

# Brain Injury Commission

## Meeting Minutes

February 6, 2020

1:30-3:30 pm

State House, Room 428

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Date of meeting: February 6, 2020

Start time: 1:41 pm

End time: 3:24 pm

Location: State House, Room 428, Boston, MA 02133

Members present (sorted by last name):

Beth Adams – *Massachusetts General Hospital*  
Dorothée Alsentzer - *for Dan Tsai, Assistant Secretary, MassHealth*  
Rep. Gerard Cassidy – *MA House of Representatives*  
Senator Harriette Chandler – *Massachusetts State Senate*  
Rep. Kimberly Ferguson – *MA House of Representatives*  
Nicole Godaire – *Executive Director, BIA-MA*  
Ted Johnson – *Former NFL Player, NBC Sports Analyst*  
Dr. Swathi Kiran – *Boston University*  
Carole Malone – *Assistant Secretary, Office of Elder Affairs*  
Adelaide Osborne – *MA Rehabilitation Commission*  
Undersecretary Lauren Peters – *Executive Office of Health and Human Services*  
Helene Robillard – *Brain Injury Survivor*  
Yves Singletary – *for Dr. Monica Bharel, Department of Public Health*  
Secretary Francisco Ureña – *Department of Veteran Services*  
Toni Wolf—*Commissioner, Massachusetts Rehabilitation Commission*

Members participating in the meeting through conference call line:

Marilyn Price Spivack – *Family Member, Founder of BIAA& BIA-MA, Spaulding Rehabilitation Hospital*

Members absent:

Dr. Imiogele Aisiku – *Brigham and Women's Hospital*  
Senator Dean A. Tran – *Massachusetts State Senate*  
Dr. David K. Urion - *Boston Children's Hospital*

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## **Proceedings**

The meeting was called to order at 1:41 by Representative Ferguson. Representative Ferguson opened the meeting with any discussion of the minutes from December 9th. Commissioner Toni Wolf made a motion to approve and Representative Cassidy seconded. The vote to approve was unanimous with no abstentions.

Representative Ferguson asked the commission members to look at the draft report that Ms. Godaire and the Brain Injury Association of Massachusetts had drawn up. She then handed the discussion over to Ms. Godaire. Ms. Godaire asked the commissioners to look at the draft and gave an overview of the sections. She states that there may eventually be different sections, but is

looking for feedback. She asked if there are other sections or things that commissioners would want to include. Senator Chandler asked if there is any section that should not be included.

Representative Ferguson questioned the miscellaneous topic section. She asked if this was included in the last commission report. Ms. Godaire answered that she believes they did and that it includes things that may not be appropriate in appendices, but may not be a full topic section either. Representative Ferguson accepted her answer and asked if anyone else had any questions.

Ms. Osborne asked how the programming section would be set up and if it would include the number of suggested clubhouses.

Senator Chandler clarified what packet the commission was looking at. Ms. Godaire answered that Ms. Osborne was on the last commission and may have more background knowledge and that she brings up a good point; categorically how would that be laid out and if people want a certain number of programs, what does that look like. Ms. Osborne answered then you would need the cost. Ms. Godaire affirmed and said if everyone likes the formatting that would appear in the commission recommendations section.

Undersecretary Peters stated it might be helpful to include the minutes from the meetings, so that the dialogue and discussion can be captured. Representative Ferguson agreed that is a good point. Commissioner Wolf verified that the comments from listening sessions would be included.

Dr. Kiran asked about topic number four, brief review of services, and what gets encapsulated in that section. Ms. Godaire answered that the last commission report included a service section, an administrative section and a legislative section. This section would be an overview of the identified gaps in services and what brain injury services look like in Massachusetts. This section would then feed into the recommendations.

Dr. Kiran confirmed that it would essentially be what has been done since the last commission report and what still needs to be achieved. Representative Ferguson added that she was looking at page nine of the old report and it looked like the information just needed to be updated, so we can almost cut and paste and update old sections with the new information.

Senator Chandler stated that she assumed there were minutes from listening sessions and perhaps we should group them together, so that it is clear we tried to listen to the public as much as possible.

Representative Ferguson stated that if there are members of the commission who are still willing to work in small groups to write the report, building on the draft, please reach out and let us know.

Ms. Spivack, participating remotely, stated that she cannot hear responses very well. She wanted to clarify that many of the people who attended the listening session and presented testimony were people in acute rehab more than a year ago. She warned that the length of stay is getting shorter and shorter, 15-21 days, in acute rehab. There is a critical need for a registry, a need for case management, a need for length of stay.

Senator Chandler stated Ms. Spivack's comments are a wonderful segue into the next topic, the recommendations. She directed the commission to take out their printouts. She stated this is the opportunity to see what else the commission needs to talk about. The most recurring suggestions from commissioner members, when asked for recommendations, were an advisory board, streamlined SHIP application process, clubhouse, case management, and consumer resources (website, pamphlet, workbook, support groups). She began by asking if there was anything that wasn't included that should be included.

Ms. Godaire asked how many people responded to the questionnaire sent out, regarding the commissioner's recommendations. Representative Ferguson answered about half of the commission. Senator Chandler answered that this is the opportunity to get everyone's answer.

Ms. Adams stated that she did respond, but she wanted to be sure that case management is or isn't the same as continuum of care. She stated the biggest issue is that people with brain injuries have a difficult time being placed from one facility to the next. No two people are the same, so she wanted to be sure that case management is also considering where the consumer goes next and how the consumer is followed.

Representative Ferguson agreed with Ms. Adams and asked where in the report that recommendation would fall. Would it fall under programming or in its own section?

Dr. Kiran stated that she agreed with Beth. It needs to be included in all of these topics and that continuum of care is a theme through all of these topics, including discharge, MRC, training, and insurance. Case management is a huge part of it.

Undersecretary Peters noted that as the commission goes through these suggestions that they come up with specific, discreet recommendations. She stated that the commission should be asking "how do we address this? Specifically, what does it mean to address it?" The commission needs to be thinking from an implementation standpoint.

Dr. Kiran stated that maybe the patient-centric approach is the best way to approach so that it is not disjointed. Undersecretary Peters added it is very conceptual and asked to think about what a recommendation meant on the ground for an agency.

Ms. Adams noted that it is easy to get caught in semantics. This will flow differently for everyone, so the commission has to be sensitive that it is not a cookie cutter, one size fits all approach. It starts with educating, educating in the emergency rooms, anyone and everyone. Training is critical for what the commission is trying to do.

Senator Chandler asked someone to rephrase, so it is clear if the commission is talking about a recommendation or something else.

Ms. Osborne stated that she believes the commission is trying to define continuum of care. It seems that the continuum of care gets carried out by a case manager, who ensures a person moves on to that next step or steps back. One of the things talked about is that the continuum is really not a straight line for many people, it is a zig zag. The commission wants to make sure that

the consumer understands what the options are and accesses those resources. That is the primary function of a case manager. A case manager will also identify what services are not available, so they can identify what services are needed. A case manager can do investigative work, so that the commission is better able to understand the population and what services are needed. If case managers are empowered to collect information they can be a huge asset.

Undersecretary Peters suggested that the commission should distinguish between policy objectives and then within each objective have discreet recommendations to achieve that objective. The commission needs to be mindful of what is a general statement and goal and a concrete recommendation.

Ms. Godaire stated as an example with the continuum of care, the settings could be built out - acute, outpatient, community, agency and then list out recommendations for each of those levels.

Mr. Singletary asked if it would be worthwhile to be explicit; to have a goal in the beginning. A concrete, brief summary of what the vision looks like. Undersecretary Peters noted that a lot of that is done with the outline.

Representative Ferguson stated that the commission should look at it section by section, based on the recommendations received, and have a discussion. She noted that one thing repeatedly heard was consistency in resources available after a head injury. She stated that she recently had a productive conversation with Secretary Ureña and Undersecretary Peters about 211 as another resource for people and asked Undersecretary Peters to expand.

Undersecretary Peters stated that one example she spoke on was an online platform being implemented on the behavioral health side through the Blue Cross Blue Shield Foundation. This platform, called The Network of Care, will provide a one stop shop resource for families and individuals to look at the full suite of services that are available. Resources for specific diagnoses are available by region. It was a lengthy implementation. It was an off the shelf project, made possible through private funding. This is launching in the beginning of March. It will be available for mental health and substance abuse providers. It seems similar to what Representative Ferguson was talking about. It took a couple hundred thousand dollars through partner funding, but in theory this resource could exist somewhere in state government if the appropriate resources were put behind it.

Senator Chandler asked if it would make more sense to have a separate platform specifically for brain injury. Undersecretary Peters answered that she supposed one could build onto the behavioral health platform but she is unsure of what it would take to do that, or there could also be a version of it for brain injury providers.

Ms. Godaire stated that she is concerned with differences in insurance plans. Most insurers include substance abuse and behavioral health treatment in insurance plans, but they do not always provide services for brain injuries. Even if this resource was compiled, the consumer would still be without insurance to provide for it and still be without case managers.

Undersecretary Peters noted that the platform is completely agnostic to insurance. There is nothing in the resource about insurance. It does not have the functionality to indicate if the consumer's insurance covers the provider in the consumer's region.

Assistant Secretary Malone asked Undersecretary Peters if this platform is specifically for consumers to identify resources around behavioral health. She asked if it was an I&R function (information and referral)? Undersecretary Peters confirmed it is for consumers and providers.

Assistant Secretary Malone stated that several years ago the state made a big investment in MassOptions. Elder Affairs runs it now. It is an information referral call center, both website and phone line. One can go into the website and look up, for example, home care services. It will then connect the consumer to various linkages across the Commonwealth. It targets the front doors of the Commonwealth. She believes it is a missed opportunity if the state does not continue to foster this program. It already exists and it is currently going through a facelift so it is more consumer focused. Right now, one of the problems is that there are too many doors for these people to come through. It is an opportunity to look at it as a platform to direct consumers or providers.

Ms. Godaire stated as part of the Elder's grant the Brain Injury Association worked on, with Mass Rehab and Elder Services, training all the options counselors across the state for brain injury. Most, if not all, the options counselors are trained.

Assistant Secretary Malone noted that is a good example. If someone is looking for services or supports and they utilize MassOptions either through the website or by calling the number, they get live support. They will be asked a series of questions, which behind those questions is an algorithm that leads to a result of making the referral. The point is to cut down the number of times people are sifting through extraneous information to get to that support. There are opportunities to make this more robust, to look at it as a resource to connect folks to resources around brain injuries.

Ms. Godaire stated one thing the commission heard at the listening sessions that those who were able to get connected to MassRehab, those who were able to get a case manager, did get good services at MassRehab. They were connected to the Brian Injury Association. She believes between the SHIP program, MassRehab, the Brain Injury Association, it really is a question of getting people to the front door of these programs. A lot of this is messaging, awareness, and communication. People need to know that these resources are out there.

Senator Chandler noted that the commission shouldn't be reinventing the wheel. Ms. Godaire agreed that the structures are there and people may not know. In the last ten years education and awareness has been in nursing homes, so now it is a resurgence of education and outreach needs to go back into acute care and emergency rooms because length of stay has changed. There are systems, resources and community organizations in place, some of it is just messaging that hasn't been done.

Assistant Secretary Malone confirmed and stated that 211 is also another entry point and information referral service, linked to United Way. However, MassOptions was the information referral service created by EHHS.

Senator Chandler noted that the commission is not trying to decide that one is better than another, but give them opportunities and options for what they can use.

Dr. Kiran stated that there are many doors, but how does one know which door to knock on. She asked if there is a way to combine these doors, so that all these doors lead to one door eventually, which is the door the consumer needs.

Assistant Secretary Malone answered that MassOptions was built with that premise. It is still continuing to grow, but it needs support and champions behind it. She stated to Ms. Godaire's point that if a consumer called MassOptions today and spoke to a customer service representative and shared his/her story, based on what is shared it will produce a result of the best agency. Training needs to be enhanced and more resources need to be built into it.

Undersecretary Peters asked a two part question: what content would need to be added or is it just a matter of education? Assistant Secretary Malone answered that the website today draws from existing resources and websites. Everything that is on mass.gov it pulls. It is not a content based system, it is a system of linkages. Undersecretary Peters responded that if there is additional work that needs to be done and enhanced functionality of that site, the next step is to see what the scope and cost would look like. Assistant Secretary Malone agreed and noted that additional training based on brain injuries for options counselors, if needed, could be included in any of the yearly trainings they receive.

Ms. Adams stated that her feedback is when one is in the post-acute facility and the niche is brain injury, the family is being inundated constantly. They know what they are being told to look for, but when they talk to a customer service representative they are not getting equal information and understanding. In fairness to the rep, the rep is doing the best that they can. If the commission were to do something like that there would have to be an incredible amount of education. When one is in a post-acute facility the stream line is always "go to Brain Injury Association" because there is an I&R specific person there, or one is told to go to SHIP or MassRehab. As a Commonwealth, they're all out there, but how do we streamline in the best way possible.

Representative Ferguson stated that after listening to the discussions, she wonders if the commission should recommend, with a specific date, that a task force will report back with an in-depth discovery as to how to make this happen. Representative Ferguson stated there is not enough time to figure out how to implement this.

Senator Chandler added that the recommendation would note that these opportunities exist and the task force would come back with a solution to this problem.

Commissioner Wolf stated that she would recommend an advisory board that is ongoing. She added that there have been multiple conversations regarding information and navigation, in terms

of streamlining the application process. Whether there is a taskforce now to get clarity or if there is an advisory board it is important.

Senator Chandler agreed and asked to move on to the training topic, as time is moving quickly. Before moving on, Representative Ferguson stated that she and Secretary Ureña had a discussion on 211, and that was his idea. Secretary Ureña agreed and stated it is important to give these multiple doors tools to be successful. These systems exist so we have to make sure they are all talking to each other. Representative Ferguson agreed and asked Undersecretary Peters what agency would be responsible for a pamphlet, which would be distributed in emergency rooms at discharge. Undersecretary Peters spoke on whether there was precedent for DPH to be responsible for disseminating information in a particular setting. Mr. Singletary was asked to speak on the clearinghouse.

Mr. Singletary answered that a clearinghouse exists that providers are able to download materials off of for free. This was the best way because DPH is able to track who has downloaded those materials. When they sent materials directly to hospitals, they discovered it was not the most efficient way.

Senator Chandler questioned if DPH is the agency that develops the materials which are downloaded. Ms. Godaire answered that, going out on a limb, she thinks that content should be developed through the MassRehab Commission and the Brain Injury Association, but it should go through the DPH clearinghouse. She stated that MRC has a background with doing content development with BIAMA for the last 35 years.

Senator Chandler asked if that was in their budget to be able to do that. Commissioner Wolf stated she is also wondering where the money would come from. Undersecretary Peters stated that it is not going to be Commissioner Wolf designing it herself and that she assumes it would have to be outsourced. Whichever agency is charged with developing would need the funding to outsource to a vendor to come up with and design a pamphlet. Mr. Singletary stated that it is free for agencies to download and request from the clearinghouse, but there is a cost for the agency to distribute.

Ms. Alsentzer stated that MassHealth has developed content and have worked in house on the designs, so that may be a more budget friendly option. Undersecretary Peters stated that she believes it would be pretty small dollars. Ms. Alsentzer answered that the design work would be pretty quick. It sounds like hospitals would be downloading the PDF and be responsible for printing them out.

Senator Chandler questioned who takes responsibility.

Ms. Godaire answered that the Brain Injury Association would be on deck to do all the content, but that she believes the correct home for it would be MassRehab. She stated that for the last 35 years it has provided information on acute care and rehab hospitals to the community, while DPH has been responsible for licensing.

Senator Chandler asked if this discussion was only on pamphlets, or if it included the website and all other materials. Ms. Godaire answered all content development. Representative Ferguson

clarified that BIA and MRC would develop it, but it would be downloaded through the clearinghouse. Mr. Singletary said that the hospital can download the file or request a hard copy.

Senator Chandler suggested the conversation continue onto the next topic. Representative Ferguson read the suggestion of local, volunteer run support groups, potentially in coordination with the VA. Senator Chandler stated that the veterans who lived in rural areas who had a high risk of isolation is perhaps what spurred this suggestion. Representative Ferguson asked Representative Cassidy if this was his idea. He confirmed it was and stated he is also concerned about the high number of homeless veterans in Brockton, which could potentially be a result of unaddressed brain injuries. He would like to see more outreach at the street level.

Secretary Ureña responded that there is room to work on this, especially with training. He noted that the Department of Veteran's Services has a network of trained Veteran's Service Officers in every community. There is a mandated four day training once a year. The Secretary expressed great interest in including aging with traumatic brain injuries as a topic in this training. There would be great value, including training on outreach. Senator Chandler asked Secretary Uren if the VA would be the initiator. Secretary Ureña responded that it would be the Department of Veteran's Services, in conjunction with municipal Veteran's Service Officers.

Ms. Godaire noted that Ms. Robillard is a support group leader, who runs two groups. She asked if she would like to speak on her groups. Ms. Robillard stated that one thing she hears over and over again, is the lack of education, whether in the emergency room or at the doctor's office. She would like to reiterate from a survivors perspective, as she has two brain injuries. The only information she received from the hospital was to go home and rest. The second brain injury was sustained during a car accident, which included multiple other physical injuries, so the brain injury was put on the back burner. She pointed out that no one told her about the Brain Injury Association and she just happened upon them. That was where she started to get information.

Senator Chandler asked in terms of discharge, we have suggested pamphlets and a website, but is it possible that there should be a 1-800 number that someone can call to get more information. Ms. Godaire responded that the Brain Injury Association has a helpline that the state pays for, but most of it is marketing awareness. Undersecretary Peters noted that it seems these resources just need to be consolidated.

Ms. Adams stated that the Brain Injury Association resource is not in the emergency department. When people are leaving they will tell them to take two Tylenol and call your primary. If you are in the niche, because it is a catastrophic injury then they do know about it. However, there are many places people go that don't have this information available. If there is, at the very least, a pamphlet constant and presented to case managers at every level, it would make a difference. Senator Chandler agreed and stated that fit in to the training piece as well.

Commissioner Wolf noted that there has to be some sort of communications strategy. Senator Chandler questioned where the training and education piece would be included, as it goes through the whole thing. Undersecretary Peters answered that she sees different education and training, depending on the target audiences. For example, for actual medical providers it could be a lack of recognition, to even think that someone has sustained a brain injury. She stated that it



will be one of the most challenging obstacles to address, because then it is delving into the practice of medicine. There is training and education for providers, for school nurses, for coaches and athletic directors, all of which employ different strategies.

Ms. Godaire clarified that it should be based on settings. Dr. Kiran asked if it would make sense for the content to be consistent across the settings. She thinks it is slightly different for a teacher and the Council on Aging, but at the same time there are a lot of similarities. There should be consistency. Ms. Godaire answered that Mass Medical is a good option. A few years ago DPH, MassMedical, and BIA created a requirement for physicians to get trained on Return to Learn.

Representative Ferguson followed up by asking for clarification on data collected in the school setting. There is only data being collected from schools who participate in MIAA sports, when the concussion happens during the sport. Teachers will know that a student has a concussion only if it happens during these sports, but it needs to be broadened. She asked if a partnership with the Department of Elementary and Secondary Education to develop a webinar for teachers on concussions, not just MIAA sports related. Ms. Godaire answered that the mandate would have to be updated.

Ms. Adams stated that 15 years ago she did a webinar called the ABCs of concussions through the CDC. Schools were mandating that their nursing staff participate, because it included both concussions with sports and concussions from accidents, falls, etc. There were clipboards and pamphlets. It was incredible, but then it just stopped. She stated she is not sure if it was a funding issue. It was all inclusive for the Monday morning receiver of the child.

Commissioner Wolf asked Mr. Johnson about educating families. She is thinking of social media and beyond with public service announcements. It is not just about educating the person with the brain injury, but educating families in general. Mr. Johnson agreed that educating is the most important thing. He told an anecdotal story about how far knowledge on brain injuries has come, even in the last 15 years. He noted that parents and trainers need to be more aware of the signs of concussions. A lot of times, it's not only acute symptoms, but also behavioral symptoms. It is difficult because it is an invisible illness.

Commissioner Wolf reiterated the need for marketing and communication, suggesting a broad campaign, perhaps similar to the ice bucket challenge. Mr. Johnson stated that he believes social media is the best way to reach the kids, especially Instagram. Ms. Godaire stated that the injury prevention team at DPH has put in significant funding and has the Sports Concussion Advisory Board and other boards to develop the Return to Learn and various initiatives in the state. There was discussion on the regulations regarding reporting on MIAA concussions.

Ms. Robillard responded with an anecdote of her grandson suffering a concussion during Pop Warner football. He went to the doctor, who gave guidelines on how long he had to be out of school and sports. There was an open discussion between the doctor and the school nurse. She was impressed by how tight it was, but one day he had an emotional breakdown and no one knew what was wrong. She told them he had a concussion and pointed out signs and symptoms, including behavioral changes, to look for. His parents were unaware of these. Ms. Godaire added that luckily he had a good doctor, otherwise there may not have been protocol in place.

Senator Chandler stated that the ad campaign being discussed needs a face. Dr. Kiran added that the key thing is that there is a face and there is a story. The story is particularly important because it is a hidden injury, which affects everything someone is doing. It has to be social media to everyone, including parents and providers. Mr. Johnson said he believes that social media is the best way to spread awareness. Representative Ferguson spoke about the Brain Injury Awareness day at the State House, which gives exposure in the building. She suggested a billboard on the highway. Senator Chandler noted that a PR company may be needed, especially one that operates on a pro bono basis, to put a campaign together.

Ms. Alsentzer stated that the CDC has well designed materials that are web based, social media based, print based, that could be leveraged if there is a strategy to harness it. The materials are, for the most part, already there. She believes that most of them are customizable. There are different materials targeted at different audiences.

Ms. Osborne noted that this is a huge initiative for either the task force or assigned to a specific agency to handle. There needs to be a plan for getting these materials to the hospitals. There are different prongs to the communication strategies. The initiative will require both resources and organization.

Assistant Secretary Malone added that is a huge point. These things can be done and have been done when funding is available. The difficulty is having the resources to do it. The cost will have to be assessed. Everything that is discussed needs to be connected to one campaign.

Ms. Adams clarified on her earlier comments about the webinar in which she participated. It is called Heads Up for Brain Injury Awareness CDC. She added to the discussion on billboards, that several years ago there was a collaboration with Happy Kids; “helmets applied properly prevent injury”. The campaign included professional athletes and the billboard had a phone number on it.

Undersecretary Peters agreed that it is a good point and referred back to Commissioner Wolf’s statement on leveraging existing connections and relationships. Have to ask what will get the attention of Pop Warner football teams? It is not a brochure. Mr. Johnson responded athletes will. It will take resources in terms of coordinating a campaign, but we should also take advantage of existing connections.

Senator Chandler stated that there are two different things being discussed. One is an individual who has a concussion and making sure that they have proper information and two, realizing that nothing can be done if people don’t understand the silent pervasive nature of this. It is a major issue in terms of sports, accidents, and every part of their lives. She suggested that a major recommendation should be finding a PR company to take this on. Undersecretary Peters asked if the DPH uses an outside PR firm. Mr. Singletary answered that he was unsure if they have in the past, but the last two campaigns have been contracted out. Representative Cassidy suggested that the Commissioner speak on this when she testifies in front of the Ways and Means Committee.

Dr. Kiran clarified that a recommendation will be to create a task force or an advisory board. Ms. Osborne replied that there has to be ongoing work. Representative Ferguson asked Undersecretary Peters and Mr. Singletary if it would be possible to get more concrete information on costs of DPH's prior advertising campaigns, so that the commission has a better idea of funding requirements.

Representative Ferguson asks Representative Cassidy to speak on his suggestion of casework career pathways for high school students. He responded that perhaps there can be a certification of some sort and a pathway for high school students so that there are well trained workers going into this field.

Ms. Osborne warned that with a massive communication campaign there are going to be cases and situations not seen before. There needs to be preparation and resources to address this. Information needs to be continually tracked.

Representative Ferguson touched on the legislative topic, including forming a permanent advisory board. Senator Chandler asked if the advisory board would be in addition to the interagency task force. Undersecretary Peters stated that she did not believe it was necessary to have both, as many agencies would sit on the advisory board. Senator Chandler noted that the advisory board should not be comprised solely of agencies, to which Undersecretary Peters agreed. Representative Ferguson continued with budgetary needs and expressed the legislator's desire to receive a portion of fines from the hands free bill.

At 3:18 Representative Ferguson suggested that the conversation stop so that there is time to discuss the report date. A report date of February 22 had been approved in a prior meeting, but that is now an unrealistic deadline. She suggested a report date of March 27, as legislatively the report is due by April 1. Ms. Alsentzer made a motion to move the report date to March 27, Representative Cassidy seconded the motion.

The Cape Cod listening session was discussed again. There was concern that there won't be enough time to go down the Cape, as the originally scheduled date had to be cancelled due to inclement weather. Dr. Kiran asked if what was heard would truly affect the underlying themes that have already been heard. The commission decided to poll the members on potential dates. Representative Ferguson circled back to the motion to move the report date to March 27. The motion was approved unanimously. The meeting was adjourned at 3:24 pm.