

Presentation: [Report from Acting Administrative Officer](#)

Ms. Powers also discussed a policy consideration process and a near-term stakeholder process to establish a uniform process for Board policy decisions and stakeholder input.

Presentation: [Public Comment Form](#)

Discussion: Ms. Belshé commented on the stakeholder participation process, noting that when the Board was established it was created as an independent state agency governed by the Bagley-Keene Open Meeting Act to reflect that Exchange work needed to be as transparent as possible.

Public Comment: Beth Capell, Lobbyist and Policy Advocate, Health Access California, appreciated that stakeholders were the first item on the agenda. Ms. Capell said that she respected the limits imposed with a new agency and looked forward to working with the Exchange, reaching out to offer important comment when appropriate.

Kathleen Hamilton, Director of Sacramento Governmental Affairs, Children's Partnership and also representing the 100% Campaign, began her remarks by explaining that coverage for children and ensuring they're covered throughout the Exchange process are the focus of the 100% Campaign coalition. Ms. Hamilton welcomed Ms. Powers and thanked the Board for stakeholder engagement. Ms. Hamilton also appreciated the idea for work groups, noting that the deep level of experience shared by various health and consumer advocates was most valuable when introduced at the front end of the policy consideration process and continued throughout staff recommendation processes. Ms. Hamilton hoped that work groups would be a commitment from the Board and hoped to engage on eligibility and enrollment systems, IT structure, grants, policy and program integration, and Navigators and CAAs.

Betsy Imholz, Consumers Union, noted an awareness of the pressures of time and scarce resources for the Exchange. She also noted the importance of advisory groups and hoped that the Board would include a broad array of stakeholders on those.

Ellen Wu, Executive Director, California Pan-Ethnic Health Network, noted that according to a UCLA report, 66% of Exchange participants who receive subsidies will be people of color. Observing that the Board does not include and people of color, Ms. Wu said it would be critical for people of color to be included in work groups.

Chairwoman Dooley acknowledged that the Board is committed to the stakeholder process.

Agenda Item IV: Search/Recruitment Subcommittee Status Report

Chairwoman Dooley presented the status report from the Search/Recruitment Subcommittee, including the duty statements for the Executive Director (ED) and General Counsel. She also

recommended directing staff to contract with a recruiting contractor and come back to the Board for decisions. Chairwoman Dooley asked the Board to approve the ED and General Counsel duty statements and authorize contracting with a recruitment entity.

Presentation: [Search/Recruitment Status Report](#)

Presentation: [Duty Statement – Executive Director](#)

Presentation: [Duty Statement – General Counsel](#)

Discussion: Ms. Kennedy asked about the salaries in the proposed budget and where they were from. Chairwoman Dooley responded that the salaries were based on a prior salary review performed before the Exchange was constituted. Ms. Kennedy stated that the salaries were too low and that she did not want the estimated salaries to influence the final salary. Joe Munso, retired annuitant at the California Health and Human Services Agency (CHHSA), stated that the salaries were just estimates and that they were only for part of the calendar year.

Chairwoman Dooley noted that people should recognize that public servants often make less than their private service counterparts and that it is rare to set a salary until after looking at the candidate pool.

Ms. Kennedy asked if the candidate pool wasn't limited only to state service and Chairwoman Dooley responded that it was not. Ms. Kennedy noted that she did not want to limit the number and quality of candidates because the salaries were too low.

Mr. Fearer stated that the Board was not doing that and would need someone willing and capable. He said there is a balance on the salary but that the Board may attract strong candidates are more reasonable salaries; regardless, the Board won't know until later in the recruitment process.

Ms. Belshé said that legislative direction is helpful in the regards because of the required salary survey. She also said that it is important to align the potential salary with the skills that come forth in the recruitment effort, acknowledging that many people step up to public service. However, Ms. Belshé stated, the Board knows that it wants someone with the experience necessary to lead a competitive purchasing exchange in the current marketplace. Ms. Belshé said she is looking to the Search/Recruitment Subcommittee to make recommendations and that recruiting an ED may be the most important thing this Board does. She also said that she hoped the Board would look at opportunities to streamline contracting processes to create an expedited time period for hiring an ED and General Counsel.

Mr. Munso said that staff is looking at a quasi-governmental recruiting agency that would expedite the recruitment process. He stated that he would be meeting with them and would be looking for an expedited process with qualified candidates. Mr. Munso said he would come back in July with decisions for the Board.

Ms. Belshé asked when staff would begin work. Mr. Munso responded that they could begin in one to two weeks. Mr. Fearer added that while speed is critical it would be important to be realistic because the process could take two to three months.

Motion/Action: Ms. Belshé moved to approve the duty statements and to contract with a recruiting entity. Mr. Fearer seconded the motion.

Public Comment: Elizabeth Landsberg, Legislative Advocate, Western Center on Law and Poverty, noted that the ED duty statement has references to the individual market, the SHOP, and private insurance but wanted to make sure that experience also included public programs that serve low-income and special needs populations.

Ms. Capell stated that she appreciated the amendment to the ED duty statement to include stakeholders, as she'd noted at the April 20, 2011 Board meeting.

Motion/Action: Ms. Belshé motioned to amend the ED duty statement as suggested by Ms. Landsberg. Mr. Fearer seconded the motion.

Vote: For both motions, the roll was called, and the motions were approved by unanimous vote.

Agenda Item V: Exchange Establishment Grant Subcommittee Status Report

Ms. Belshé presented the Exchange Establishment Grant Subcommittee status report, stating that since the last meeting staff has been getting more information on the Level I and Level II grant applications. Ms. Belshé said that regardless of the grant level, the priorities remain the same, clarifying that the Board needs to ensure they receive federal grant money. She then deferred to Ms. Powers to talk more about new information regarding the Level I and Level II grants.

Presentation: [Comparison of Level I & Level II Exchange Establishment Grant](#)

Ms. Powers presented her findings from the federal Exchange Planning Grantees meeting in Denver. In talking with other states, Ms. Powers found that no other states were planning to apply for a Level II grant in the near future and that significant resources are available through Level I grants. She learned that the state of Washington received \$25 million for their Level I grant, of which \$20 million is for IT. Ms. Powers stated that the current thinking among staff is that it may make more sense to apply for a Level I grant in June to obtain resources with which to then move forward. Ms. Powers said that a Level II grant requires a four-year budget while a Level I grant only requires a one-year budget and that staff is confident it can complete a Level I application by the end of June.

Discussion: Chairwoman Dooley noted to the stakeholder who presented at the April 20, 2011 meeting about the Level I grant that the Board listened and took that into consideration. Ms. Belshé stated that, informed by more staff work, there would need to be a recommended action item for reconsideration. She noted that, although she is on the

record as “Level II or bust” what that really means is “successful implementation or bust” and a Level I grant gives the Board more funding and flexibility than previously thought.

Public Comment: Ms. Landsberg commented that anything the Board can do to move forward with implementation is good.

Ms. Capell stated that she agreed with Ms. Belshé on the issue of successful implementation. Ms. Capell also said she’d add to the main priorities the topic of providing the best possible consumer experience and service in all aspects, noting that focus on this is essential.

Cary Sanders, Director of the Having Our Say Coalition and Senior Policy Analyst, California Pan-Ethnic Health Network, noted appreciation for the Board’s acknowledgement of stakeholder input from the last meeting.

Agenda Item VI: Amendments to the Exchange Planning Grant

Mr. Munso presented the amended planning grant budget to the Board, noting that staff would submit the revised budget to federal HHS with justification and some room to move money around.

Presentation: [California Exchange Planning Grant Budget Amendments](#)

Discussion: Ms. Kennedy asked Mr. Munso why the planning grant money hasn’t been released and when it would happen. Mr. Munso responded, saying that the Department of Finance is concerned about how and when the money will be spent and if the Exchange is setting up appropriate controls to ensure state general fund is not being put at risk.

Ms. Kennedy asked if Finance’s concerns were about the \$1 million or if they were using it as leverage for other policy. Mr. Munso responded, saying that they are using the planning grant funds to ensure that the Exchange works with Finance as well as making sure the Exchange doesn’t make any large commitments.

Ms. Kennedy asked about the process for Board members to be aware of any conditions Finance may enact. Mr. Munso responded, saying that staff would come back to the Board to explain any conditions. Ms. Kennedy then asked if, in approving the amended budget, she would still have other opportunities to review conditions before they were agreed to and adopted. Mr. Munso said that she would.

Action/Motion: Ms. Belshé moved to approve the amended planning grant budget as amended by staff. Mr. Fearer seconded the motion.

Chairwoman Dooley said to the audience that although the agenda had lunch after Agenda Item VI, it was not lunch time yet. She said that there was an adjustment being made to Agenda Item VIII and that Marian Mulkey, Director of the Health Reform and Public Programs Initiative,

California Health Care Foundation (CHCF), would make her presentation. Chairwoman Dooley thanked the audience and Ms. Mulkey for being present and their flexibility.

Agenda Item VIII: Review of Individual and Small Group Health Insurance Markets in California

Ms. Mulkey presented a review of the individual and small group health insurance markets in California. She said CHCF spent time analyzing the current California environment and how to affect policy and thanked Katherine Wilson, the author of the snapshot.

Presentation: [CHCF Snapshot – California’s Individual and Small Group Markets on the Eve of Reform](#)

Ms. Kennedy asked for a definition of high deductible and Ms. Mulkey answered that \$1200 is the high deductible used in the presentation. Ms. Kennedy then asked if \$1200 is considered standard for a high deductible plan. Ms. Mulkey answered that it is defined in federal tax code under health savings accounts but with different products it does vary.

Ms. Kennedy asked if there was more specificity as to where people are in terms of their deductible and Ms. Mulkey answered that it is surprisingly hard to get good data; it’s easy to find what products are sold but hard to find what people buy, although high deductible plans do seem to be more popular. In follow up, Ms. Powers asked if a range between \$1200 and \$2500 was accurate for a high deductible and Ms. Mulkey answered that it was.

Ms. Mulkey also defined actuarial value, saying it means a share of health costs paid on average over a whole population.

Ms. Powers asked if there was any information on employer contributions. Ms. Mulkey answered that there was and that contributions are more generous in the small group market because insurers require small groups to have 60% to 70% of their group covered. Ms. Mulkey also noted that the federal poverty level (FPL) charts in the presentation only account for income and don’t adjust for documentation status.

Ms. Kennedy asked about the assumptions made in regards to the individual mandate and enforcement. Ms. Mulkey answered that the assumptions in the data were based on analyses done at the federal level that make the assumption that the individual mandate and enforcement will increase participation.

Discussion: Ms. Belshé thanked Ms. Mulkey and CHCF. In addition to race and ethnicity, she noted a critical compliment is the health status of the populations becoming eligible for the Exchange. She also noted that there’s a good opportunity with the Medi-Cal 1115 waiver to expand access to indigent adults and learn more about health status, eligibility and enrollment, and safety net capacity. She asked Ms. Mulkey is there was any work being done on these subjects.

Ms. Mulkey responded that UCLA had just released analyses looking at those characteristics and agreed that the Medi-Call 1115 waiver could provide good data. She also noted that there may be a role in the future for CHCF to play with DHCS in regards to gathering data from the 1115 waiver.

Ms. Kennedy asked about utilization rates and how it could be viewed. Ms. Mulkey responded that it depended on how the question was asked. She said that in general more cost-sharing results in less use of both necessary and unnecessary health care but that health status can also be a big determinant. Ms. Mulkey noted that there is a wealth of information and a future presentation could fully investigate the available data.

Mr. Fearer asked about individual enrollment by career and wondered if the small group market was similar. Ms. Mulkey responded that in fact the small group market has more diversity. Mr. Fearer stated that that information would be useful given the SHOP and asked if there was any information on rating regions by carrier. Ms. Mulkey responded that while she didn't have the information at the moment it could be pulled together.

Public Comment: Ms. Capell commended CHCF and directed attention to Appendix C to observe populations the Exchange would be serving. In regards to Ms. Kennedy's question about high deductible plans, Health Access has found that there is no common definition for deductible and how they work, noting that this allows for product design to help plans with risk selection strategy. Ms. Capell also noted that choices the Exchange makes will have an impact on all markets and that product design in the outside market represents a significant problem to the Board.

At 11:35 AM, Chairwoman Dooley announced the break for lunch.

Agenda Item IX: Estimate of Potential Exchange Enrollment

Chairwoman Dooley called the meeting back to order at 12:40 PM. She thanked DHCS, Lorna Fong, Franchise Tax Board, and minute takers for their help.

Jerry Kominski, Associate Director, UCLA Center for Health Policy Research, Professor, Department of Health Services, UCLA School of Public Health, presented the UCLA/UCB microsimulation model, explaining that there was a need for a California-specific, individual-level model. The core data source is MEPS and the model applies weights from CHIS 2009.

Presentation: [Potential Exchange Enrollment – Kominski](#)

Ms. Belshé asked for an example of the model reweighting MEPS data, to which Dr. Kominski replied that using CHIS data on Latino populations they were able to reweight MEPS data to reflect the Latino population in California.

Ms. Belshé asked for a summary of take-up estimates. Dr. Kominski replied that they assumed 70% take-up for newly eligible populations and 40% take-up for current unenrolled eligibles. He

explained that these are considered “enhanced take-up rates” and that other models use lower numbers but that he trusted the Board to be active in marketing the Exchange. Chairwoman Dooley asked about the assumptions behind the 40% take-up for current unenrolled eligibles. Dr. Kominski replied that the 40% take-up rate made assumptions about penalties and about the amount of information available to this population regarding Medi-Cal enrollment, thus moving more currently unenrolled eligibles to enroll.

Ms. Belshé commented that the enhanced take-up rate provided a good example of how the Exchange can affect take-up numbers. Ms. Belshé questioned the assumption about the effect of penalties on this population and said instead that the culture of coverage and Exchange policy would affect the pace and amount of take-up. Ms. Powers added that the Navigator program would also play a role in affecting pace and take-up.

Dr. Kominski stated that the model has the ability to look at increases and decreases in coverage based on where those changes occur. Ms. Belshé asked about the 1.2 million people who would receive “Other Public” coverage. Dr. Kominski replied that those were mainly county indigent programs. Ms. Belshé asked why that population wouldn’t be part of Medi-Cal and whether the number should be lower. Dr. Kominski replied that he would have to research this more and come back with more answers.

Mr. Fearer stated that it would be helpful to have information about what would happen in 2019 in the absence of health reform, explaining that the data means less without the comparison. Dr. Kominski agreed, saying that they had the ability to perform a baseline projection for 2019 given assumptions of what the market would look like.

Ms. Powers asked how intractable the 46% uninsured was and Dr. Kominski replied that it was the best estimate of the number of uninsured who are difficult to read, once undocumented people are removed from the equation.

Ms. Kennedy asked if there was any more data regarding who will be subject to the penalty. Dr. Kominski replied that there was not at the moment but that the model has the capability to find out.

Ms. Belshé asked if the model accounts for changes due to the streamlining of eligibility. Dr. Kominski replied that it does not but that the Low Income Health Program (LIHP) could provide that data. He explained that because LIHP will provide a transition to Medi-Cal and the Exchange, if it’s successful in enrolling and transitioning people then take-up assumptions could change significantly. Ms. Belshé commented that it would be good to include variables in the model that streamline eligibility to pre-populate the Exchange, such as LIHP.

Ms. Belshé noted that health status could also influence take-up and asked if the model showed pent-up demand. Dr. Kominski replied that while the model has the capability it was not included. He stated that showing health status is the next step for the model and that there are currently no assumptions about take-up in regards to those with poorer health status and the implications on pent-up demand. Ms. Belshé noted that it would be helpful to see capacity of the health system along with the effects on the safety net and their ability to handle any changes.

Discussion: Ms. Belshé asked for a summary of the next iteration of analyses. Dr. Kominski replied that they would build out the portion of the model on take-up and health status as well as digging deeper into the demographic distribution of those who move to the Exchange and to Medi-Cal. He stated that the model has the capability but they didn't have the time to run the data. Dr. Kominski stated he wanted to provide a full range of demographic information on the Exchange and Medi-Cal in 2019 for the next iteration of analyses.

Public Comment: Ms. Capell commended Ms. Belshé's remarks regarding Exchange decisions affecting take-up rates. She observed that being uninsured is a condition that fluctuates and that the Board needs to keep in mind that people will touch the Exchange at different points in life. Ms. Capell recommended that the Board consider how to connect with people who are low risk and already have connections with public programs, noting that some people who could utilize the Exchange will still be hard to reach. Ms. Capell closed by noting that the Board should consider these facts when thinking about design issues for the Exchange.

Ms. Wu asked if the model had the capability to look more closely at race, ethnicity, and language of those who would use the Exchange, specifically noting those who would need help with language. Dr. Kominski replied that the model had that capability.

Agenda Item X: Review of Small Business Health Options Program (SHOP)

Rick Curtis, President, Institute for Health Policy Solutions, presented an overview of the SHOP, discussing how market constructs are important to SHOP viability, the different and similar roles of the individual and SHOP Exchanges, and some key design and development issues regarding the SHOP.

Presentation: [Review of Small Business Health Options Program – Curtis](#)

Ms. Belshé asked for clarification on Mr. Curtis' talk of a 125 plan. Mr. Curtis replied that a Section 125 allows an employer to establish a 125 plan under tax code that is exempt from income taxes and FICA taxes.

Mr. Fearer asked about other types of coverage available through the SHOP. Mr. Curtis responded that the SHOP may create partnerships to bring other coverage and services to the SHOP to increase the ease of use and benefits to employers.

Mr. Curtis explained that federal law is ambiguous about who counts as small group, in particular if self-employment can count as small group. He stated that they have not clarified this point and may remain ambiguous throughout, making the decision for self-employed people to use the individual versus the SHOP Exchange dependent on the subsidy effects.

Mr. Fearer asked about embedded costs in the SHOP such as broker fees and if that would then lead to the SHOP being more expensive than the individual Exchange. Mr. Curtis responded that

he is unclear on what will be cheaper and that the state will have to wait and see what happens with brokers and agents as time moves forward.

Ms. Belshé noted that there was little discussion about the expansion of the small group market to 1-100 and asked Mr. Curtis to speak to this. Mr. Curtis responded that it would be reasonable to assume that most SHOP enrollment would come from tax recipients, who are limited to 25 or less employees. Mr. Curtis did not see any issue with having the small group market defined as 1-50 and noted that groups with 51-100 employees have reinsurance options. He did note that although the state would not need to take action to change the upper limit of the small group market (defined as 50 in California) it would be an issue down the road. Mr. Curtis stated that in general the SHOP is more open to adverse selection when small groups include those above 50.

Discussion: Ms. Powers stated that while in Denver other states talked about the Exchange contracting with a reinsurance organization until the risk adjustment guidance was released, asking what California could do. Mr. Curtis replied that reinsurance is mainly for the individual market while both contain risk corridors. He noted that reinsurance would need to be established statutorily by the state and that, because there still needs to be market reforming legislation, this could be the place to do it.

Ms. Belshé asked if there was any data on the take-up rate of the small business tax credit. Mr. Curtis responded that there wasn't any yet because the tax credit is filed with year-end taxes.

Ms. Belshé asked if there were any lessons to be learned from the small business exchanges in Massachusetts and Utah. Mr. Curtis replied that he was only generally aware of the issues they faced. He said that Massachusetts was no longer offering employee health plan choice in the small business exchange and noted that there were some problems from the beginning: politicking led to a local administrator who couldn't handle the assignment and the subsidy program that was already in existence before legislation wasn't tied to the Connector so Massachusetts couldn't use the subsidies to bring people to the exchange. Mr. Curtis explained that Utah uses a third party administrator and agents play a significant role but that prices are higher because of the administrative costs. He said that Utah's small business exchange includes health rating that doesn't happen in the individual market and that enrollment is relatively low. However, Mr. Curtis noted, it is hard to make a SHOP work without the necessary market rules.

Public Comment: David Chase, California Outreach Manager, Small Business Majority, commented that health costs are the greatest problem for small businesses today and that a lack of knowledge in small businesses about the ACA, SHOP, and small business tax credits demonstrate the importance of the role the Exchange can play in outreach and marketing. Mr. Chase recognized the different needs of the SHOP compared to the individual Exchange and suggested hiring a separate staff and creating a small business advisory group. He stated that the SHOP needs to provide a clearly distinguished process from the outside market, such as allowing employees to choose their own health plan, having a business friendly web portal, and offering additional HR functions that small businesses do not have. Mr. Chase also said that small

businesses trust brokers and other small business exchanges have found a role for brokers; thus they must have a role in the SHOP and be compensated fairly to prevent steering.

Ms. Capell commented that Health Access is working on small group market conformity legislation pending Assemblymember Bill Monning's AB 1083.

Phil Daigle, CEO, Healthcareshopper.com, commented that he didn't see much evidence about movement from the small group market to the individual Exchange. Mr. Curtis replied that the incentives to move people to the individual market versus keeping them in the small group relate to the small business tax credits and the individual tax credits received through the Exchange; whichever credit provides greater economic incentive would be the driving force behind people moving to a different market.

Agenda Item XI: Review of the Basic Health Program Option

Katie Marcellus, Assistant Secretary, California Health and Human Services Agency, presented an overview of the Basic Health Program (BHP), explaining the structure, options, and policy issues relevant to the BHP.

Presentation: [Review of Basic Health Program Option](#)

Discussion: Ms. Kennedy asked staff what process could be created so that the Board could be briefed on bills that affect the Exchange and take a position. Ms. Powers responded that staff would create a process.

Ms. Belshé thanked Ms. Marcellus and recognized that the BHP provides states with a tool to deal with churning but noted that there needs to be more California-specific data to help understand the fluctuations across programs. Ms. Belshé noted that in attempting to solve one problem the Board does not want to create others elsewhere.

Public Comment: Ms. Capell said that Health Access had provided comments to Senator Hernandez on SB 703 (which would create a BHP in California) and that the bill was proceeding normally. Ms. Capell noted that while a BHP is appealing because it could prevent churning, Health Access has not supported SB 703 due to concerns that it may remove almost 50% of the potential Exchange enrollment and thus hurt in the Exchange in terms of risk mix.

Anne McLeod, Senior Vice President of Health Policy, California Hospital Association (CHA), commented that CHA is supportive of a BHP but had similar concerns about negatively affecting the risk pool in the Exchange. Ms. McLeod also noted that the BHP could compromise access due to a limited number of providers and recommended contemplating a BHP in the future once the Exchange has been successfully implemented and the insurance market is known.

Elizabeth Mitchell-Collard, Executive Director, Community Health Plan of the Siskiyou, noted that consumer access to providers is limited in rural California, partly due to the reimbursement process, but recommended giving consideration to the interface between providers and the Exchange so as not to risk losing provider networks will to serve plans.

Nicette Short, Senior Associate on Health Policy, Children Now and the 100% Campaign, recommended moving slowly on the BHP and noted there is a commissioned study on the effects of the BHP on the Healthy Families Program (HFP) that will be released in the next couple months.

Ms. Landsberg said that the Western Center on Law and Poverty is commenting on SB 703 and has some concerns, noting that while most income volatility is around 138% FPL there is concern about adding an extra layer of complexity while consumers simply want to know whether they have coverage. She also commented that the BHP provides continuity and a seamless consumer process and that if California does adopt the BHP then DHCS is the logical administrator.

Lucy Quacinella, Principal, representing Maternal and Child Health Access and California School Health Centers Association, expressed concern about vertical integration of services for women who are eligible for the BHP and other pregnancy services, noting that they may utilize a variety of public programs for their care and that the California Department of Public Health (CDPH) recently released a report showing an increase in maternal deaths and disparities, signifying the importance of effects on this population. She also noted that affordability is a major issue for this population and that the federal government still needs to provide clarification as to costs going forward.

John Ramey, Executive Direction, Local Health Plans of California, commented that his group is the sponsor of SB 703. He said that affordability in the Exchange will be a major issue for the BHP eligible population and believes that about 20% of the Exchange population would move to the BHP. Mr. Ramey stated that the BHP could help shelter low-income individuals from competition in the Exchange and that the BHP must be handled this year due to the required processes to establish it. Mr. Ramey also noted that he suspects that, due to health status associations with income, this population would be higher risk than populations over 200% FPL. Mr. Ramey closed by thanking CHCF and Mercer.

Agenda Item XII: Adjournment

Chairwoman Dooley noted that there while were no suggested topics for the next meeting the agenda for the 5/24/11 meeting would be posted Friday (5/13/11). She said the meeting would be held at the Employment Development Department and that there would be a webcast.

Ms. Belshé wanted to close by acknowledging that California is still the only state with a constituted Board. She challenged those in the media spinning the story that California is slowing down implementation and acknowledged Chairwoman Dooley and the Brown

administration for continuing implementation while dealing with other pressing matters. Ms. Belshé said she wanted to remove the “pace car” analogy because California is only racing against itself.

Motion/Action: Mr. Fearer moved to adjourn. Ms. Belshé seconded the motion.

Vote: Roll was called, and the motion was approved by a unanimous vote.

The meeting adjourned at 2:35 PM.