,752
Supplies	3,553	3,331	3,088
Other operating expenses	6,124	5,289	4,606
Equity in (earnings) losses of affiliates	(3)	(3)	(3)
Operating expenses	18,199	16,675	15,443
Adjusted segment EBITDA	4,972	4,492	3,881
Depreciation and amortization	1,061	989	921
Assets	17,168	16,098	15,092
American Group [Member]			
Segment Reporting Information [Line Items]			
Goodwill and other intangible assets, Beginning Balance	5,478	5,152	5,062
Goodwill and other intangible assets, Acquisitions	105	326	90
Foreign Currency Translation Amortization And Other	3	0	0
Goodwill and other intangible assets, Ending Balance	5,586	5,478	5,152
American Group [Member] | Operating Segments [Member]			
Segment Reporting Information [Line Items]			
Revenues	24,601	22,318	20,858
Salaries and benefits	8,529	8,080	7,757
Supplies	4,035	3,616	3,331
Other operating expenses	6,363	5,473	4,711
Equity in (earnings) losses of affiliates	(62)	(59)	(43)
Operating expenses	18,865	17,110	15,756
Adjusted segment EBITDA	5,736	5,208	5,102
Depreciation and amortization	1,083	971	937
Assets	20,714	19,786	17,934
Corporate and Other [Member]			
Segment Reporting Information [Line Items]			
Revenues	3,217	3,378	3,284
Depreciation and amortization	311	283	310
Assets	8,776	7,840	7,619
Goodwill and other intangible assets, Beginning Balance	1,162	1,200	1,296
Goodwill and other intangible assets, Acquisitions	4	28	7
Foreign Currency Translation Amortization And Other	(20)	(66)	(103)
Goodwill and other intangible assets, Ending Balance	$ 1,146	$ 1,162	$ 1,200

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Other Comprehensive Loss - Components of Accumulated Other Comprehensive Loss (Detail) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Equity [Abstract]			
Unrealized gains (losses) on available-for-sale securities, beginning balances	$ (22)	$ (30)	$ 12
Unrealized gains (losses) on available-for-sale securities, net of income taxes	1	9	(43)
Unrealized gains (losses) on available-for-sale securities, expense (benefit) reclassified into operations from other comprehensive income, net of income tax benefit		(1)	1
Unrealized gains (losses) on available-for-sale securities, ending balances	(21)	(22)	(30)
Foreign currency translation adjustments, beginning balances	(339)	(373)	(278)
Foreign currency translation adjustments, net of income tax benefit	(14)	34	(95)
Foreign currency translation adjustments, ending balances	(353)	(339)	(373)
Defined benefit plans, beginning balances	(64)	(87)	(132)
Defined benefit plans, net of income taxes	50	21	38
Defined benefit plans, expense (benefit) reclassified into operations from other comprehensive income	1	2	7
Defined benefit plans, ending balances	(13)	(64)	(87)
Change in fair value of derivative instruments, beginning balances	0	0	(6)
Change in fair value of derivative instruments, net of income taxes			5
Change in fair value of derivatives instruments, (income) expense (benefit) reclassified into operations from other comprehensive income			1
Change in fair value of derivative instruments, ending balances	0	0	0
Accumulated other comprehensive loss, net of tax, beginning balances	(425)	(490)	(404)
Unrealized gains (losses) on available-for-sale securities, net of income taxes	1	9	(43)
Foreign currency translation adjustments, net of income tax benefit	(14)	34	(95)
Change in fair value of derivative instruments, net of income tax benefit			5
Defined benefit plans, net of income tax benefit	50	21	38
Expense (benefit) reclassified into operations from other comprehensive income, Total	1	1	9
Accumulated other comprehensive loss, net of tax, ending balances	$ (387)	$ (425)	$ (490)

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Other Comprehensive Loss - Components of Accumulated Other Comprehensive Loss	**12 Months Ended**

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DOCUMENT // Edgar(tm) Renderer was created by staff of the U.S. Securities and Exchange Commission. Data and content created by government employees within the scope of their
employment are not subject to domestic copyright protection. 17 U.S.C. 105. var Show={};Show.LastAR=null,Show.showAR=function(a,r,w){if(Show.LastAR)Show.hideAR();var
e=a;while(e&&e.nodeName!='TABLE')e=e.nextSibling;if(!e||e.nodeName!='TABLE'){var ref=((window)?w.document:document).getElementById(r);if(ref){e=ref.cloneNode(!0);
e.removeAttribute('id');a.parentNode.appendChild(e)}} if(e)e.style.display='block';Show.LastAR=e};Show.hideAR=function(){Show.LastAR.style.display='none'};Show.toggleNext=function(a)
{var e=a;while(e.nodeName!='DIV')e=e.nextSibling;if(!e.style){}else if(!e.style.display){}else{var d,p_;if(e.style.display=='none'){d='block';p='-'}else{d='none';p='+'}
e.style.display=d;if(a.textContent){a.textContent=p+a.textContent.substring(1)}else{a.innerText=p+a.innerText.substring(1)}}} XML 95 report.css IDEA: XBRL DOCUMENT /* Updated 2009-
11-04 */ /* v2.2.0.24 */ /* DefRef Styles */ .report table.authRefData{ background-color: #def; border: 2px solid #2F4497; font-size: 1em; position: absolute; } .report table.authRefData a {
display: block; font-weight: bold; } .report table.authRefData p { margin-top: 0px; } .report table.authRefData .hide { background-color: #2F4497; padding: 1px 3px 0px 0px; text-align: right; }
.report table.authRefData .hide a:hover { background-color: #2F4497; } .report table.authRefData .body { height: 150px; overflow: auto; width: 400px; } .report table.authRefData table{ font-
size: 1em; } /* Report Styles */ .pl a, .pl a:visited { color: black; text-decoration: none; } /* table */ .report { background-color: white; border: 2px solid #acf; clear: both; color: black; font:
normal 8pt Helvetica, Arial, san-serif; margin-bottom: 2em; } .report hr { border: 1px solid #acf; } /* Top labels */ .report th { background-color: #acf; color: black; font-weight: bold; text-align:
center; } .report th.void { background-color: transparent; color: #000000; font: bold 10pt Helvetica, Arial, san-serif; text-align: left; } .report .pl { text-align: left; vertical-align: top; white-space:
normal; width: 200px; white-space: normal; /* word-wrap: break-word; */ } .report td.pl a.a { cursor: pointer; display: block; width: 200px; overflow: hidden; } .report td.pl div.a { width: 200px;
} .report td.pl a:hover { background-color: #ffc; } /* Header rows... */ .report tr.rh { background-color: #acf; color: black; font-weight: bold; } /* Calendars... */ .report .rc { background-color:
#f0f0f0; } /* Even rows... */ .report .re, .report .reu { background-color: #def; } .report .reu td { border-bottom: 1px solid black; } /* Odd rows... */ .report .ro, .report .rou { background-color:
white; } .report .rou td { border-bottom: 1px solid black; } .report .rou table td, .report .reu table td { border-bottom: 0px solid black; } /* styles for footnote marker */ .report .fn { white-space:
nowrap; } /* styles for numeric types */ .report .num, .report .nump { text-align: right; white-space: nowrap; } .report .nump { padding-left: 2em; } .report .nump { padding: 0px 0.4em 0px 2em;
} /* styles for text types */ .report .text { text-align: left; white-space: normal; } .report .text .big { margin-bottom: 1em; width: 17em; } .report .text .more { display: none; } .report .text .note {
font-style: italic; font-weight: bold; } .report .text .small { width: 10em; } .report sup { font-style: italic; } .report .outerFootnotes { font-size: 1em; } XML 97 FilingSummary.xml IDEA: XBRL
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Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis (Detail)", "shortName": "Assets and Liabilities Measured at Fair Value - Summary of Investments of Insurance Subsidiaries Measured at Fair Value on Recurring Basis (Detail)", "isDefault": "false", "groupType": "disclosure", "subGroupType": "details", "menuCat": "Details", "order": "59", "firstAnchor": { "contextRef": "C_eb0fc040-a8c2-43f5-bfbb-72c97f3654ce", "name": "hca:MoneyMarketFundsAndOtherFairValue", "unitRef": "U_USD", "xsiNil": "false", "lang": null, "decimals": "-6", "ancestors": ["span", "p", "td", "tr", "table", "us-gaap:ScheduleOfAvailableForSaleSecuritiesReconciliationTableTextBlock", "div", "us-gaap:InvestmentsInDebtAndMarketableEquitySecuritiesAndCertainTradingAssetsDisclosureTextBlock", "div", "div", "body", "html"], "reportCount": 1, "baseRef": "hca-20241231.htm", "first": true }, "uniqueAnchor": { "contextRef": "C_76005fe4-6763-4ac8-9cf7-77bea6201689", "name": "hca:MoneyMarketFundsAndOtherFairValue", "unitRef": "U_USD", "xsiNil": "false", "lang": null, "decimals": "-6", "ancestors": ["span", "p", "td", "tr", "table", "us-gaap:FairValueAssetsMeasuredOnRecurringBasisTextBlock", "div", "ix:continuation", "div", "div", "body", "html"], "reportCount": 1, "baseRef": "hca-20241231.htm", "unique": true } }, "R60": { "role": "http://hcahealthcare.com/20241231/taxonomy/role/AssetsAndLiabilitiesMeasuredAtFairValueAdditionalInformationDetail", "longName": "995977 - 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Information - Schedule Of Geographic Distributions Of Revenues, Salaries And Benefits, Supplies, Other Operating Expenses, Equity In Earnings Of Affiliates, Adjusted Segment EBITDA,
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Basis of presentation describes the underlying basis used to prepare the financial statements (for example, US Generally Accepted Accounting Principles, Other Comprehensive Basis of Accounting, IFRS). Accounting policies describe all significant accounting policies of the reporting entity." } } }, "auth_ref": ["r113"] }, "srt_BoardOfDirectorsChairmanMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "BoardOfDirectorsChairmanMember", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/CapitalStockAdditionalInformationDetail"], "lang": { "en-us": { "role": { "label": "Board of Directors Chairman [Member]", "documentation": "Leader of board of directors." } } }, "auth_ref": ["r1304"] }, "hca_BuildingAndImprovementsMember": { "xbrltype": "domainItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "BuildingAndImprovementsMember", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AccountingPoliciesAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Building and Improvements [Member]", "label": "Building And Improvements [Member]", "documentation": "Building and improvements." } } }, "auth_ref": [] }, "us-gaap_BuildingsAndImprovementsGross": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BuildingsAndImprovementsGross", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "terseLabel": "Buildings", "label": "Buildings and Improvements, Gross", "documentation": "Amount before accumulated depreciation of building structures held for productive use including addition, improvement, or renovation to the structure, including, but not limited to, interior masonry, interior flooring, electrical, and plumbing." } } }, "auth_ref": ["r115"] }, "us-gaap_BusinessAcquisitionAcquireeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BusinessAcquisitionAcquireeDomain", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AcquisitionsAndDispositionsAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Business Acquisition, Acquiree [Domain]", "label": "Business Acquisition, Acquiree [Domain]", "documentation": "Identification of the acquiree in a material business combination (or series of individually immaterial business combinations), which may include the name or other type of identification of the acquiree." } } }, "auth_ref": ["r417", "r418", "r419", "r420", "r421", "r652", "r1091", "r1094"] }, "us-gaap_BusinessAcquisitionAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BusinessAcquisitionAxis", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AcquisitionsAndDispositionsAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Business Acquisition [Axis]", "label": "Business Acquisition [Axis]", "documentation": "Information by business combination or series of individually immaterial business combinations." } } }, "auth_ref": ["r57", "r59", "r417", "r418", "r419", "r420", "r421", "r652", "r1091", "r1094"] }, "us-gaap_BusinessAcquisitionLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BusinessAcquisitionLineItems", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AcquisitionsAndDispositionsAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Business Acquisition [Line Items]", "label": "Business Acquisition [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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Includes other kinds of accounts that have the general characteristics of demand deposits. Also includes short-term, highly liquid investments that are both readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates. Excludes cash and cash equivalents within disposal group and discontinued operation." } } }, "auth_ref": ["r29", "r212", "r1057"] }, "us-gaap_CashAndCashEquivalentsPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CashAndCashEquivalentsPolicyTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Cash and Cash Equivalents", "label": "Cash and Cash Equivalents, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for cash and cash equivalents, including the policy for determining which items are treated as cash equivalents. Other information that may be disclosed includes (1) the nature of any restrictions on the entity's use of its cash and cash equivalents, (2) whether the entity's cash and cash equivalents are insured or expose the entity to credit risk, (3) the classification of any negative balance accounts (overdrafts), and (4) the carrying basis of cash equivalents (for example, at cost) and whether the carrying amount of cash equivalents approximates fair value." } } }, "auth_ref": ["r30"] }, "us-gaap_CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalents": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalents", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedStatementsOfCashFlows"], "lang": { "en-us": { "role": { "periodStartLabel": "Cash and cash equivalents at beginning of period", "periodEndLabel": "Cash and cash equivalents at end of period", "label": "Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents", "totalLabel": "Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Total", "documentation": "Amount of cash and cash equivalents, and cash and cash equivalents restricted to withdrawal or usage. Excludes amount for disposal group and discontinued operations. Cash includes, but is not limited to, currency on hand, demand deposits with banks or financial institutions, and other accounts with general characteristics of demand deposits. Cash equivalents include, but are not limited to, short-term, highly liquid investments that are both readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates." } } }, "auth_ref": ["r29", "r110", "r259"] }, "us-gaap_CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalentsPeriodIncreaseDecreaseIncludingExchangeRateEffect": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalentsPeriodIncreaseDecreaseIncludingExchangeRateEffect", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedStatementsOfCashFlows"], "lang": { "en-us": { "role": { "totalLabel": "Change in cash and cash equivalents", "label": "Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Period Increase (Decrease), Including Exchange Rate Effect", "documentation": "Amount of increase (decrease) in cash, cash equivalents, and cash and cash equivalents restricted to withdrawal or usage; including effect from exchange rate change. Cash includes, but is not limited to, currency on hand, demand deposits with banks or financial institutions, and other accounts with general characteristics of demand deposits. Cash equivalents include, but are not limited to, short-term, highly liquid investments that are both readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates." } } }, "auth_ref": ["r0", "r110"] }, "hca_CashPaidForAmountsIncludedInMeasurementOfLeaseLiabilitiesAbstract": { "xbrltype": "stringItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "CashPaidForAmountsIncludedInMeasurementOfLeaseLiabilitiesAbstract", "lang": { "en-us": { "role": { "documentation": "Cash Paid For Amounts Included In Measurement Of Lease Liabilities Abstract", "verboseLabel": "Cash paid for amounts included in the measurement of lease liabilities:", "label": "Cash Paid For Amounts Included In Measurement Of Lease Liabilities [Abstract]" } } }, "auth_ref": [] }, "us-gaap_ChangeInAccountingPrincipleAccountingStandardsUpdateAdoptionDate": { "xbrltype": "dateItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ChangeInAccountingPrincipleAccountingStandardsUpdateAdoptionDate", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/SegmentAndGeographicInformationAdditionalInformationDetail"], "lang": { "en-us": { "role": { "label": "Change in Accounting Principle, Accounting Standards Update, Adoption Date", "documentation": "Date accounting standards update was adopted, in YYYY-MM-DD format." } } }, "auth_ref": ["r154", "r155", "r205", "r337", "r380", "r381", "r382", "r387", "r388", "r389", "r425", "r429", "r632", "r643", "r644", "r653", "r654", "r655", "r657", "r658", "r675", "r676", "r677", "r678", "r690", "r691", "r692", "r695", "r726", "r727", "r743", "r763", "r764", "r806", "r807", "r900", "r901", "r1263"] }, "ecd_ChangedPeerGroupFnTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "ChangedPeerGroupFnTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Changed Peer Group, Footnote [Text Block]", "terseLabel": "Changed Peer Group, Footnote" } } }, "auth_ref": ["r1207"] }, "hca_CharityCare": { "xbrltype": "monetaryItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "CharityCare", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AccountingPoliciesAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Charity care amount", "label": "Charity Care", "documentation": "Charity care." } } }, "auth_ref": [] }, "srt_ChiefExecutiveOfficerMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "ChiefExecutiveOfficerMember", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSegmentAndGeographicInformationScheduleOfGeographicDistributionsOfRevenuesSalariesAndBenefitsSuppliesOtherOperatingExp], "lang": { "en-us": { "role": { "label": "Chief Executive Officer [Member]", "documentation": "Person with designation of chief executive officer." } } }, "auth_ref": ["r1304"] },

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Examples include, but are not limited to, common stock, redeemable preferred stock, nonredeemable preferred stock, and convertible stock." } } }, "auth_ref": ["r158", "r222", "r223", "r224", "r261", "r287", "r288", "r290", "r292", "r300", "r301", "r379", "r438", "r441", "r442", "r443", "r447", "r448", "r470", "r471", "r474", "r477", "r484", "r729", "r917", "r918", "r919", "r920", "r925", "r926", "r927", "r928", "r929", "r930", "r931", "r932", "r933", "r934", "r935", "r936", "r955", "r976", "r993", "r1032", "r1033", "r1034", "r1035", "r1036", "r1260", "r1286", "r1295"] }, "ecd_CoSelectedMeasureAmt": { "xbrltype": "decimalItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "CoSelectedMeasureAmt", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Company Selected Measure Amount", "terseLabel": "Company Selected Measure Amount" } } }, "auth_ref": ["r1208"] }, "ecd_CoSelectedMeasureName": { "xbrltype": 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Common stock represent the ownership interest in a corporation." } } }, "auth_ref": ["r17", "r92", "r955", "r973", "r1457", "r1458"] }, "us-gaap_CommonStockValueOutstanding": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CommonStockValueOutstanding", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "label": "Common Stock, Value, Outstanding", "terseLabel": "Common stock $0.01 par; authorized 1,800,000,000 shares; outstanding 249,981,400 shares - 2024 and 265,537,300 shares - 2023", "documentation": "Value of common shares held by shareholders. Excludes common shares repurchased and held as treasury shares." } } }, "auth_ref": ["r92", "r955"] }, "ecd_CompActuallyPaidVsCoSelectedMeasureTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "CompActuallyPaidVsCoSelectedMeasureTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Compensation Actually Paid vs. Company Selected Measure [Text Block]", "terseLabel": "Compensation Actually Paid vs. Company Selected Measure" } } }, "auth_ref": ["r1213"] }, "ecd_CompActuallyPaidVsNetIncomeTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "CompActuallyPaidVsNetIncomeTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Compensation Actually Paid vs. Net Income [Text Block]", "terseLabel": "Compensation Actually Paid vs. Net Income" } } }, "auth_ref": ["r1212"] }, "ecd_CompActuallyPaidVsOtherMeasureTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "CompActuallyPaidVsOtherMeasureTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Compensation Actually Paid vs. Other Measure [Text Block]", "terseLabel": "Compensation Actually Paid vs. Other Measure" } } }, "auth_ref": ["r1214"] }, "ecd_CompActuallyPaidVsTotalShareholderRtnTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "CompActuallyPaidVsTotalShareholderRtnTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Compensation Actually Paid vs. Total Shareholder Return [Text Block]", "terseLabel": "Compensation Actually Paid vs. Total Shareholder Return" } } }, "auth_ref": ["r1211"] }, "us-gaap_CompensationAndRetirementDisclosureAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CompensationAndRetirementDisclosureAbstract", "lang": { "en-us": { "role": { "label": "Retirement Benefits [Abstract]" } } }, "auth_ref": [] }, "us-gaap_ComprehensiveIncomeNetOfTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ComprehensiveIncomeNetOfTax", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedComprehensiveIncomeStatements"], "lang": { "en-us": { "role": { "totalLabel": "Comprehensive income attributable to HCA Healthcare, Inc.", "label": "Comprehensive Income (Loss), Net of Tax, Attributable to Parent", "documentation": "Amount after tax of increase (decrease) in equity from transactions and other events and circumstances from net income and other comprehensive income, attributable to parent entity. Excludes changes in equity resulting from investments by owners and distributions to owners." } } }, "auth_ref": ["r23", "r241", "r243", "r251", "r846", "r873", "r875"] }, "us-gaap_ComprehensiveIncomeNetOfTaxAttributableToNoncontrollingInterest": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ComprehensiveIncomeNetOfTaxAttributableToNoncontrollingInterest", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedComprehensiveIncomeStatements"], "lang": { "en-us": { "role": { "terseLabel": "Comprehensive income attributable to noncontrolling interests", "label": "Comprehensive Income (Loss), Net of Tax, Attributable to Noncontrolling Interest", "totalLabel": "Comprehensive Income (Loss), Net of Tax, Attributable to Noncontrolling Interest, Total", "documentation": "Amount after tax of increase (decrease) in equity from transactions and other events and circumstances from net income (loss) and other comprehensive income (loss), attributable to noncontrolling interests. Excludes changes in equity resulting from investments by owners and distributions to owners." } } }, "auth_ref": ["r8", "r63", "r66", "r241", "r243", "r250", "r845", "r873", "r874"] }, "us-gaap_ComprehensiveIncomeNetOfTaxIncludingPortionAttributableToNoncontrollingInterest": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ComprehensiveIncomeNetOfTaxIncludingPortionAttributableToNoncontrollingInterest", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedComprehensiveIncomeStatements", "http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedStatementsOfStockholdersEquityDeficit"], "lang": { "en-us": { "role": { "totalLabel": "Comprehensive income", "terseLabel": "Comprehensive income (loss)", "label": "Comprehensive Income (Loss), Net of Tax, Including Portion Attributable to Noncontrolling Interest", "documentation": "Amount after tax of increase (decrease) in equity from transactions and other events and circumstances from net income and other comprehensive income. Excludes changes in equity resulting from investments by owners and distributions to owners." } } }, "auth_ref": ["r66", "r127", "r241", "r243", "r249", "r844", "r873"] }, "us-gaap_ComprehensiveIncomeNoteTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ComprehensiveIncomeNoteTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/OtherComprehensiveLoss"], "lang": { "en-us": { "role": { "terseLabel": "Other Comprehensive Loss", "label": "Comprehensive Income (Loss) Note [Text Block]", "documentation": "The entire disclosure for comprehensive income, which includes, but is not limited to, 1) the amount of income tax expense or benefit allocated to each component of other comprehensive income, including reclassification adjustments, 2) the reclassification adjustments for each classification of other comprehensive income and 3) the ending accumulated balances for each component of comprehensive income." } } }, "auth_ref": ["r97", "r248", "r843", "r871"] }, "srt_ConsolidationItemsAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "ConsolidationItemsAxis", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSegmentAndGeographicInformationScheduleOfGeographicDistributionsOfRevenuesSalariesAndBenefitsSuppliesOtherOperatingExp], "lang": { "en-us": { "role": { "label": "Consolidation Items [Axis]", "documentation": "Information by components, eliminations, non-segment corporate-level activity and reconciling items used in consolidating a parent entity and its subsidiaries or its operating segments." } } }, "auth_ref": ["r146", "r160", "r186", "r187", "r188", "r189", "r190", "r191", "r192", "r193", "r194", "r266", "r298", "r308", "r323", "r324", "r325", "r326", "r327", "r329", "r330", "r331", "r438", "r439", "r440", "r441", "r443", "r444", "r445", "r446", "r447", "r1070", "r1071", "r1272", "r1273", "r1338", "r1339"] }, "srt_ConsolidationItemsDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "ConsolidationItemsDomain", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSegmentAndGeographicInformationScheduleOfGeographicDistributionsOfRevenuesSalariesAndBenefitsSuppliesOtherOperatingExp], "lang": { "en-us": { "role": { "label": "Consolidation Items [Domain]", "documentation": "Components, elimination, non-segment corporate-level activity and reconciling items used in consolidating a parent entity and its subsidiaries or its operating segments." } } }, "auth_ref": ["r146", "r160", "r186", "r187", "r188", "r189", "r190", "r191", "r192", "r193", "r194", "r266", "r298", "r308", "r323", "r324", "r325", "r326", "r327", "r329", "r330", "r331", "r438", "r439", "r440", "r441", "r443", "r444", "r445", "r446", "r447", "r1070", "r1071", "r1272", "r1273", "r1338", "r1339"] }, "us-gaap_ConsolidationSubsidiariesOrOtherInvestmentsConsolidatedEntitiesPolicy": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ConsolidationSubsidiariesOrOtherInvestmentsConsolidatedEntitiesPolicy", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Noncontrolling Interests in Consolidated Entities", "label": "Consolidation, Subsidiaries or Other Investments, Consolidated Entities, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for subsidiaries or other investments that are consolidated, including the accounting treatment for intercompany accounts or transactions and any noncontrolling interest." } } }, "auth_ref": ["r151"] }, "us-gaap_ConstructionInProgressGross": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ConstructionInProgressGross", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "terseLabel": "Construction in progress", "label": "Construction in Progress, Gross", "documentation": "Amount of structure or a modification to a structure under construction. Includes recently completed structures or modifications to structures that have not been placed into service." } } }, "auth_ref": ["r115"] }, "hca_CorporateAndOther": { "xbrltype": "monetaryItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "CorporateAndOther", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSegmentAndGeographicInformationScheduleOfGeographicDistributionsOfRevenuesSalariesAndBenefitsSuppliesOtherOperatingExp], "lang": { "en-us": { "role": { "label": "Corporate And Other", "documentation": "Corporate and other.", "terseLabel": "Corporate and Other" } } }, "auth_ref": [] }, "us-gaap_CorporateAndOtherMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CorporateAndOtherMember", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSegmentAndGeographicInformationScheduleOfGeographicDistributionsOfRevenuesSalariesAndBenefitsSuppliesOtherOperatingExp "http://hcahealthcare.com/20241231/taxonomy/role/SegmentAndGeographicInformationAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Corporate and Other [Member]", "label": "Corporate Segment and Other Operating Segment [Member]", "documentation": "Component of entity providing financial and operational oversight and administrative support considered to be operating segment and operating segment, classified as other. 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Includes, but is not limited to, deferred regional, territorial, and provincial tax expense (benefit) for non-US (United States of America) jurisdiction." } } }, "auth_ref": ["r1289", "r1383", "r1384"] }, "hca_DeferredTaxAssetsAccountsReceivable": { "xbrltype": "monetaryItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "DeferredTaxAssetsAccountsReceivable", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/IncomeTaxesScheduleOfDeferredTaxAssetsAndLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Accounts receivable, Assets", "label": "Deferred Tax Assets Accounts Receivable", "documentation": "Deferred tax assets, accounts receivable." } } }, "auth_ref": [] }, "hca_DeferredTaxAssetsAllowancesForProfessionalLiabilityAndOtherRisks": { "xbrltype": "monetaryItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "DeferredTaxAssetsAllowancesForProfessionalLiabilityAndOtherRisks", "crdr": "debit", 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assuming the issuance of common shares or units for all dilutive potential common shares or units outstanding during the reporting period." } } }, "auth_ref": ["r252", "r274", "r275", "r276",
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all significant policy factors, including any antidilutive items that have been excluded from the computation and takes into account stock dividends, splits and reverse splits that occur after the
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(decrease) from effect of exchange rate changes on cash and cash equivalents, and cash and cash equivalents restricted to withdrawal or usage; held in foreign currencies. Excludes amounts for
disposal group and discontinued operations. Cash includes, but is not limited to, currency on hand, demand deposits with banks or financial institutions, and other accounts with general
characteristics of demand deposits. Cash equivalents include, but are not limited to, short-term, highly liquid investments that are both readily convertible to known amounts of cash and so near
their maturity that they present insignificant risk of changes in value because of changes in interest rates." } } }, "auth_ref": ["r730"] },
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expense (benefit) and deferred income tax expense (benefit) pertaining to continuing operations." } } }, "auth_ref": ["r610", "r1100"] }, "us-gaap_EffectiveIncomeTaxRateReconciliationAtFederalStatutoryIncomeTaxRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname":
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income tax rates to pretax income (loss) from continuing operations attributable to noncontrolling interest income (loss) exempt from income taxes." } } }, "auth_ref": ["r1290", "r1375",
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continuing operations applicable to state and local income tax expense (benefit), net of federal tax expense (benefit)." } } }, "auth_ref": ["r613", "r1100", "r1290", "r1375"] }, "us-gaap_EffectiveIncomeTaxRateReconciliationTaxContingencies": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname":
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The disclosures contemplated herein include the fair value measurements at the reporting date by the level within the fair value hierarchy in which the fair value measurements in their entirety fall, segregating fair value measurements using quoted prices in active markets for identical assets (Level 1), significant other observable inputs (Level 2), and significant unobservable inputs (Level 3)." } } }, "auth_ref": ["r1390", "r1391"] }, "us-gaap_FairValueAssetsMeasuredOnRecurringBasisUnobservableInputReconciliationByAssetClassDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueAssetsMeasuredOnRecurringBasisUnobservableInputReconciliationByAssetClassDomain", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/InvestmentsOfInsuranceSubsidiariesScheduleOfInvestmentsDetail"], "lang": { "en-us": { "role": { "terseLabel": "Asset Class [Domain]", "label": "Asset Class [Domain]", "documentation": "Class of asset." } } }, "auth_ref": ["r707", "r708", "r709", "r710", "r711", "r712", "r717", "r1105"] }, "us-gaap_FairValueByAssetClassAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueByAssetClassAxis", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/InvestmentsOfInsuranceSubsidiariesScheduleOfInvestmentsDetail"], "lang": { "en-us": { "role": { "terseLabel": "Asset Class [Axis]", "label": "Asset Class [Axis]", "documentation": "Information by class of asset." } } }, "auth_ref": ["r707", "r708", "r709", "r710", "r711", "r712", "r717", "r1105"] }, "us-gaap_FairValueByFairValueHierarchyLevelAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueByFairValueHierarchyLevelAxis", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureAssetsAndLiabilitiesMeasuredAtFairValueSummaryOfInvestmentsOfInsuranceSubsidiariesMeasuredAtFairValueOnRecurringBasisD], "lang": { "en-us": { "role": { "terseLabel": "Fair Value Hierarchy and NAV [Axis]", "label": "Fair Value Hierarchy and NAV [Axis]", "documentation": "Information by level within fair value hierarchy and fair value measured at net asset value per share as practical expedient." } } }, "auth_ref": ["r457", "r521", "r522", "r523", "r524", "r525", "r526", "r701", "r703", "r704", "r705", "r706", "r715", "r716", "r718", "r774", "r775", "r776", "r1080", "r1081", "r1087", "r1088", "r1089", "r1103", "r1106"] }, "us-gaap_FairValueDisclosuresAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueDisclosuresAbstract", "lang": { "en-us": { "role": { "label": "Fair Value Disclosures [Abstract]" } } }, "auth_ref": [] }, "us-gaap_FairValueDisclosuresTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueDisclosuresTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AssetsAndLiabilitiesMeasuredAtFairValue"], "lang": { "en-us": { "role": { "terseLabel": "Assets and Liabilities Measured at Fair Value", "label": "Fair Value Disclosures [Text Block]", "documentation": "The entire disclosure for the fair value of financial instruments (as defined), including financial assets and financial liabilities (collectively, as defined), and the measurements of those instruments as well as disclosures related to the fair value of non-financial assets and liabilities. Such disclosures about the financial instruments, assets, and liabilities would include: (1) the fair value of the required items together with their carrying amounts (as appropriate); (2) for items for which it is not practicable to estimate fair value, disclosure would include: (a) information pertinent to estimating fair value (including, carrying amount, effective interest rate, and maturity, and (b) the reasons why it is not practicable to estimate fair value; (3) significant concentrations of credit risk including: (a) information about the activity, region, or economic characteristics identifying a concentration, (b) the maximum amount of loss the entity is exposed to based on the gross fair value of the related item, (c) policy for requiring collateral or other security and information as to accessing such collateral or security, and (d) the nature and brief description of such collateral or security; (4) quantitative information about market risks and how such risks are managed; (5) for items measured on both a recurring and nonrecurring basis information regarding the inputs used to develop the fair value measurement; and (6) for items presented in the financial statement for which fair value measurement is elected: (a) information necessary to understand the reasons for the election, (b) discussion of the effect of fair value changes on earnings, (c) a description of [similar groups] items for which the election is made and the relation thereof to the balance sheet, the aggregate carrying value of items included in the balance sheet that are not eligible for the election; (7) all other required (as defined) and desired information." } } }, "auth_ref": ["r711", "r713", "r714", "r715", "r718", "r719", "r720", "r721", "r722", "r839", "r1103", "r1107"] }, "us-gaap_FairValueInputsLevel1Member": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueInputsLevel1Member", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureAssetsAndLiabilitiesMeasuredAtFairValueSummaryOfInvestmentsOfInsuranceSubsidiariesMeasuredAtFairValueOnRecurringBasisD], "lang": { "en-us": { "role": { "terseLabel": "Quoted Prices in Active Markets for Identical Assets (Level 1) [Member]", "label": "Fair Value, Inputs, Level 1 [Member]", "documentation": "Quoted prices in active markets for identical assets or liabilities that the reporting entity can access at the measurement date." } } }, "auth_ref": ["r457", "r521", "r526", "r703", "r716", "r774", "r1087", "r1088", "r1089", "r1103"] }, "us-gaap_FairValueInputsLevel2Member": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueInputsLevel2Member", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureAssetsAndLiabilitiesMeasuredAtFairValueSummaryOfInvestmentsOfInsuranceSubsidiariesMeasuredAtFairValueOnRecurringBasisD], "lang": { "en-us": { "role": { "terseLabel": "Significant Other Observable Inputs (Level 2) [Member]", "label": "Fair Value, Inputs, Level 2 [Member]", "documentation": "Inputs other than quoted prices included within level 1 that are observable for an asset or liability, either directly or indirectly, including, but not limited to, quoted prices for similar assets or liabilities in active markets, or quoted prices for identical or similar assets or liabilities in inactive markets." } } }, "auth_ref": ["r457", "r521", "r526", "r703", "r704", "r716", "r775", "r1080", "r1081", "r1087", "r1088", "r1089", "r1103"] }, "us-gaap_FairValueMeasurementPolicyPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "FairValueMeasurementPolicyPolicyTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/AccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Fair Value Measurements and Disclosures", "label": "Fair Value Measurement, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for fair value measurements of financial and non-financial assets, liabilities and instruments classified in shareholders' equity. 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~~limited to, interest and penalties, reconciliation of unrecognized tax benefits, unrecognized tax benefits that would affect the effective tax rate, tax years that remain subject to examination by~~
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and is unpaid. Used to reflect the current portion of the liabilities (due within one year or within the normal operating cycle if longer)." } } }, "auth_ref": ["r85"] }, "us-
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"http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Interest Rate Swaps [Member]", "label": "Interest
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and removed from inventory classes, loss recognition on impairment of inventories, and situations in which inventories are stated above cost." } } }, "auth_ref": ["r150", "r211", "r226", "r400",
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Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityPaymentsDueNextTwelveMonths": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityPaymentsDueNextTwelveMonths", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Year 1", "label": "Lessee, Operating Lease, Liability, to be Paid, Year One", "documentation": "Amount of lessee's undiscounted obligation for lease payment for operating lease to be paid in next fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityPaymentsDueYearFive": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityPaymentsDueYearFive", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Year 5", "label": "Lessee, Operating Lease, Liability, to be Paid, Year Five", "documentation": "Amount of lessee's undiscounted obligation for lease payment for operating lease to be paid in fifth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityPaymentsDueYearFour": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityPaymentsDueYearFour", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Year 4", "label": "Lessee, Operating Lease, Liability, to be Paid, Year Four", "documentation": "Amount of lessee's undiscounted obligation for lease payment for operating lease to be paid in fourth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityPaymentsDueYearThree": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityPaymentsDueYearThree", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Year 3", "label": "Lessee, Operating Lease, Liability, to be Paid, Year Three", "documentation": "Amount of lessee's undiscounted obligation for lease payment for operating lease to be paid in third fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityPaymentsDueYearTwo": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityPaymentsDueYearTwo", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "terseLabel": "Year 2", "label": "Lessee, Operating Lease, Liability, to be Paid, Year Two", "documentation": "Amount of lessee's undiscounted obligation for lease payment for operating lease to be paid in second fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r761"] }, "us-gaap_LesseeOperatingLeaseLiabilityUndiscountedExcessAmount": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LesseeOperatingLeaseLiabilityUndiscountedExcessAmount", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LeasesScheduleOfUndiscountedCashFlowsToTheFinanceLeaseLiabilitiesAndOperatingLeaseLiabilitiesDetail"], "lang": { "en-us": { "role": { "negatedLabel": "Less: amount of lease payments representing interest", "label": "Lessee, Operating Lease, Liability, Undiscounted Excess Amount", "documentation": "Amount of lessee's undiscounted obligation for lease payments in excess of discounted obligation for lease payments for operating lease." } } }, "auth_ref": ["r761"] }, "us-gaap_LiabilitiesAbstract": { "xbrltype": "stringItemType", 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Excludes lease obligation." } } }, "auth_ref": ["r20", "r136", "r456", "r467", "r1080", "r1081", "r1113", "r1422"] }, "hca_LongTermDebtAverageTerm": { "xbrltype": "durationItemType", "nsuri": "http://hcahealthcare.com/20241231", "localname": "LongTermDebtAverageTerm", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtScheduleOfLongTermDebtParentheticalDetail"], "lang": { "en-us": { "role": { "terseLabel": "Total debt average term", "label": "Long Term Debt Average Term", "documentation": "Long-term debt average term." } } }, "auth_ref": [] }, "us-gaap_LongTermDebtCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtCurrent", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ConsolidatedBalanceSheets", "http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtScheduleOfLongTermDebtDetail"], "lang": { "en-us": { "role": { "verboseLabel": "Long-term debt due within one year", "terseLabel": "Less amounts due within one year", "label": "Long-Term Debt, Current Maturities", "totalLabel": "Long-Term Debt, Current Maturities, Total", "documentation": "Amount, after deduction of unamortized premium (discount) and debt issuance cost, of long-term debt classified as current. 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determinable price and date, maturing in third fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of
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"http://hcahealthcare.com/20241231/taxonomy/role/InvestmentsOfInsuranceSubsidiariesScheduleOfInvestmentsDetail"], "lang": { "en-us": { "role": { "verboseLabel": "Investment carrying
value", "terseLabel": "Asset fair value", "label": "Long-Term Investments", "totalLabel": "Asset fair value", "documentation": "The total amount of investments that are intended to be held for an
extended period of time (longer than one operating cycle)." } } }, "auth_ref": ["r213"] }, "us-gaap_LongTermLineOfCredit": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermLineOfCredit", "crdr": "credit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtAdditionalInformationDetail",
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obligations drawn from a line of credit, which is a bank's commitment to make loans up to a specific amount. Examples of items that might be included in the application of this element may
consist of letters of credit, standby letters of credit, and revolving credit arrangements, under which borrowings can be made up to a maximum amount as of any point in time conditional on
satisfaction of specified terms before, as of and after the date of drawdowns on the line. Includes short-term obligations that would normally be classified as current liabilities but for which (a)
postbalance sheet date issuance of a long term obligation to refinance the short term obligation on a long term basis, or (b) the enterprise has entered into a financing agreement that clearly
permits the enterprise to refinance the short-term obligation on a long term basis and the following conditions are met (1) the agreement does not expire within 1 year and is not cancelable by
the lender except for violation of an objectively determinable provision, (2) no violation exists at the BS date, and (3) the lender has entered into the financing agreement is expected to be
financially capable of honoring the agreement." } } }, "auth_ref": ["r20", "r42", "r43"] }, "us-gaap_LongtermDebtTypeAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongtermDebtTypeAxis", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtAdditionalInformationDetail",
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letter of credit financing. These are debt arrangements that originally required repayment more than twelve months after issuance or greater than the normal operating cycle of the company, if
longer." } } }, "auth_ref": ["r20", "r44", "r1329", "r1330", "r1331"] }, "us-gaap_LongtermDebtWeightedAverageInterestRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongtermDebtWeightedAverageInterestRate", "presentation": [
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Equipment, Gross", "documentation": "Amount before accumulated depreciation of tangible personal property used to produce goods and services, including, but is not limited to, tools, dies and
molds, computer and office equipment." } } }, "auth_ref": ["r115"] }, "hca_ManagedCareAndOtherInsurersMember": { "xbrltype": "domainItemType", "nsuri":
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Securities, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for investment classified as marketable security." } } }, "auth_ref": ["r75"] }, "srt_MaximumMember":
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"http://hcahealthcare.com/20241231/taxonomy/role/IncomeTaxesAdditionalInformationDetail", "http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtAdditionalInformationDetail"],
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including leverage buyout transactions (as applicable), and divestitures. This may include a description of a business combination or divestiture (or series of individually immaterial business
combinations or divestitures) completed during the period, including background, timing, and assets and liabilities recognized and reclassified or sold. This element does not include fixed asset
sales and plant closings." } } }, "auth_ref": ["r77", "r126"] }, "srt_MinimumMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "MinimumMember",
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"http://hcahealthcare.com/20241231/taxonomy/role/CapitalStockAdditionalInformationDetail",
"http://hcahealthcare.com/20241231/taxonomy/role/EmployeeBenefitPlansAdditionalInformationDetail",
"http://hcahealthcare.com/20241231/taxonomy/role/IncomeTaxesAdditionalInformationDetail", "http://hcahealthcare.com/20241231/taxonomy/role/LongTermDebtAdditionalInformationDetail"],
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Interest, Total", "periodStartLabel": "Stockholders' Equity Attributable to Noncontrolling Interest, Beginning Balance", "periodEndLabel": "Stockholders' Equity Attributable to Noncontrolling
Interest, Ending Balance", "documentation": "Amount of equity (deficit) attributable to noncontrolling interest. Excludes temporary equity." } } }, "auth_ref": ["r95", "r137", "r261", "r379",
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Interest, Decrease from Distributions to Noncontrolling Interest Holders", "documentation": "Decrease in noncontrolling interest balance from payment of dividends or other distributions by the
non-wholly owned subsidiary or partially owned entity, included in the consolidation of the parent entity, to the noncontrolling interest holders." } } }, "auth_ref": ["r121"] },
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Compensation Value" } } }, "auth_ref": ["r1228"] }, "hca_MoneyMarketFundsAndOtherAmortizedCost": { "xbrltype": "monetaryItemType", "nsuri": "http://hcahealthcare.com/20241231",
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other, Amortized Cost", "label": "Money Market Funds And Other Amortized Cost", "documentation": "Money market funds and other amortized cost." } } }, "auth_ref": [] },
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securities, certificates of deposit, and other highly liquid securities." } } }, "auth_ref": ["r1345"] }, "ecd_MtrlTermsOfTrdArrTextBlock": { "xbrltype": "textBlockItemType", "nsuri":
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Provided by (Used in) Financing Activities", "documentation": "Amount of cash inflow (outflow) from financing activities, including discontinued operations. Financing activity cash flows include
obtaining resources from owners and providing them with a return on, and a return of, their investment; borrowing money and repaying amounts borrowed, or settling the obligation; and
obtaining and paying for other resources obtained from creditors on long-term credit." } } }, "auth_ref": ["r255"] }, "us-gaap_NetCashProvidedByUsedInFinancingActivitiesAbstract": {
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Operating activity cash flows include transactions, adjustments, and changes in value not defined as investing or financing activities." } } }, "auth_ref": ["r110", "r111", "r112"] }, "us-
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Includes, but not limited to, reduction of noncontrolling interest ownership. Excludes dividends paid to the noncontrolling interest." } } }, "auth_ref": ["r27"] }, "ecd_PeerGroupIssuersFnTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "PeerGroupIssuersFnTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Peer Group Issuers, Footnote [Text Block]", "terseLabel": "Peer Group Issuers, Footnote" } } }, "auth_ref": ["r1207"] }, "ecd_PeerGroupTotalShareholderRtnAmt": { "xbrltype": "monetaryItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "PeerGroupTotalShareholderRtnAmt", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "label": "Peer Group Total Shareholder Return Amount", "terseLabel": "Peer Group Total Shareholder Return Amount" } } }, "auth_ref": ["r1207"] }, "us-gaap_PensionAndOtherPostretirementBenefitsDisclosureTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PensionAndOtherPostretirementBenefitsDisclosureTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/EmployeeBenefitPlans"], "lang": { "en-us": { "role": { "terseLabel": "Employee Benefit Plans", "label": "Retirement Benefits [Text Block]", "documentation": "The entire disclosure for retirement benefits." } } }, "auth_ref": ["r495", "r518", "r520", "r526", "r543", "r545", "r546", "r547", "r548", "r549", "r562", "r563", "r564", "r1089"] }, "us-gaap_PensionPlansDefinedBenefitMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PensionPlansDefinedBenefitMember", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/EmployeeBenefitPlansAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "Defined Contribution Benefit Plans [Member]", "label": "Pension Plan [Member]", "documentation": "Plan designed to provide participant with pension benefits. Includes, but is not limited to, defined benefit and defined contribution plans. 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It may be appropriate to group certain similar plans. Also includes schedule for fair value of plan assets by major categories of plan assets by the level within the fair value hierarchy in which the fair value measurements in their entirety fall, segregating fair value measurements using quoted prices in active markets for identical assets or liabilities (Level 1), Significant other observable inputs (Level 2), and significant unobservable inputs (Level 3)." } } }, "auth_ref": ["r15", "r50", "r51", "r52", "r53"] }, "us-gaap_ScheduleOfEarningsPerShareBasicAndDilutedTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEarningsPerShareBasicAndDilutedTableTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/EarningsPerShareTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Computations of Basic and Diluted Earnings Per Share", "label": "Schedule of Earnings Per Share, Basic and Diluted [Table Text Block]", "documentation": "Tabular disclosure of an entity's basic and diluted earnings per share calculations, including a reconciliation of numerators and denominators of the basic and diluted per-share computations for income from continuing operations." } } }, "auth_ref": ["r1296"] }, "us-gaap_ScheduleOfEffectiveIncomeTaxRateReconciliationTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEffectiveIncomeTaxRateReconciliationTableTextBlock", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/IncomeTaxesTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Reconciliation of Federal Statutory Rate to Effective Income Tax Rate", "label": "Schedule of Effective Income Tax Rate Reconciliation [Table Text Block]", "documentation": "Tabular disclosure of the reconciliation using percentage or dollar amounts of the reported amount of income tax expense attributable to continuing operations for the year to the amount of income tax expense that would result from applying domestic federal statutory tax rates to pretax income from continuing operations." } } }, "auth_ref": ["r612", "r1100", "r1375"] }, "hca_ScheduleOfEstimatedCostsOfUncompensatedCareTableTextBlock": { "xbrltype":~~

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Segment EBITDA, Depreciation And Amortization, Assets And Goodwill And Other Intangible Assets", "documentation": "Tabular disclosure of the profit or loss and total assets for each
reportable segment. An entity discloses certain information on each reportable segment if the amounts (a) are included in the measure of segment profit or loss reviewed by the chief operating
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borrower." } } }, "auth_ref": ["r20", "r136", "r1422"] }, "us-gaap_SecuredDebtOther": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname":
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Excludes share and unit options." } } }, "auth_ref": ["r584", "r585"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriod": { "xbrltype": "sharesItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriod", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfRestrictedStockUnitsActivityDetail"], "lang": { "en-us": { "role": { "negatedLabel": "RSUs and PSUs, Vested", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period", "documentation": "The number of equity-based payment instruments, excluding stock (or unit) options, that vested during the reporting period." } } }, "auth_ref": ["r588"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriodTotalFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriodTotalFairValue", "crdr": "debit", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationAdditionalInformationDetail"], "lang": { "en-us": { "role": { "terseLabel": "RSUs and PSUs, Vested, value", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Fair Value", "documentation": "Fair value of share-based awards for which the grantee gained the right by satisfying service and performance requirements, to receive or retain shares or units, other instruments, or cash." } } }, "auth_ref": ["r591"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriodWeightedAverageGrantDateFairValue": { "xbrltype": "perShareItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardEquityInstrumentsOtherThanOptionsVestedInPeriodWeightedAverageGrantDateFairValue", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfRestrictedStockUnitsActivityDetail"], "lang": { "en-us": { "role": { "terseLabel": "Weighted Average Grant Date Fair Value, RSUs and PSUs, Vested", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Weighted Average Grant Date Fair Value", "documentation": "The weighted average fair value as of grant date pertaining to an equity-based award plan other than a stock (or unit) option plan for which the grantee gained the right during the reporting period, by satisfying service and performance requirements, to receive or retain shares or units, other instruments, or cash in accordance with the terms of the arrangement." } } }, "auth_ref": ["r588"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsExpectedDividendRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsExpectedDividendRate", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfFairValueOfEachStockOptionAwardIsEstimatedOnGrantDateUsingOptionValuationModelsDetail"], "lang": { "en-us": { "role": { "terseLabel": "Expected dividend yield", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Dividend Rate", "documentation": "The estimated dividend rate (a percentage of the share price) to be paid (expected dividends) to holders of the underlying shares over the option's term." } } }, "auth_ref": ["r596"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsExpectedVolatilityRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsExpectedVolatilityRate", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfFairValueOfEachStockOptionAwardIsEstimatedOnGrantDateUsingOptionValuationModelsDetail"], "lang": { "en-us": { "role": { "terseLabel": "Expected volatility", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Volatility Rate", "documentation": "The estimated measure of the percentage by which a share price is expected to fluctuate during a period. Volatility also may be defined as a probability-weighted measure of the dispersion of returns about the mean. The volatility of a share price is the standard deviation of the continuously compounded rates of return on the share over a specified period. That is the same as the standard deviation of the differences in the natural logarithms of the stock prices plus dividends, if any, over the period." } } }, "auth_ref": ["r595"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsRiskFreeInterestRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsRiskFreeInterestRate", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfFairValueOfEachStockOptionAwardIsEstimatedOnGrantDateUsingOptionValuationModelsDetail"], "lang": { "en-us": { "role": { "terseLabel": "Risk-free interest rate", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Risk Free Interest Rate", "documentation": "The risk-free interest rate assumption that is used in valuing an option on its own shares." } } }, "auth_ref": ["r597"] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardLineItems", "presentation": ["http://hcahealthcare.com/20241231/taxonomy/role/DisclosureSharebasedCompensationScheduleOfStockAppreciationRightsActivityDetail", "http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationAdditionalInformationDetail", "http://hcahealthcare.com/20241231/taxonomy/role/ShareBasedCompensationScheduleOfRestrictedStockUnitsActivityDetail"], "lang": { "en-us": { "role": { "terseLabel": "Share-based Compensation Arrangement by Share-based Payment Award [Line Items]", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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~~Filerfalsefalsetruefalsefalse42Ernst & Young LLPNashville, Tennessee, United States of America24834190060369000000<p style="text-indent:24.5pt;font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Portions of the Registrant’s definitive proxy materials for its 2025 Annual Meeting of Stockholders are incorporated by reference into Part III hereof. </p><p id="item_1c_cybersecurity" style="margin-left:6.1pt;text-indent:-55.1pt;padding-left:55.1pt;font-size:10pt;margin-top:18pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Item 1C. Cybersecurity</p><div><div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations. </p></div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs. The security program includes cybersecurity and information security risk management. Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs.</p></div><div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We seek to leverage a comprehensive risk management program aligned with the National Institute of Technology Cybersecurity Framework 2.0 that encompasses a structured approach to assess, identify, and manage cyber and information security risks. The internal processes for these activities are evaluated for alignment with our objectives and overall risk tolerance. This approach is consistent with our overall risk management efforts. The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management. </p></div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We utilize cross-functional teams and risk assessment tools and technologies to identify potential cybersecurity and information security threats and risks. These teams include representatives from various departments within our Company to promote a holistic view of the organization’s cybersecurity and information security risk landscape and to facilitate communication. We have implemented multiple layers of security measures designed to protect the confidentiality, integrity and availability of our data and the systems and devices that store and transmit such data. We also seek to embed security measures into software and system development processes and to use current security technologies. In~~

~~addition, we engage third parties to actively monitor potential threats as well as our security defenses. The risk landscape is assessed to determine the likelihood and potential impact of identified risks. This assessment involves a combination of qualitative and quantitative analyses to help prioritize identified risks and determine the appropriate risk treatment. The effectiveness of the cybersecurity and information security program is tested through a combination of internal and external assessments. Updates are provided to senior management and the Audit and Compliance Committee for informed decision-making and are integrated into our broader enterprise risk management processes. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We also seek to oversee and identify potential cybersecurity and information security threats and risks relating to suppliers and third-party service providers. These efforts may include due diligence to assess the party’s cybersecurity practices, controls, and compliance with relevant statutes and regulations; the use of contractual agreements that outline certain cybersecurity requirements; and using outside services to perform ongoing monitoring of select suppliers and third-party service providers. We also collaborate with select third-party suppliers to develop and align incident response plans.</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">No risks from cybersecurity threats or previous cybersecurity incidents have materially affected our business strategy, results of operations, or financial condition. However, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cybersecurity threats, including the remediation of critical information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future. Additionally, while we have in place insurance coverage designed to address certain aspects of cybersecurity risks, such insurance coverage may be insufficient to cover all insured losses or all types of claims that may arise.</p><div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations. </p></div><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs. The security program includes cybersecurity and information security risk management. <span~~

~~***style="color:#000000;white-space:pre-wrap;font-size:10pt;font-family:Times New Roman;font-kerning:none;min-width:fit-content;">Our senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs.</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We seek to leverage a comprehensive risk management program aligned with the National Institute of Technology Cybersecurity Framework 2.0 that encompasses a structured approach to assess, identify, and manage cyber and information security risks. The internal processes for these activities are evaluated for alignment with our objectives and overall risk tolerance. This approach is consistent with our overall risk management efforts. The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Management is responsible for the day-to-day handling of risks facing our Company, while the Board of Directors, as a whole and through its committees, oversees risk management, including cybersecurity risks. The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations. </p> The Board has delegated certain risk management responsibilities with respect to cybersecurity to our Audit and Compliance Committee.trueThe Audit and Compliance Committee periodically reviews our data security programs, including cybersecurity processes and procedures regarding cybersecurity threats, AI, disaster recovery and critical business continuity, and reviews our programs and plans that management has established to monitor compliance with data security compliance programs and test emergency operations preparedness. The Audit and Compliance Committee also receives reports regarding risks associated with our data security programs and management’s plans for monitoring and testing compliance with data security regulations.The Audit and Compliance Committee meetings take place on a quarterly basis and include a report from our Chief Security Officer ("CSO") regarding our security programs, including (i) the status on activities under way to support our security strategy, (ii) an overview of the current threat landscape, including emerging threats and trends that may affect us, (iii) key performance measures of security operations and (iv) general security program needs.trueOur senior security leadership team has an average of 20 years of data security experience, and each member has served in multiple roles within our security programs.The CSO participates with other senior officers, including the Chief Executive Officer, Chief Information Officer, Chief Financial Officer, Chief Legal and Administrative Officer, Chief Ethics and Compliance Officer and others on our risk management committee, which develops and coordinates enterprise cybersecurity and information security policy and strategy, and provides guidance to senior management.trueThe effectiveness of the cybersecurity and information security program is tested through a combination of internal and external assessments. Updates are provided to senior management and the Audit and Compliance Committee for informed decision-making and are integrated into our broader enterprise risk management processes.truetrueNo risks from cybersecurity threats or previous cybersecurity incidents have materially affected our business strategy, results of operations, or financial***~~

~~condition. However, there can be no assurance that our controls and procedures in place to monitor and mitigate the risks of cybersecurity threats, including the remediation of critical information security and software vulnerabilities, will be sufficient and/or timely and that we will not suffer material losses or consequences in the future.true<p style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Opinion on Internal Control Over Financial Reporting </p><p style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We have audited HCA Healthcare, Inc.’s internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Control—Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework) (the COSO criteria). In our opinion, HCA Healthcare, Inc. (the Company) maintained, in all material respects, effective internal control over financial reporting as of December 31, 2024, based on the COSO criteria. </p><p style="font-size:10pt;margin-top:12pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of HCA Healthcare, Inc. as of December 31, 2024 and 2023, and the related consolidated statements of income, comprehensive income, stockholders’ equity (deficit), and cash flows for each of the three years in the period ended December 31, 2024, and the related notes and our report dated February 13, 2025 expressed an unqualified opinion thereon. </p><p style="font-size:10pt;margin-top:12pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Opinion on the Financial Statements </p><p style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We have audited the accompanying consolidated balance sheets of HCA Healthcare, Inc. (the Company) as of December 31, 2024 and 2023, the related consolidated statements of income, comprehensive income, stockholders’ equity (deficit) and cash flows for each of the three years in the period ended December 31, 2024, and the related notes (collectively referred to as the “consolidated financial statements”). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company at December 31, 2024 and 2023, and the results of its operations and its cash flows for each of the three years in the period ended December 31, 2024, in conformity with U.S. generally accepted accounting principles. </p><p style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2024, based on criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework), and our report dated February 13, 2025 expressed an unqualified opinion thereon.
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~~id="notes_to_the_financials" style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 1 — ACCOUNTING POLICIES </p><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Reporting Entity </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">HCA Healthcare, Inc. is a holding company whose affiliates own and operate hospitals and related health care entities. The term “affiliates” includes direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. At December 31, 2024 these affiliates owned and operated 190 hospitals, 124 freestanding surgery centers, 26 freestanding endoscopy centers and provided extensive outpatient and ancillary services. HCA Healthcare, Inc.’s facilities are located in 20 states and England. The terms “Company,” “HCA,” “we,” “our” or “us,” as used herein and unless otherwise stated or indicated by context, refer to HCA Healthcare, Inc. and its affiliates. The terms “facilities” or “hospitals” refer to entities owned and operated by affiliates of HCA and the term “employees” refers to employees of affiliates of HCA. </p><div style="font-size:10pt;font-family:Times New Roman;"><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Basis of Presentation </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The consolidated financial statements include all subsidiaries and entities controlled by HCA. We generally define “control” as ownership of a majority of the voting interest of an entity. The consolidated financial statements include entities in which we absorb a majority of the entity’s expected losses, receive a majority of the entity’s expected residual returns, or both, as a result of ownership, contractual or other financial interests in the entity. The accounts of acquired entities are included in our consolidated financial statements for periods subsequent to our acquisition of controlling interests. Significant intercompany transactions have been eliminated. Investments in entities we do not control, but in which we have a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The majority of our expenses are “costs of revenues” items. Costs that could be classified as general and administrative include our corporate office costs, which were $421 million, $353 million and $307 million for the years ended December 31, 2024, 2023 and 2022, respectively. </p></div><div><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New~~

~~Roman;margin-bottom:0;text-align:justify;">Revenues </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;"> Our revenues generally relate to contracts with patients in which our performance obligations are to provide health care services to the patients. Revenues are recorded during the period our obligations to provide health care services are satisfied. Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Our performance obligations for outpatient services are generally satisfied over a period of less than one day . The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges), and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services we provide to the related patients typically specify payments at amounts less than our standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. </p></div><div><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 1 — ACCOUNTING POLICIES (continued)</p><p style="text-indent:12.25pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Revenues (continued)</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Our revenues are based upon the estimated amounts we expect to be entitled to receive from patients and third-party payers. Estimates of contractual adjustments under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured and other discounts). We also record estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts we expect to collect. Our revenues by primary third-party payer classification and other (including uninsured patients) for the years ended December 31, are summarized in the following table (dollars in millions): </p><div style="font-size:10pt;font-family:Times New Roman;"><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;"> </p> <table style="margin-left:auto;border-spacing:0;table-layout:auto;width:99.0%;border-collapse:separate;margin-right:auto;"> <tr style="visibility:collapse;"> <td style="width:41.423%;box-sizing:content-box;"></td> <td style="width:1.01%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:7.0920000000000005%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:1.01%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:6.082999999999999%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:1.01%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:7.0920000000000005%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:1.01%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:6.082999999999999%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:1.01%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:7.496%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:1.354%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> <td style="width:6.324999999999999%;box-sizing:content-box;"></td> <td style="width:1%;box-sizing:content-box;"></td> </tr> <tr style="height:10pt;background-color:#ffffff;word-break:break-word;white-space:pre-wrap;"> <td style="padding-top:0in;vertical-align:bottom;padding-bottom:0in;"><p style="font-size:8pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;margin-right:0.009722222222222222in;text-align:left;"> </p></td> <td style="padding-top:0in;vertical-align:bottom;padding-bottom:0in;"> <p style="font-size:8pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;margin-right:0.009722222222222222in;text-align:left;"> </p></td> <td colspan="22" style="padding-top:0in;vertical-align:bottom;padding-bottom:0in;border-bottom:0.5pt solid #000000;text-align:left;"><p style="font-size:10pt;margin-top:0;font-~~

subsequent periods as cost reports are prepared and filed and as final settlements are determined (in relation to certain government programs, primarily Medicare, this is generally referred to as the “cost report” filing and settlement process). The adjustments to estimated Medicare and Medicaid reimbursement and disproportionate-share amounts, related primarily to cost reports filed during the respective year, resulted in net increases to revenues of $42 million, $84 million and $56 million in 2024, 2023 and 2022, respectively. The adjustments to estimated reimbursement amounts related primarily to cost reports filed during previous years resulted in net increases to revenues of $78 million in 2024, $58 million in 2023 and $42 million in 2022. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The Emergency Medical Treatment and Labor Act (“EMTALA”) requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospital’s emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individual’s ability to pay for treatment. Federal and state laws and regulations require, and our commitment to providing quality patient care encourages, us to provide services to patients who are financially unable to pay for the health care services they receive. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level, are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied. </p></div><div><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 1 — ACCOUNTING POLICIES (continued)</p><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Revenues (continued)</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is our primary

~~size:10pt;font-family:Times New Roman;font-style:italic;font-kerning:none;min-width:fit-content;">Basis of Presentation </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The consolidated financial statements include all subsidiaries and entities controlled by HCA. We generally define “control” as ownership of a majority of the voting interest of an entity. The consolidated financial statements include entities in which we absorb a majority of the entity’s expected losses, receive a majority of the entity’s expected residual returns, or both, as a result of ownership, contractual or other financial interests in the entity. The accounts of acquired entities are included in our consolidated financial statements for periods subsequent to our acquisition of controlling interests. Significant intercompany transactions have been eliminated. Investments in entities we do not control, but in which we have a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The majority of our expenses are “costs of revenues” items. Costs that could be classified as general and administrative include our corporate office costs, which were $421 million, $353 million and $307 million for the years ended December 31, 2024, 2023 and 2022, respectively. </p>421000000353000000307000000<p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Revenues </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Our revenues generally relate to contracts with patients in which our performance obligations are to provide health care services to the patients. Revenues are recorded during the period our obligations to provide health care services are satisfied. Our performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Our performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges), and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services we provide to the related patients typically specify payments at amounts less than our standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. </p><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 1 — ACCOUNTING POLICIES (continued)</p><p style="text-indent:12.25pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;"><span style="color:#000000;white-space:pre-wrap;font-size:10pt;font-family:Times New~~

~~***appropriate medical screening examination of every person who presents to the hospital’s emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individual’s ability to pay for treatment. Federal and state laws and regulations require, and our commitment to providing quality patient care encourages, us to provide services to patients who are financially unable to pay for the health care services they receive. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level, are eligible for charity care, and we limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. We apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. We provide discounts to uninsured patients who do not qualify for Medicaid or charity care. We may provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied. </p><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 1 — ACCOUNTING POLICIES (continued)</p><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Revenues (continued)</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is our primary source of cash and is critical to our operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the age of those accounts. Accounts are written off when all reasonable collection efforts have been performed. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">The estimates for implicit price concessions are based upon management’s assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of our revenues and accounts receivable (the “hindsight analysis”) as a primary source of information in estimating the collectability of our accounts receivable. We perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and writeoff data. We believe our quarterly updates to the estimated implicit price concession amounts at each of our hospital facilities provide reasonable estimates of our revenues and valuations of our accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of our accounts receivable or period-to-period comparisons of our revenues. At December 31, 2024 and 2023, estimated implicit price concessions of $7.773 billion and $7.283 billion, respectively, had been recorded to adjust our revenues and accounts receivable to the estimated amounts we expect to collect. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:6pt;text-align:justify;">To quantify the total impact of the trends related to uninsured patient accounts, we believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. A summary of the estimated cost of total uncompensated care for the years ended December 31, follows (dollars in millions): </p><div style="font-size:10pt;font-***~~

~~values of certain property and equipment expected to be held and used might be impaired, we prepare projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar assets and independent appraisals. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:12pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Property and equipment to be disposed of are reported at the lower of their carrying amounts or fair value less costs to sell or close. The estimates of fair value are usually based upon recent sales of similar assets and market responses based upon discussions with and offers received from potential buyers. </p>32940000003052000000.0002941000000P10YP40YP10Y<p style="margin-left:12.2pt;font-size:10pt;margin-top:12pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Investments of Insurance Subsidiaries </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:12pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">At December 31, 2024 and 2023, the investment securities held by our insurance subsidiaries were classified as “available-for-sale” as defined in Accounting Standards Codification (“ASC”) No. 320, Investments — Debt Securities and are recorded at fair value. The investment securities are held for the purpose of providing a funding source to pay liability claims covered by the insurance subsidiaries. We perform quarterly assessments of individual investment securities to determine whether declines in fair value are due to credit-related or noncredit-related factors. Our investment securities evaluation process involves subjective judgments, often involves estimating the outcome of future events, and requires a significant level of professional judgment in determining whether a credit-related impairment has occurred. We evaluate, among other things, the financial position and near-term prospects of the issuer, conditions in the issuer’s industry, liquidity of the investment, changes in the amount or timing of expected future cash flows from the investment, and recent downgrades of the issuer by a rating agency, to determine if, and when, a decline in the fair value of an investment below amortized cost is considered to be a credit-related impairment. The extent to which the fair value of the investment is less than amortized cost and our ability and intent to retain the investment, to allow for any anticipated recovery of the investment’s fair value, are important components of our investment securities evaluation process. </p><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Goodwill and Intangible Assets </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Goodwill is not amortized but is subject to annual impairment tests. In addition to the annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist. Impairment testing for goodwill is done at the reporting unit level. Reporting units are one level below the business segment level, and our impairment testing is performed at the operating division level. We compare the fair value of the reporting unit assets to the carrying amount, on at least an annual basis, to determine if there is potential impairment. If the fair value of the reporting unit assets is less than their carrying value, an impairment loss is recognized. Fair value is estimated based upon internal evaluations of each reporting unit that include quantitative analyses of market multiples, revenues and cash flows and reviews of recent sales of similar facilities. No goodwill impairments were recognized during 2024, 2023 or 2022. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">During 2024, goodwill increased by $170 million related to acquisitions and declined by $6 million related to foreign currency translation and other adjustments. During 2023, goodwill increased by $362 million~~

style="color:#000000;font-kerning:none;min-width:fit-content;">$</p></td> <td style="padding-top:0in;white-space:pre-wrap;vertical-align:bottom;padding-bottom:0in;border-bottom:2.25pt double #000000;text-align:center;"><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;margin-right:0.009722222222222222in;text-align:right;">541</p></td> <td style="padding-top:0in;white-space:nowrap;vertical-align:bottom;padding-bottom:0in;border-bottom:2.25pt double #ffffff03;"><p style="font-size:10pt;margin-top:0;font-family:Times New Roman;margin-bottom:0;text-align:left;"> </p></td> </tr>
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style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 10 — CONTINGENCIES</p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We operate in a highly regulated and litigious industry. As a result, various lawsuits, claims and legal and regulatory proceedings have been and can be expected to be instituted or asserted against us. We are also subject to claims and suits arising in the ordinary course of business, including claims for personal injuries or wrongful restriction of, or interference with, physicians’ staff privileges. In certain of these actions the claimants may seek punitive damages against us, which may not be covered by insurance. We are also subject to claims by various taxing authorities for additional taxes and related interest and penalties. The resolution of any such lawsuits, claims or legal and regulatory proceedings could have a material, adverse effect on our results of operations, financial position or liquidity. </p><p style="font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">NOTE 10 — CONTINGENCIES (continued)</p><div style="font-size:10pt;font-family:Times New Roman;"><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Government Investigations, Claims and Litigation </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Health care companies are subject to numerous investigations by various governmental agencies. Under the federal False Claims Act (“FCA”), private parties have the right to bring qui tam, or “whistleblower,” suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities have received, and from time to time, other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our results of operations, financial position or liquidity. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">We accrue for such contingencies to the extent that it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. If we are a party to any proceeding that, either individually or in the aggregate, is probable or reasonably possible of having a material, adverse effect on the business, our results of operations, financial position or liquidity, we disclose a summary of such contingencies and the amount or range of reasonably possible losses in excess of recorded amounts or that we are unable to reasonably estimate the amount or range of losses.</p></div><p style="margin-left:12.2pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Government Investigations, Claims and Litigation </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;">Health care companies are subject to numerous investigations by various governmental agencies. Under the federal False Claims Act (“FCA”), private parties have the right to bring qui tam, or “whistleblower,” suits against companies that submit false claims for payments to, or improperly retain overpayments from, the government. Some states have adopted similar state whistleblower and false claims provisions. Certain of our individual facilities have received, and from time to time, other facilities may receive, government inquiries from, and may be subject to investigation by, federal and state agencies. Depending on whether the underlying conduct in these or future inquiries or investigations could be considered systemic, their resolution could have a material, adverse effect on our results of operations, financial position or liquidity. </p><p style="text-indent:24.5pt;font-size:10pt;margin-top:6pt;font-family:Times New Roman;margin-bottom:0;text-align:justify;"><span style="color:#000000;white-space:pre-wrap;font-size:10pt;font-family:Times New Roman;font-kerning:none;min-width:fit-content;">We accrue for such contingencies to the extent that it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated. If we are a party to any proceeding that, either individually or in the aggregate, is probable