

**Government of the District of Columbia  
Department of Health**

**Prescription Drug Monitoring Program  
Advisory Committee Meeting**

**899 NORTH CAPITOL ST. NE – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002**

**October 29, 2019**

**10:00am- 12:00 pm**

**OPEN SESSION MINUTES**

**CALL TO ORDER:**

**PRESIDING:**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

<b>ADVISORY COMMITTEE MEMBERS:</b>		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	
	Frank Meyers, JD, Board of Medicine Executive Director	
	Shauna White, PharmD, RPh, MS, Board Of Pharmacy Executive Director	
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	
	Sheri Doyle, MPH, Consumer Member	
	Commander John Haines, Metropolitan Police Department	
	Lakisha Stiles, CPht – Pharmacy Technician	
<b>PDMP STAFF:</b>	Justin Ortique, PharmD, RPh, Supervisory Pharmacist	
	Brittany Allen, MPH, Health Licensing Specialist	
	Akua Osei, DC Health Pharmacy Intern	
<b>LEGAL STAFF:</b>	Carla Williams, Esq, Assistant General Counsel, PDMP Attorney Advisor	
<b>VISITORS:</b>	Margaret McAlpin, Legal Intern, Office of the General Counsel	
	Natalie Browning, Appriss	
	Michelle Hallman, Appriss	

## Open Session Agenda

**Quorum: Yes**

<b>1029-O-01</b>	<p><b><u>Welcome &amp; Introductions</u></b> Dr. Jacqueline Watson opened the meeting with Committee member, staff, and visitor introductions. Dr. Watson welcomed the Committee's newest member, Ms. Lakisha Stiles. Ms. Stiles is a Certified Pharmacy Technician, who has worked for CVS for more than 19 years. She recently completed school to become an LPN and will take her NCLEX exam in the near future.</p> <p><b><u>Charge of the Committee</u></b></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none"><li>(a) On the implementation and evaluation of the Program;</li><li>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</li><li>(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;</li><li>(d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;</li><li>(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and</li><li>(f) Regarding the design and implementation of educational courses for:<ul style="list-style-type: none"><li>(1) Persons who are authorized to access the prescription monitoring information;</li><li>(2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;</li><li>(3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and</li><li>(4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.</li></ul></li></ul>	
<b>1029-O-02</b>	<p><b><u>Approval of July 2019 PDMP Advisory Committee Meeting Minutes</u></b></p> <ul style="list-style-type: none"><li>(a) Minutes from July 16, 2019 Meeting</li></ul>	

	<p><b>Motion</b> to approve the July meeting minutes by: Ms. Sheri Doyle  <b>Seconded by:</b> Dr. Shauna White  <b>Motion carries, minutes approved</b></p>	
<p><b>1029-O-03</b></p>	<p><b><u>Report from Attorney Advisor</u></b>  (a) PDMP Legislative Update  1. Emergency rulemaking to establish mandatory PDMP registration for Controlled Substance Registration Renewal</p> <p>Ms. Carla Williams notified the Committee that emergency and proposed rulemaking have been implemented requiring all health practitioners who prescribe Controlled Substances to register with the Prescription Drug Monitoring Program before renewing their Controlled Substance Registration, beginning August 1, 2019. The emergency rulemaking is in place and the proposed rulemaking is in place for public comment. Final rulemaking will take place soon.</p> <p>Ms. Williams also notified the Committee of changes to the legislation, which will allow individual boards to take action against licensees who are required to register for the PDMP, but who have failed to do so. Staff members and counsel worked on the final recommendation.</p> <p>Final recommendation states:</p> <p style="padding-left: 40px;">“To propose legislation amending the Prescription Drug Monitoring Program Act of 2013, to require mandatory registration within 90 days after licensure of health occupations ... and for applicants who are licensed physicians, advanced practice nurses, dentists, physician assistants, veterinarians, optometrists ... and pharmacists to remove the date March 31, 2019 from the legislation so that all applicable licensees and applicants are required to be registered regardless of the date the person became licensed and authorized that all applicable health occupations boards to impose sanctions and deny renewal of licensure to an applicable health professional that fails to timely register in the Prescription Drug Monitoring Program.</p> <p>The recommendation has been signed off on by DC Health’s Director, Dr. LaQuandra Nesbitt, and will move forward through legislative process.</p>	
<p><b>1029-O-04</b></p>	<p><b><u>Program Updates</u></b>  (a) Program Statistics</p>	

**Overview of Prescription Drug Monitoring Program User Registration Statistics**

Licensed Professional	Total Number of DC Professional Licensees	# of Registered PDMP Users July 15, 2019	Percentage (%) of DC Licensed Professionals Registered with the PDMP
Physician (MD, DO)	10,826 (8,163 with a DEA)	6,136	56.7% (75.2% with a DEA)
Physician Assistant	725	453	62.5%
Advanced Practice Nurses	1,338	1,017	76.0%
Pharmacist	2,045	1,376	67.3%
Non-Dispensing Pharmacist	-	198	-
Dentist	1,495	694	46.4%
Veterinarian	337	183	54.3%
Podiatrist	152	92	60.5%
Optometrists	225	112	49.8%
VA Prescriber	-	28	-
Pharmacy Technician (Delegate)*	-	12	-
Prescriber without a DEA (includes Medical Residents, retired and non-practicing prescribers, etc.)†	-	1,407	-
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner, Midwife)	-	45	-
<b>TOTAL</b>		<b>11,753</b>	

\* Pharmacy technicians can only register for the PDMP as delegates  
 † Prescriber without a DEA includes professionals from other license categories such as some advanced practice nurses, pathologists, radiologists, and other specialties who do not always register for a DEA number.

**(b) Progress on Mandatory Registration**

Dr. Shauna White notified Committee of a newly implemented process wherein new Controlled Substance applicants receive a notice stating that they must register for the PDMP. 100% of licensed professionals who have a Controlled Substance Registration have registered with the PDMP, however there are still some licensed professionals who have not registered with the PDMP. Staff will continue to remind new licensees that they need to apply for the PDMP.

**(c) Past and Future Outreach Activities**

Dr. White shared the Outreach tracking list. There have been a number of outreach activities over the past few months including an Appriss presentation on Narxcare for the Board of Medicine’s August meeting, a presentation for the Board of Podiatry’s meeting, Outreach Coordinator trainings for Grubbs Pharmacy, UMC, and Outreach Coordinator and Clinical Training series held at DC Health. Communicating with Community of Hope to schedule a presentation in the near future.

**(d) Update: PDMP Annual Report**

Dr. White stated that since the last review, the staff added an Executive Summary. Dr. Watson is now conducting the final review before submitting the annual report to Dr. Nesbitt for final sign-off.

Dr. Watson requested comments/suggestions, and Ms. Sheri Doyle suggested that it is important to ensure the language is layperson friendly. Dr. Watson agreed and noted that when Dr. Nesbitt conducts the final review, she will ensure

that the language is appropriate for both the public and public health professionals.

- (e) Future Outreach
- (f) Vendor Updates

Ms. Natalie Browning stated that Appriss is working to integrate the (PDMP) data into Electronic Health Records systems within hospitals and clinics. Currently, they are working to educate users on what's available through the integration (specifically Narxcare), making information easier to access, and thinking from the consumer's point-of-view.

Ms. Browning announced that Narxcare will be re-branding itself as VISANO, due to the feedback received from healthcare providers. The name's meaning leads towards wellness and care giving, and the concept/tagline is "VISANO: Opioid Stewardship." The idea of holding onto the Narxcare name seemed too narrow with the addition of more products such as the digital referral to treatment platform. The goal is still to ensure that the PDMP is the center of a broader clinical tool, and still to continue to drive the benefits of the PDMP, but also think farther about how doctors can quickly take action once they receive certain patient information. Branding exercises and transition will take place in Q1 of 2020.

The Committee discussed their thoughts on what the word "VISANO" could possibly lead people to think. Some ideas included: "luxury car," "expensive bottle of water," "vision."

In regards to the feedback around the word, "Narxcare," Ms. Browning stated that some providers have said that it causes them to think of a narcotic risk and have a negative connotation around the PDMP data and the risks associated with it.

Ms. Doyle recommended that due to the fact that the opioid epidemic is evolving and very dynamic and has started to include an increase in stimulant use, that the tagline "Opioid stewardship" could be removed. Dr. Watson agreed, noting that there has been a spotlight on opioids and that it is important to take a step back and take a more holistic view of the situation. She stated that we need to think about the overall goal of helping people who have substance abuse issues.

The Committee looked at a sample copy of the prescriber report, and Ms. Browning noted that Appriss has created a second version of the report that is more simplified and adds more value. Dr. White stated that the staff will reach out to the Board of Medicine and the Board of Dentistry to provide feedback on the new report, before sending the next quarterly prescriber report. Dr. White noted that providers who have not written or dispensed a prescription would not receive a prescriber report.

Ms. Michelle Hallman reviewed version 2 of the prescriber report. Appriss will work with staff to schedule a meeting to take a deep dive into the prescriber report and determine what should and should not be included in the report.

(g) Presentation: PDMP User Survey Presentation

At the request of the Committee, the staff emailed a user survey to PDMP registrants to gain feedback on user experiences.

**DC HEALTH**  
2019 District of Columbia PDMP Survey Results Summary  
Alisa Osei  
Doctor of Pharmacy Candidate, 2020  
Howard University College of Pharmacy  
Preceptor: Dr. Shauna White, Pharm.D., RPh, MS

**Survey Information Summary**

- A total of 762 people participated in this survey
- The total responses for each question are recorded in each graph
- Results are not separated based on Profession
- A variety of health professionals participated
- A variety of work settings were represented; some which include dispensing of drugs and some that do not
- In the future, we hope to conduct a survey which captures health professional type and practice setting

**Registering for the District of Columbia PDMP was easy**

Response	Count	Percentage
Strongly Agree	112	14.41%
Agree	350	46.20%
Neither agree nor disagree	141	18.37%
Disagree	57	7.34%
Strongly disagree	35	4.50%

- 777 total responses
- 214 strongly agree (27.54%)
- 350 agree (45.20%)
- 112 neither agree nor disagree (14.41%)
- 57 disagree (7.34%)
- 35 strongly disagree (4.50%)

**Have you queried the PDMP for patient information?**

Response	Count	Percentage
Yes	236	30.57%
No	536	69.43%

- 772 total responses
- 236 yes (30.57%)
- 536 no (69.43%)

**If yes, how often do you query the District of Columbia PDMP?**

Frequency	Count	Percentage
Less than once a week	372	47.76%
1-2 times per week	50	6.48%
3-5 times per week	25	3.26%
6-10 times per week	16	2.07%
More than 10 times per week	14	1.81%
With most prescriptions	29	3.76%

- 506 total responses
- 372 less than once per week (73.52%)
- 50 1-2 times per week (9.88%)
- 25 3-5 times per week (4.94%)
- 16 6-10 times per week (3.16%)
- 14 more than 10 times per week (2.77%)
- 29 with most prescriptions (5.73%)

**If you have not queried the District of Columbia PDMP, please explain**

Reason	Count	Percentage
No need	522	68.61%
Don't know how	17	2.27%
Don't know why it is necessary	17	2.27%
N/A	6	0.80%
Too busy	18	2.38%
Forget to use	13	1.72%

- 522 total responses
- No need (68.61%)
- Don't know how (2.27%)
- Don't know why it is necessary (2.27%)
- N/A (0.80%)
- Too busy (2.38%)
- Forget to use (1.72%)

**If you are a prescriber, have you received your prescriber report?**

Response	Count	Percentage
Yes	134	17.59%
No	373	48.95%
Not applicable	255	33.46%

- 762 total responses
- 134 yes (17.59%)
- 373 no (48.95%)
- 255 not applicable (33.46%)

**I found my prescriber report helpful (comparing your prescribing habits to peers).**

Response	Count	Percentage
Strongly agree	27	3.58%
Agree	67	8.81%
Neither agree nor disagree	116	15.22%
Disagree	17	2.23%
Strongly disagree	6	0.79%
Not applicable	495	64.37%

- 729 total responses
- 27 strongly agree (3.70%)
- 67 agree (9.19%)
- 116 neither agree nor disagree (15.91%)
- 17 disagree (2.33%)
- 6 strongly disagree (0.82%)
- 495 it is not applicable (68.04%)

**Is the PDMP integrated in your facility's workflow (electronic health record or pharmacy dispensing system)**

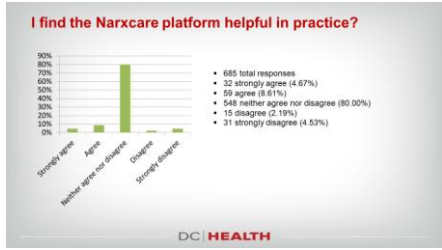
Response	Count	Percentage
Yes	237	31.94%
No	505	68.06%

- 742 total responses
- 237 yes (31.94%)
- 505 no (68.06%)

**Do you understand the Narxcare Platform?**

Response	Count	Percentage
Yes	142	19.06%
No	603	80.94%

- 745 total responses
- 142 yes (19.06%)
- 603 no (80.94%)



**What features did you find the most/least helpful?**

Most helpful	Least helpful
Real time review of prescriptions for patients	Would appreciate a review
Good for med reconciliation and clarifying opioid use	Takes too long to figure out how to use
Ease of use	Access is not easy
Prescription history	I feel like I was forced into it with no explanation
Being able to search patient information from different jurisdictions	Stopped working, would not respond

DC HEALTH



Comments on the survey results included:

- Add a question asking participants' specialty (especially if they query the PDMP)
- When creating the next survey, submit questions to statisticians for review. They can help word the questions in a way that would allow staff to collect data that is statistically significant.
- When creating the next survey, use current survey's data to improve upon the survey and/or target specific users (e.g. those who prescribe and/or received/reviewed a prescriber report).
  - Email survey along with prescriber report

1029-O-05

**Grant Updates**

(a) Clinical Trainer and Outreach Coordinator ([CDC COAP/CRISIS Grant \\$75,000](#))

Dr. White stated that the first session was held on Monday, October 29; Scheduled presentation locations include Grubbs Pharmacy, United Medical Center, and a series will be held at DC Health through November. Motir (contractor) created the presentation, which includes information on: the opioid crisis in DC, requesting a data waiver, the DC PDMP, and CDC best practice guidelines.

(b) Districtwide Gateway Integration ([CDC Overdose Data to Action Grant 5.9 million total to DC Health](#))

CDC Overdose to Action grant funds are allotted towards integrating the PDMP with EHR, HIE and Pharmacy Dispensing Systems.

(c) NarxCare Package ([CDC Overdose Data to Action Grant 5.6 million total to DC Health](#) 5.9 million total to DC Health)



Discussed during Ms. Browning's Appriss update.

(d) Opioid Indicator Dashboard ([link](#))

Dr. White stated that new information will be added to the dashboard; staff is working with IT to add new data.

(e) Opioid Awareness Communications Campaign ([link](#))

Dr. White stated that the campaign is ongoing and will partner with the Mayor's Strategic Plan (LIVE.LONG.DC.) to create additional materials for distribution throughout the District, which includes, bus ads, metro ads, and Geo Indicator mobile messaging.

1029-O-06

**PDMP Best Practice Checklist Updates and Discussion**

Dr. Watson noted that the purpose of the Best Practice Checklist is to measure the success of the advisory board in the implementation of evaluation of the PDMP. This meeting's goal when reviewing the Best Practice Checklist is to determine which activities will be carried out in FY 2020. (Notes are written in \*asterisks\* on the checklist). FY 2020 activities will be moved to a separate 1 page document, with timelines in place. Select 1 activity to achieve before our next meeting in Q2 (January 2020).

1

DC Prescription Drug Monitoring Program (DC PDMP) Best Practice Checklist

DATA COLLECTION AND DATA QUALITY	STATUS	LAST ACTION
Collect data on all schedules of controlled substances (II – V)	Achieved	FY 2016
Adopt latest ASAP reporting standard	Achieved	FY 2016
Collect data on non-scheduled drugs implicated in abuse as determined by the District	Achieved	FY 2016
Record positive identification of the person picking up prescriptions (customer ID)	Achieved	FY 2016
Collect data on method of payment, including cash	Achieved	FY 2016
Daily or real time data collection	Achieved	FY 2016
Institute effective data correction and missing data procedures	Achieved	FY 2016
Monitor pharmacy reporting compliance	Continuous	via AWARxÈ (PDMP staff monitors dispenser reporting on a weekly basis)
Conduct epidemiological analyses for surveillance, early warning, evaluation, prevention	Planned	FY 2020 Q2 - Collaborate with Center for Policy, Planning and Evaluation (CPPE)
Integrate electronic prescribing and PDMP data collection *Staff will work with statisticians to create a readiness survey for prescribers and pharmacies*  *Staff will work with Appriss to discover what other states have done to integrate program according to best practices*	Planned	FY 2020 Q2 - Will create readiness survey for prescribers and pharmacies (currently researching stakeholders best practices to complete data connections)
DATA LINKING AND ANALYSIS		
Use a proven method to match/ link the same patient's records	Achieved	FY 2016
Link to prescriber specialty data	Achieved	FY 2016
Provide continuous online access and automated reports to authorized users	Achieved	FY 2016
Customized solicited reports for different types of end-users	Achieved	FY 2016
Implement prescriber self-lookup	Achieved	FY 2016

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Enable batch (multi-patient) reporting for prescribers and delegates	Achieved	FY 2016
Make PDMP data available to prescribers, dispensers, law enforcement, licensure boards, patients, Medicare, Medicaid	Achieved	FY 2016
Use automated expert software and systems to expedite analyses and reports	Continuous	FY 2017 Appriss analytics package used by PDMP staff to look at trends of data and reports
User-friendly interfaces, e.g., decision support tools, risk scores	Achieved	June 2019 - NarxCare released to prescribers and dispensers as a decision support tool
Enhance patient reports with summary data, e.g., MMEs, MPEs  *Feedback indicates that Narxcare is not user-friendly*	Achieved	June 2019 – NarxCare released to prescribers and dispensers as a decision support tool
Conduct periodic analyses to identify at-risk patients, prescribers and dispensers  *Use Narxcare scores and data provided by Appriss*  *Appriss offers an outlier report which may be of interest to DC.*	Planned	FY 2020 - December 2019 – Public Health analyst will develop this process. Will work with other states to determine best practices. Quarterly prescriber reports will be sent. Unsolicited reports will be sent to end users in 2020. Feedback from Health Care Professional Boards to evaluate new version of prescriber report.

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Record data on prescriber disciplinary status, patient lock-ins	Planned	FY 2021 Q2- Evaluate after Federal Support Act (H.R. 6) legislation is enacted
Integrate PDMP reports with... <ul style="list-style-type: none"> <li>health information exchanges</li> <li>electronic health records</li> <li>pharmacy dispensing systems</li> </ul>	In Progress	FY 2019/2020 Q1 - via CDC grant funding through CRISIS Opioid Grant. Current funding through Overdose Data to Action 24 integration requests by EHRs and Pharmacy dispensing systems as of October 17, 2019
<b>ENROLLMENT, OUTREACH, EDUCATION, UTILIZATION</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Disseminate prescriber report cards quarterly *Provide education on usage and newly updated report before next report is released. These updates can go out with board specific newsletters.*	Continuous	Quarterly- Next release date to prescribers October 30, 2019
Expand delegate account registration	Continuous	See Outreach Activities document- Last presentation- DC Board of Podiatry Meeting – October 2019
Create online user guides and educational materials	Achieved	Ongoing outreach- FAQs updated March 2019 Mandatory Registration FAQ's updated July 2019
Conduct presentations and trainings for end-user groups	Continuous	FY 2019 Presentations to Health Care

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		Professional Boards and stakeholders
Streamline/automate enrollment	Achieved	Completion date - May 2019
Proactive identification and outreach to enroll high impact users, e.g., top prescribers	Planned	November 2019 COAP Grant. PDMP post cards sent to top prescribers as well outreach and clinical coordinator
<b>PDMP PRACTICE/POLICY</b>		
Mandate PDMP enrollment for prescribers and dispensers	Achieved	Deadline July 31, 2019
Provide PDMP training for prescribers and dispensers	Achieved	FY 2017 – Developed Educational Video with Delmarva Foundation. Continuous information updates on PDMP website
Mandate PDMP utilization for prescribers and dispensers	Planned	FY 2021-via Federal Support Act legislation
Send PDMP notification letters to new prescribers *Automated messages will be sent when new licensees apply for controlled substance registration*	Planned	FY 2020 Q4- Streamline once one licensing system has been established
Send unsolicited reports and/or alerts to... - prescribers - dispensers - licensure boards - Letters to top prescribers	Planned	FY 2020 Q4
<b>PDMP PROMOTION</b>		
Conduct presentations	In Progress	Last presentations -

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		October 2019- DC Board of Podiatry See Outreach Activities Document
Distribute reports	In Progress	PDMP Annual Report – 2019 (DC Health Approval in Process) PDMP 2018 Year in Review Summary (Internal Document)
Update website content: Annual PDMP reports, Quarterly PDMP reports, Data dashboards, PDMP enhancement news, Other reports	Continuous	PDMP 2019 Annual Report and FAQ's on website
<b>INTER-ORGANIZATIONAL COORDINATION</b>		
Implement interstate data sharing. DC is currently sharing data with the following states: AL, CT, DE, GA, IN, IA, KS, LA, MA, MD, MN,MS, Military Health System, PA, NC, ND, NJ, NY, PR, RI, VA, SC, TX, WV	Continuous	Last state connected was NJ in October 2019
Collaborate with other health agencies/organizations in applying and linking PDMP data: Veterans Affairs Indian Health Service Department of Defense Military Health System	Achieved	FY 2019 Military Health System
<b>PDMP USABILITY, PROGRESS AND IMPACT</b>		
Track/report PDMP enrollment and utilization data, prescribing, and risk measures (e.g., MPEs, MMEs)	Achieved	FY 2017- PDMP has access to Appriss Analytics to evaluate data
Track/report progress in adopting practices (checklist)  *This activity is now noted as Continuous*	Continuous	Work with PDMP Advisory Committee last meeting October 29, 2019
Conduct satisfaction and utilization surveys of end-users	Achieved	October 2019
Conduct audits of PDMP system utilization for appropriateness and extent of use	Planned	FY 2020- Q3

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- Use PDMP data as outcome measures in evaluating program and policy changes	Planned	FY 2020- Q4 via collaboration with CPPE
Analyze other outcome data (e.g., overdoses, deaths, hospitalizations, ER visits) to evaluate the PDMP's impact *Ms. Browning will send Michigan study results to Dr. White (may be helpful for DC.)*	Planned	FY 2020 – Q4 collaboration with CPPE and OCMC. Opioid Fatality Review Board.
<b>PDMP FUNDING AND SUSTAINABILITY</b>		
Periodic review of PDMP performance to ensure efficient operations and identify opportunities for improvement	Continuous	October 2019- utilization survey and AWARxE monthly dashboard announcements
Secure funding that is independent of economic downturns, conflicts of interest and changes in PDMP policies	Planned	FY 2021 – Q2
Enact legislation to maintain sufficient funding over time	Planned	FY 2021 – Q2
Promote visibility of PDMP via annual reports and news releases impact to motivate funding, e.g.,	In Progress	PDMP Annual Report – October 2019

**Chart Key**

Achieved – Activities that are completed

In Progress- Activities that have been started but are not complete

Continuous – Activities that have been completed but require regular maintenance and updates

Planned – Activities that have not been started

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**1029-O-07****Matters for Consideration****Action Items**

- Potential Future meeting dates FY-2020:
  - January 14, 2020
  - April 14, 2020
  - July 14, 2020

Dr. Watson asked that moving forward, when FY 2020 items are on the radar for the Committee to complete based on the new outline, that there's enough lead time for the work to be completed and that the information is scanned for Committee members to review before the meeting, so that we are able to have a productive meeting. She asked that the Committee members take a deep dive into the information before the meeting in order to ask targeted questions and move forward.

**1029-O-08**

Other news/highlights from Committee members

**Comments from the Public**

None

**Motion to Adjourn the Open Session**

Madam Chair, I move that the Committee close the Open Public session portion of the meeting.

**Motion:** Shauna White  
**Seconded by:** Lakisha Stiles  
**Motion Carried.**

(Roll Call Vote)

This concludes the Public Open Session of the meeting.

**Open Session Meeting Adjourned at 12 : 20 PM**