**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of June 14, 2017**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: Wednesday, June 14, 2017 - 9:00 AM**

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH
	3. Record of the Public Health Council May 10, 2017 Meeting **(Vote)**
2. **DETERMINATION OF NEED**
	1. UMass Memorial Medical Center, Inc. application for substantial capital expenditure to its campus in Worcester. The renovation will affect four floors and address longer ED wait times by creating more medical-surgical beds and creating a new nine-bed stepdown unit. The plan also will renovate the observation unit, bone marrow transplant unit, decrease the psychiatric bed capacity, and bring the medical-surgical unit into ADA compliance. **(Vote)**
3. **PRELIMINARY REGULATIONS**
	1. Informational briefing on proposed amendments to 105 CMR 410.000, *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)*
	2. Informational briefing on proposed amendments to 105 CMR 435.000, *Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V)*
	3. Informational briefing on proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs*
4. **FINAL REGULATIONS**
5. Request for final promulgation of proposed amendments to 105 CMR 660.000,*Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Ratings* **(Vote)**
6. **INFORMATIONAL PRESENTATIONS**
7. Informational presentation on Tick-borne Disease Surveillance in Massachusetts

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

**Public Health Council**

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, June 14, 2017

**Beginning Time:** 9:10AM **Ending Time:** 12:02PM

| **Board Member** |  **Attended** | **Record of the Public Health Council May 10, 2017 Meeting (Vote)** | **DETERMINATION OF NEED****a.UMass Memorial Medical Center, Inc. application for substantial capital expenditure to its campus in Worcester.**  | **Request for final promulgation of proposed amendments to 105 CMR 660.000, Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Ratings (Vote)** |
| --- | --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes  | Yes | Yes |
| Harold Cox | Absent | Absent | Absent | Absent  |
| John Cunningham | Yes | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent | Absent |
| Meg Doherty | Absent  | Absent | Absent | Absent |
| Michael Kneeland | Yes | Yes | Recuse | Yes |
| Paul Lanzikos | Yes | Yes | Yes | Absent |
| Lucilia Prates-Ramos | Yes | Abstain | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes | Yes | Yes |
| Alan Woodward | Yes | Abstain  | Yes | Yes |
| **Summary** | **10 Members Present, 3 Members Absent** | **8 Members Approved, 3 members Absent, 2 Members Abstain** | **9 Members Approved, 3 members Absent, 1 member recuse** | **9 Members Approved, 4 members Absent** |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, June 14, 2017 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; John Cunningham, PhD; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos; Secretary Francisco Ureña and Alan Woodward, MD.

Absent member(s) were: Harold Cox; Michele David, MD; and Meg Doherty

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:10 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

**Updates from Commissioner Monica Bharel, M.D., MPH**

The Commissioner began by giving an update on the 2017 Boston Marathon. She informed the Council that OPEM indicated there were over 30,000 entrants in the 2017 marathon and around 500,000 spectators were expected. OPEM was able to maintain staffing at each of the 26 medical tents along the race route, in order to provide situational awareness of acute medical needs and provide reports on patients treated in a medical tent or transported to a hospital. Overall:

* 75 individuals were transported to hospitals from the medical tents and along the route
* 821 runners received medical care in medical tents 1-26
* 1639 runners received medical care in the finish line tents

On Marathon Monday, the Department provided situational awareness updates for hospitals along the route, ensuring real-time communication with key health care providers. 60 DPH staff supported the Department’s role at the Marathon. These staff participated in pre-marathon planning and also took part in debriefs to gather feedback, discuss best practices, and share lessons learned.

The Commissioner also noted that the was recently participated in the Department’s first meeting of the 13 Largest Cities Project, a public health forum that was organized by the Office of Local and Regional Health.

The Project is aligned with the CDC 500 Cities Project and focuses on the same cities included in the CDC project. The CDC project provides city and census tract level data that enables large cities throughout the country to plan and implement policies and programs to improve health outcomes. The 13 Largest Cities Project included interviews with public health leadership of the cities with an emphasis on data uses, needs and challenges and health inequities.

The public health forum included a 4-person panel that presented on Chapter 55 opioid data initiative and other DPH data initiatives, the use of small area estimates, and the National Association of County and City Health Officials’ Big Cities Health Coalition.

Strong partnerships among local health departments, academic institutions, hospitals, and other health care providers were identified and highlighted as critical to effective community health improvement planning given limited resources.

The work to date has laid the foundation for targeted technical assistance for the cities that may include collaboration and sharing best practices among the cities; support for accreditation readiness activities; and opportunities for engagement among public health leadership, academic institutions, and hospital community benefits managers for various public health initiatives, community health needs assessment, and community health improvement planning.

The Commissioner then proceeded to give a brief update on the quarterly opioid data release.

Following the quarterly opioid data release update, the Commissioner announced that the Department is providing, through BSAS, $100,000 in naloxone to 10 community health centers. The release of these naloxone grants is helping kick off our statewide campaign to raise public awareness about the important role of the overdose reversal drug in saving lives.

The 10 health centers are Boston Healthcare for the Homeless; Brockton Health Center; Caring Health Center in Springfield; Codman Square Health Center; Community Health Center of Cape Cod; Dorchester House; East Boston Neighborhood Health Center; Lowell Community Health Center; Mattapan Health Center; and the South End Health Center.

They were selected because they are involved in the GE Foundation’s SUSTAIN (Substance Use Support & Technical Assistance in Communities) initiative. Each health center will receive doses of naloxone to make available to their patients through their pharmacies or through the patients’ primary care providers.

The new naloxone funding coincides with the debut of our new statewide public information campaign targeting people who use opioids, as well as their families and friends. The campaign, which is Part 2 of the Make the Right call campaign, encourages people to carry and use naloxone at the first signs of an overdose and to call 911 for help.

The campaign will run through the end of July on billboards, trash kiosks, bus shelters, and in convenience stores and public bathrooms across Massachusetts, as well on digital and social media platforms.

The Commissioner then asked the Council if they had any questions regarding the updates.

Regarding fatal and non fatal overdoses Mr. Brindisi asked how much of that is related to better surveillance.

Commissioner Bharel stated that it is unknown. She stated the death data has been robust but there has been enhanced capacity.

Mr. Lanzikos asked what the Department’s thoughts are on Cambridge’s efforts to locate naloxone in publically accessible areas.

Commissioner Bharel replied that the main issue there is the regulatory piece about having medical oversight; she believes they are currently working out those details.

Dr. Bernstein asked if it was possible to get non-fatal overdoses as a part of the data.

The Commissioner informed him that it is part of the Chapter 55 opioid work. She stated that they hope to have more robust information after this is complete.

Dr. Bernstein noted the disparities amongst ethnic groups.

Dr. Kneeland asked if the number of naloxone use captured by first responders has also increased.

Commissioner Bharel informed him that it has and that information is in the Chapter 55 report. She noted that EMS use and bystander use of naloxone has increased.

With no further questions or comments the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council May 10, 2017 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the May 10, 2017 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Dr. Kneeland made the motion and Dr. Bernstein seconded it. All present members approved except Dr. Woodward and Ms. Prates Ramos who abstained as they were not present at the May 10th meeting.

**2. DETERMINATION OF NEED**

**a. UMass Memorial Medical Center, Inc. application for substantial capital expenditure to its campus in Worcester. The renovation will affect four floors and address longer ED wait times by creating more medical-surgical beds and creating a new nine-bed stepdown unit. The plan also will renovate the observation unit, bone marrow transplant unit, decrease the psychiatric bed capacity, and bring the medical-surgical unit into ADA compliance. (Vote)**

The Commissioner then invited Nora Mann, Director of the Determination of Need Program, and Rebecca Rodman, Deputy General Counsel, to the table to present the staff recommendation for UMass Memorial Medical Center’s determination of need application for Project Number 2-3C60 requesting approval for a substantial capital expenditure at the Medical Center’s University Campus.

Prior to the presentation, Commissioner Bharel asked Dr. Kneeland to leave the room as he recused himself from participating on this application.

Ms. Blondet arrives at 9:30am.

Dr. Kneeland leaves room at 9:31am.

Following Ms. Mann’s presentation the Council was asked if they had any questions or comments.

The following representatives also joined Ms. Mann and Ms. Rodman to answer questions from the Council: Patrick L. Muldoon, FACHE, President of UMass Memorial Medical Center; Eric W. Dickson, MD, MHCM, FACEP, President and CEO of UMass Memorial Health Care Inc.; and Greg Volturo, MD, Chair of Emergency Medicine at UMass Memorial Hospital.

Dr. Woodward asked what the turnaround time for admitted medical/surgical patients versus admitted or transferred psych patients.

Dr. Volturo replied that he does not know specifically in ED however, he noted that the statewide study asserts psych patients take an overall 17 hours as opposed to medical/surgical patients that take significantly less. In the University data, medical/surgical patients’ average admitting time is approximately 10-11 hours which is more than state average.

Dr. Woodward noted that if they look at overall average it appears behavioral health is their main boarding issue. He also noted that their occupancy rate for psych patients in patient beds was 93% which higher than medical/surgical.

Dr. Volturo replied that medical/surgical generally runs closer to 100%, in the mid-90s, on the University Campus.

Dr. Woodward noted that there was a comment stating that all of their efficiencies that could be achieved through operations have been achieved. He then asked if they could frontline workers/providers/call code help.

Dr. Volturo replied that he has been a strong advocate for code help and noted that they are on code help virtually every day. He also noted that within 2 hours they are usually in their disaster plan and sometimes remain in that disaster mode for days due to the inability to decompress.

Dr. Woodward asserted that there is not adequate surge capacity through their disaster plan to offload all admitted patients, as is specified by the code health policy, in a timely manner.

Dr. Volturo replied that is correct.

Dr. Woodward then asked if when they are saturated in the ED, do they offload patients so that boarded patients are moved to other floors where they can then potentially get into an inpatient bed in half the time.

Dr. Volturo replied that the boarding policy in place, they can move patients to the floor as soon as they know there is a bed available for that floor. This has been used on a limited basis. To improve efficiency they have built 23 new beds attached to the ED, on a floor below as part of an observation unit. They have also added 9 beds to the ED. In the observation unit they skim out all observation patients in the hospital to cut their stay in half which therefore allows for more space in the upstairs ED.

Dr. Woodward asked if there were any additional operational efficiencies that could be implemented to improve outflow.

Dr. Volturo informed him that they have a very engaged senior management to determine better flow practices for the ED. They are looking at early discharge and a number of individual processes that can help flow.

Dr. Dickson also added that amongst academic medical centers they have the lowest average length of stay.

Mr. Muldoon discussed the overflow as well and mentioned the threat to patients in their region. They had hoped to wait until 2019 when their new facility would be available but their patients simply cannot wait that long and thus believe it is the best for the community to move forward.

Dr. Woodward replied that it probably is the best of the alternatives but would like to assured that there is not an increase in their turnaround time.

Dr. Volturo replied that on Memorial campus they have been able to reduce boarding time by 20% but the flow into the university campus has largely increased. He noted that this year they have flown more patients from the university ED to Boston than other hospital in central Massachusetts.

Dr. Dickson also added that approximately 500 patients per year get admitted into their medical surgical units if they have an acute medical surgical and mental health diagnosis. He further explained that a psychiatrist sees these patients however they also sit on the medical surgical floor.

Ms. Blondet stated that she is concerned about the capacity to provide linguistic services along with culturally, ethnically, and racially appropriate psychiatric services.

Ms. Mann replied that we do not have that information for sites that are not licensed by the Department. We do not have that information or authority to enforce.

Mr. Muldoon replied that Harrington Hospital does an excellent job as an affiliate hospital. The new facility that they will open will be staffed by their own doctors and will assure that they bring the same standard of care for interpretational services to the new facility.

Ms. Blondet asked if they have any plans to bring state dispatch to the new facility.

Mr. Muldoon replied that the new facility will have 120 acute psychiatric beds that will replace the need.

Ms. Blondet asked for clarification as to whether this was a temporary situation.

Mr. Muldoon confirmed that it is a temporary situation for them in terms of UMass Memorial’s inpatient psychiatric capacity.

Dr. Dickson also added that with the reduction of the 13 beds with the average length of stay they are looking at placing 1.2 patients per day either in the facility or in their partner facilities.

Dr. Bernstein stated that he is concerned that there will be some pushback into the ED and believes this should be accounted for in the data that is collected in order to determine impact. He also requested to see data to determine if there are disparities in how patients enter the psychiatric world due to ethnicity, race, or insurance coverage.

Mr. Muldoon replied that that is an excellent point. He did note that since they don’t get new beds for a year there is potential for a negative impact on psychiatric boarding without any improvement from the new beds (on medical/surgical boarding). Due to new beds coming online in central Massachusetts they believe that any potential downside to closing those beds will be mitigated. As part of a condition of approval, Mr. Muldoon informed the Council that they can report back quarterly on that.

Dr. Bernstein asked for a report on the impact on emergency department boarding as well as the ethnic and racial disparities.

Ms. Rodman clarified with Dr. Bernstein that he is requesting that the report be expanded to Emergency Department boarding patients whether they are medical/surgical patients or psychiatric patients.

Dr. Bernstein reported that that is correct.

Ms. Rodman confirmed that the DoN would be approved with the condition as amended here that the applicant reports to the DoN program quarterly on the total number of adult psychiatric patients and medical surgical patients who are boarded for 12 or more hours at UMass Memorial Medical Care. They are also to report their insurance, race, and ethnicity. All other conditions will stay the same as proposed by staff.

Dr. Bernstein clarified that it is not only in respect to those boarded but also to those who are admitted into other facilities.

Mr. Muldoon replied that that is out of their control and patients with better insurance tend to get accepted quicker. Their department tends to have patients with the lower insurance. He did note that he would be interested in seeing the data himself.

Ms. Blondet said that she is concerned about people who are leaving the hospital to go to the other facilities. She would like a profile on their race, ethnicity and primary language.

Ms. Cooke asked Ms. Rodman if she would like time to update the condition.

Ms. Rodman replied that she would. She also asked for clarification from Ms. Blondet asking for the following information on all patients being reported: race, ethnicity, and primary language.

Ms. Blondet replied that is correct.

The Council took a brief break from 10:30am to 10:52am so that the DoN team could update the condition.

Upon their return Ms. Rodman read the updated condition.

Dr. Bernstein made a motion to accept the amended condition to the DoN. Dr. Cunningham seconded the motion. All present members approved.

The applicant also noted that they accept the amendment as submitted.

Commissioner Bharel stated that they will then continue to discussion of the DoN.

Dr. Cunningham asked about the pilot transport system. He suggested that it might be more economical to have a transportation service take patients from their home to other sites rather than shuttling from their campus to other locations.

Mr. Muldoon thanked Dr. Cunningham for the suggestion and said that it is something that they will review.

Secretary Ureña asked if they could clarify if it is two shuttles per day or multiple rides per day.

Dr. Dickson informed him that it is currently a shuttle that would do 2 full cycles from the university campus in Worcester to their affiliated hospitals.

Mr. Brindisi asked if there was a better way to distribute the DoN dollars throughout central Massachusetts and whether the $1.5 million towards enhancing public health interventions around mental health.

Dr. Dickson replied that they would be supportive of that.

Dr. Woodward commended them for their efforts and stated that he hopes they can focus on operational efficiencies.

Ms. Blondet asked how many people are actually using the shuttle to go to other facilities.

Mr. Muldoon replied that is the reason they requested 6 months to review it. He noted that there may be other alternatives that are both economical and better for the families than running the shuttle. He informed the Council that they can include this information in the quarterly report.

With no further questions the Commissioner asked if there is a motion to accept the staff recommendation, with the changes to conditions as amended, for approval of UMass Memorial Medical Center’s determination of need application for Project Number 2-3C60 requesting approval for a substantial capital expenditure at the Medical Center’s University Campus.

Dr. Woodward made the motion, Dr. Bernstein seconded it. All present members approved.

**3. PRELIMINARY REGULATIONS**

**a. Informational briefing on proposed amendments to 105 CMR 410.000, *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)***

Dr. Kneeland returns at 11:03am

The Commissioner then invited Steve Hughes, Director of the Community Sanitation Program for the Bureau of Environmental Health; Paul Halfmann, Assistant Director of the Community Sanitation Program; and Jim Ballin, Deputy General Counsel for the Department, to the table to provide an overview of proposed amendments to 105 CMR 410.000, Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II).

Dr. Cunningham left the room at 11:03am returns at 11:06am

Mr. Brindisi noted that in large complexes once they change over from the heating system they cannot change back. He if there was some type of variance process in regards to maintaining heat in the heating season once they change over.

Mr. Halfmann replied that it is a difficult situation in terms of the weather. However, by making the changes and not getting into the variance process they believe it will allow local boards of health and owners to respond quicker. With the Department’s proposal it would allow the local boards of health to look forward and note that warmer weather is coming, from there they could end the heating season which would allow the property owner to have more time to change their system over.

Mr. Brindisi asked if there would be a requirement for the property owner to have to switch their systems back.

Mr. Halfmann replied that this is where the local boards of health would have to be vigilant to the 10 or 15-day weather forecasts to determine whether a switch is necessary. In Massachusetts the housing code is enforced by local boards of health, the Department is proposing to give them a bit more discretion in terms of their decision making.

Mr. Brindisi then asked if regular windows could be used as ventilation since skylights are no longer deemed appropriate for ventilation.

Mr. Halfmann replied that is correct.

Mr. Brindisi asked if there would be a notice to occupants that an IPM has been implemented.

Mr. Halfmann replied that they anticipate that they would have to issue notice and/or guidance on that.

With no further questions or comments the Commissioner proceeded with the docket.

**3. PRELIMINARY REGULATIONS**

**b. Informational briefing on proposed amendments to 105 CMR 435.000, *Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V)***

The Commissioner then asked for Mr. Hughes and Mr. Ballin to remain at the table to present proposed amendments to 105 CMR 435.000, Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V).

Mr. Lanzikos leaves at 11:25am and did not return.

Dr. Woodward asked why aren’t state pools subject to licensure or enforcement and do they follow the same requirements even though they aren’t obligated to be licensed.

Mr. Hughes replied that DPH has a cooperative memorandum of agreement with state owned and operated pools in which we do annual inspections. We do not have authority to permitting them but we do have a cooperative agreement for them to abide by the minimum requirements. We issue reports to them and also have meetings with them relative to our findings and their compliance.

Dr. Woodward asked if they are in compliance with past standards and current standards.

Mr. Hughes replied they are as compliant as other pools. They cooperate agreement allows the Department to meet with them to address any issues they may have before and after the season.

Dr. Bernstein if there is criteria for CPR training.

Mr. Hughes replied that that criteria within the minimum standards refers to lifeguards.

Dr. Bernstein asked if there were many deaths at pools and if we have data on that.

Mr. Hughes replied that in reference to pool deaths one is too many. He further stated that no one reports that to the Department but they do respond to everyone and offer assistance to the local health stakeholders. The proposal for reporting requirement would allow the Department to be able to answer that question more proactively in the future.

**3. PRELIMINARY REGULATIONS**

**c. Informational briefing on proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs***

With no further questions, the Commissioner then asked Lauren Nelson, Director of Policy and Quality Improvement for the Bureau of Health Care Safety and Quality; Sherman Lohnes, Director of the Division of Health Care Facility Licensure and Certification within the Bureau of Health Care Safety and Quality; and Rebecca Rodman, Deputy General Counsel, to review proposed amendments to 105 CMR 158.000, Licensure of Adult Day Health Programs.

Following the presentation, the Council was asked if they had and questions or comments. Seeing none, the Commissioner proceeded with the docket.

**4. FINAL REGULATIONS**

**a. Request for final promulgation of proposed amendments to 105 CMR 660.000, *Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Ratings* (Vote)**

Commissioner Bharel invited Patti Henley, Director of the Office of Community Health and Tobacco Use Prevention and Kay Doyle, Deputy General Counsel for the Department, to the table to present proposed amendments to 105 CMR 660.000: Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Yield Ratings.

Following the presentation, the Council was asked if they had any questions or comments.

Dr. Woodward asked if we could mandate that vaping oils being sold report the nicotine output or effect.

Ms. Doyle replied that as it is currently written the Council cannot. There would need to be statutory revision.

Dr. Woodward asked if there was a definition of smokeless products that excludes vaping oil.

Ms. Doyle replied that smokeless tobacco is defined as any cut, ground, powdered or leaf tobacco that contains or delivers nicotine and is intended to be placed into the oral cavity without burning.

Commissioner Bharel clarified that as the statute is currently written it could not be included.

Ms. Doyle replied that is correct.

Dr. Woodward asked if there was any way that they could affect that change without going back to legislative efforts.

Ms. Doyle replied that they could look into whether or not that is possible.

Dr. Woodward stated that he would request that they do so.

With no further questions or comments, the Commissioner asked for a motion to accept the amendments to 105 CMR 660.000.

Secretary Urena made the motion, Dr. Kneeland seconded it. All present members approved.

**5. INFORMATIONAL PRESENTATIONS**

**a. Informational presentation on Tick-borne Disease Surveillance in Massachusetts**

Due to timing Dr. Katie Brown, Deputy State Epidemiologist and State Public Health Veterinarian, gave a brief update on tick-borne disease surveillance in Massachusetts.

Commissioner Bharel asked the Council to save their questions for Dr. Brown until later, due to the timing of the presentation.

The Commissioner reminded the Council that the next meeting in Wednesday, July 12, 2017 at 9AM. She then asked for a motion to adjourn. Dr. Bernstein made the motion, Secretary Urena seconded it. All present members approved.

The meeting adjourned at 12:02PM.