

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
APPROVED MINUTES**

April 9, 2021

9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) Subcommittee held a public meeting on April 9, 2021, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-415-655-0001

Access Code: 187 454 7821

Video: <https://nvhealth.webex.com/nvhealth/j.php?MTID=mf2b1076ee5838d8df12135e4feb3bcb8>

BOARD MEMBERS PRESENT

Tyree G. Davis, D.D.S.
Melinda Hoskins, MS, APRN, CNM, IBCLC
Linda Gabor, MSN, RN
Jollina Simpson, IBCLC, President, Kijiji Sisterhood

BOARD MEMBERS NOT PRESENT

Keith Brill, MD

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH), Child, Family and Community Wellness (CFCW)

Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW

Amber Hise, RD, Program Coordinator, Maternal and Infant Health, MCH, MCAH, CFCW

Yesenia Pacheco, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW

Jazmin Sarmiento, Program Coordinator, Personal Responsibility and Education Program (PREP), MCAH, CFCW

McKenna Bacon, Administrative Assistant IV, Bureau Office Manager, CFCW

Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW

Stephanie Camacho, Administrative Assistant II, MCAH, CFCW

OTHERS PRESENT

Lezlie Mayville, Governor's Office, Patient Protection Commission

Denise Tanata, JD

Dominique Seck, Nevada's Office of Minority Health and Equity

Jennifer Vanderlaan, PhD, MPH, CNM, FNP, Assistant Professor, University of Nevada, Las Vegas (UNLV)

1. Call to Order- Roll Call and Introductions

Dr. Tyree Davis called the meeting to order at 9:04 AM.

Roll call was taken, and a quorum of the MCHAB Subcommittee was present.

2. Public Comment

No Public Comment.

3. Discussion of the purpose and operation of the subcommittee as outlined in the draft minutes from the February 5, 2021 meeting of the Maternal Child and Health Advisory Board.

Dr. Davis stated the minutes from the February 5, 2021 meeting and agenda item eight mention approval of possible recommendations on the bill draft requests (BDRs) for the 81st Legislative Session. He also mentioned two years ago the committee reviewed the BDR's and highlighted the most important ones to review.

Dr. Davis noted the subcommittee went through the lists to prioritize and met at the next meeting to decide which ones were the most important to choose. The subcommittee drafted a letter to the Division of Public and Behavioral Health.

Dr. Davis stated he has taken on a new position and is not sure when he will be able to take time off. He asked if someone could step in as the chair of the subcommittee in the meantime?

Linda Gabor volunteered to be the chair of the subcommittee.

JOLLINA SIMPSON ENTERTAINED A MOTION TO APPROVE LINDA GABOR AS THE CHAIR OF THE SUBCOMITTEE, MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

Chair Gabor asked for any public comment.

No Public Comment

4. For Possible Action: Highlights of Bill Draft Requests (BDRs) and Bill of the 81st Legislative Session relating to Maternal and Child Health topics for discussion and possible recommendations including, but not limited to:

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| AB 59 | Revises various provisions relating to tobacco |
| AB 119 | Revises provisions governing the Maternal Mortality Review Committee. |
| AB 164 | Establishes provisions relating to the dispensing of certain contraceptives |
| AB 189 | Provides for presumptive Medicaid eligibility for pregnant women. |
| AB 191 | Requires Medicaid coverage of services provided by community health workers. |
| AB 192 | Revises provisions governing the testing of pregnant women for sexually transmitted infections. |
| AB 193 | Revises provisions governing Medicaid coverage for pregnant women. |
| AB 198 | Revises provisions governing health care for women. |
| AB 224 | Provides for access to feminine hygiene products. |
| AB 228 | Provides for the Children's Advocacy Center. |
| AB 256 | Provides for Medicaid coverage for doulas. |
| AB 269 | Authorizes licensed dentists, dental hygienists, and dental therapists to administer vaccines and makes certain other changes related to the practice of dentistry. |
| AB 274 | Revises provisions governing fertility preservation for men and women. |
| AB 287 | Revises provisions governing women's health. Freestanding Birth Centers |

- AB 387 Revises provisions governing women's health. Midwives
- SB 5 Makes changes relating to telehealth.
- SB 36 Revises provisions relating to plans for responses to crises, emergencies, and suicides by schools.
- SB 69 Revises provisions relating to behavioral health.
- SB 86 Requires the State Plan for Medicaid to include coverage for donor breast milk and certain related products.
- SB 96 Makes various changes relating to services provided to persons with autism spectrum disorders.
- SB 189 Revises provisions relating to the eligibility of children for Medicaid.
- SB 190 Provides for the dispensing of contraceptives.
- SB 211 Establishes requirements relating to testing for sexually transmitted diseases
- SB 215 Revises provisions relating to competency-based education.
- SB 271 Provides for the licensing of professional midwives.
- SB 341 Makes changes concerning disparities in health care, including, without limitation, disparities relating to services to support mental health and emotional well-being.
- SB 391 Dentists and teledentistry
- BDR 40-102 Revises provisions governing blood testing for pregnant women.

Dr. Davis stated Senate Bill (SB) SB 269 authorizes licensed dentists, dental hygienists, and dental therapists to administer vaccines, and make changes related to the practice of dentistry. This authorization would not only include the COVID vaccines, but would also include other vaccines like human papillomavirus (HPV). He also stated there has been strong support for SB 269. Dr. Davis asked if there are any bills in jeopardy and said those are some of the things they need to think about.

Ms. Gabor agreed and asked Dr. Davis if there were any other bills in which he is interested.

Dr. Davis mentioned SB 391 regarding dentists and teledentistry. He stated he used teledentistry for the first time last week, and it was nice for the patient because they were unable to come in for an in-person office visit. Dr. Davis stated SB 269 and SB 391 are the only two specific to him, and as a Maternal and Child Health Advisory Board member, he thinks the focus needs to be on the ones they feel are more specific to this board.

Jollina Simpson stated AB 387 directly affects maternal health, as does AB 287 and SB 271 and the doula bill, AB 256.

Dr. Davis asked what a doula does.

Ms. Simpson stated a doula is a professional who supports childbearing people throughout prenatal care, the birthing process, and postpartum care, giving emotional, informational, and educational support where and when needed.

Dr. Davis asked if this is in conjunction with midwives.

Ms. Simpson stated a doula works with any care provider, and they are there to provide support to the family, specifically.

Dr. Davis asked if they are looking for reimbursement through Medicaid.

Ms. Simpson stated doulas are not licensed in Nevada, and they are looking to create a path for those interested in billing Medicaid and providing services to low-income families unable to afford these services.

Melinda Hoskins stated doulas are wanting to create a registration system with Medicaid rather than an actual license. She also stated, doulas help reduce the rates of those needing a Caesarean delivery (C-section) and reduce the risk for postpartum depression due to their added emotional support.

Dr. Davis stated AB 193 provides Medicaid coverage for women noting two years ago, they picked out a few of the bills, researched them to find out more details, to then come back later to see which ones to support.

Dominique Speck mentioned another bill which the Office of Minority Health and Equity follows, AB 119.

Vickie Ives stated this would be helpful to note again in public comment.

Ms. Gabor asked if Ms. Hoskins was interested in any specific bills.

Ms. Hoskins stated AB 193 and AB 189 were combined by the committee and passed at the Assembly.

Ms. Gabor asked Ms. Hoskins for any other bills she would like to discuss further.

Ms. Hoskins stated AB 196 requires the courthouse to provide lactation rooms for the public and was amended to add funds for small courts unavailable to afford it. AB 198 requires genetic testing to be paid for by Medicaid. AB 198 would require Medicaid to provide coverage for genetic testing to detect birth defects in the fetus.

Ms. Gabor asked for clarification on AB 198 and if genetic testing was not specifically for special populations or women over 40.

Ms. Hoskins stated genetic testing is used for any client and the American College of Obstetricians and Gynecologists (ACOG) recommends testing should be available to all pregnant persons.

Ms. Ives mentioned, it did initially use the 40-year-old age, but 35 is the standard for ACOG on an advanced maternal age for pregnancy. Ms. Ives asked Dr. DeValliere to bring up AB 198 to see if there was an amendment.

Ms. Gabor mentioned the committee added an amendment to the bill to clarify AB 198 has nothing to do with abortions.

Dr. Davis asked if there is an amendment for the 40 years of age or older portion.

Ms. Hoskins stated the letter of support had quoted the ACOG recommendations, and screening should be discussed and offered to all patients early in pregnancy regardless of maternal age or baseline risk. Cell-Free DNA testing is the most sensitive and specific screening test for common fetal aneuploidies.

Ms. Hoskins mentioned as a committee; they encourage Medicaid should provide screening for all women regardless of age or risk factors. The Cell-Free DNA screening is very sensitive, with no other screen necessary to identify risks, which means no further tests are required. This will allow a directed diagnosis for the majority of the population.

Dr. Davis asked if there would be any financial concerns for the state to test those over 40 years old instead of all ages of women and if this would be a factor in determining whether the bill will pass due to the expense of allowing all women.

Ms. Hoskins stated there are several different ways to look at risk. She said women over 40 are more at risk, but, most persons who give birth to a child with trisomy 21 are younger because younger persons are the ones having babies.

Ms. Gabor asked about what most private health insurance providers are covering in the form of genetic screenings.

Ms. Hoskins mentioned every insurance except Medicaid is paying for screening.

Ms. Gabor asked if private insurances pay for all women or just certain age groups.

Ms. Hoskins stated they pay for all women, and ACOG recommends this regardless of any risk. The Cell-Free DNA is the most sensitive and specific screening test for the common fetal aneuploidies.

Ms. Ives mentioned a letter of recommendation from MCHAB to address the Division of Public and Behavioral Health Administrator. If the subcommittee and the MCHAB members choose to move forward, they can recommend a specific bill noting the subcommittee can also suggest the additional content to align with the ACOG recommendations as part of the letters to the Administrator, if they so choose.

Ms. Gabor asked if anyone is interested in drafting a letter for the next subcommittee meeting.

Ms. Simpson stated she would be happy to draft the letter.

Dr. Davis stated the last letter they drafted, they kept the content straightforward and to the point. One paragraph per bill and a few bullet points, stating the legislators look for one-page letters.

Ms. Gabor stated for the sake of the meeting, trying to get a consensus of what bills the subcommittee picks for the letter. The funding is concerning for AB 198, the fact private insurance covers testing, but Medicaid does not.

Dr. Davis mentioned AB 198 is one of the bills to consider.

Ms. Gabor asked about any other bills.

Ms. Hoskins stated AB 287 concerns the licensing and regulation of free-standing birthing centers and how AB 387 revised provisions licensing certified professional midwives.

Dr. Davis stated the board has been focusing on midwives for the past few years and asked if AB 387 and

SB 271 are two bills the board should consider.

Ms. Hoskins mentioned the committee heard recommendations regarding AB 387. As of April 8, 2021, SB 271 has not been scheduled.

Dr. Davis asked if anyone recalled the presentations having issues or concerns regarding licensing for professional midwives.

Ms. Simpson states AB 387 is to create a board for certified professional midwives. Certified professional midwives are different from nurse-midwives; licensure is through the North American Registry of Midwives. The committee, statute, and regulations for AB 387 are around having licensure for midwives. Some of the language for the current bill provides minimal pathways for certified professional midwives under SB 387. There is a workgroup today to go through the finer points and amendments; the public doesn't want them to mention other midwives at all. Ms. Simpson stated the expectation is if they have legislation for certified professional midwives, they do so in a way which does not diminish other midwives' autonomy.

Ms. Gabor asked for any further discussion on bill AB 387.

Ms. Gabor mentioned AB 192 about sexually transmitted diseases (STD) testing for pregnant women.

Dr. Davis asked if it was bill AB 211.

Ms. Gabor stated AB 211 is explicitly asking people if they are interested in STD testing, while AB 192 concerns the high rates of congenital syphilis in Nevada. It is essential to reiterate the importance of early and third trimester STD testing. Ms. Gabor would like to move AB 192 forward.

Ms. Hoskins stated AB 192 has been through the Assembly.

Ms. Gabor asked if anyone would like to discuss any other specific bills.

Ms. Simpson asked on point number two when it states they are deleting the part where it mentions they will not be charged and if what this they will be charged?

Ms. Hoskins states further down the document it states it will require private insurance to pay for it or Medicaid; it does not say anything about those who do not have funds.

Ms. Hoskins mentioned the original bill states it would be sent to the state health lab and no additional charge.

Dr. Davis asked if this would be another bill of focus.

Ms. Gabor stated the bill is moving forward. Ms. Gabor asked if there is any interest in adding testing for stillborn infants over 20 weeks of gestation.

Dr. Davis asked if it is part of this bill or another bill.

Ms. Gabor stated it is not part of the bill; however, she wondered if it could be an amendment to recommend. If a stillborn is over 20 weeks gestation, and the mother was not treated for congenital syphilis, then there is the risk of her having another pregnancy with the fetus exposed to syphilis.

Ms. Ives mentioned up to 40% of fatality rates in utero or fetal demise is due to congenital syphilis.

Ms. Gabor stated it is a concern working with the Fetal Infant Mortality Review (FIMR) program because if something is not recognized, you are at risk of repeating the problem. Ms. Gabor would be interested in proposing, if there is an agreement in the committee, she would like to move forward.

Dr. Davis asked if there is something like an amendment which the committee can propose. His only concern is the timing of getting out the letter. Dr. Davis wondered if they would be able to do this before the life of this bill travels to the end. Dr. Davis stated he agrees the subcommittee should support it.

Ms. Hoskins mentioned if the Assembly passes the bill, it still must go to the Senate, and at the time, the committee can propose their amendment.

Ms. Ives stated in other years, the subcommittee happened to choose to make a motion to move forward with drafts, and they then brought the drafts to the full committee. The full committee then made amendments or picked up the bills they wanted and made recommendations.

Ms. Gabor asked for clarification on time for the committee to move a potential amendment forward.

Ms. Ives stated if the subcommittee were to choose to recommend bills to go to the quarterly meeting, an MCHAB meeting is scheduled for May 7, 2021. Drafts could be part of the packet and moved to the full board. The board members could edit or agree on what they wanted to go forward. It is a route used before when there was a concern about a bill letter needing to be approved by the full board. The legislative calendar indicates deadline dates when everything would have to be out of the second house in terms of the amendments.

Ms. Gabor asked if the committee drafts together a packet before the May 7th deadline to the meeting the committee may be able to include the more specific bills.

Ms. Ives stated it would gain time and depending on how it syncs with the legislative calendar, noting, the Chair can call a meeting other than the May 7th meeting.

Ms. Hoskins mentioned the first committee passage is April 9, 2021. The first house passage is April 20, 2021. The second committee passage is May 14, 2021, and the second house passage is May 21, 2021.

Ms. Gabor asked before moving onto any other specific Assembly or Senate bills the committee discusses recommendation for draft letters.

Dr. Davis asked if we have bills AB 198 and AB 192?

Ms. Gabor stated this is correct, and she asked Dr. Davis if he has any interest in providing additional information on AB 269 or SB 391.

Dr. Davis mentioned he feels comfortable about where these bills are going based upon all the information and support. The dental board is supporting this, and the Nevada Dental Association is also supportive. He thinks people understand the role dentists, hygienists, and dental therapists play in the pandemic. Dr. Davis believes it is an important part as we grow in telemedicine and telehealth this is something that could work. Dr. Davis stated he could find out more information depending on when we have the next subcommittee meeting. He does not want to delay if the committee feels other items are more important. While Dr. Davis thinks this is important, he thinks other bills are more critical than teledentistry. Dr. Davis can find more information if necessary.

Ms. Gabor mentioned SB 190 and AB 164 and the questions concerning hormonal contraceptives provided by pharmacists. She asked if there any comments regarding those two bills.

Ms. Hoskins asked for the number for the pharmacist dispensing.

Ms. Gabor stated AB 164 and SB 190 establish provisions relating to dispensing certain contraceptives such as hormonal contraceptives.

Ms. Hoskins stated midwives have had quite a discussion regarding this and agreed it was appropriate. Many women have reported difficulty getting contraceptive prescriptions. The bill requires the pharmacist to address specific warning signs and review the woman's history regarding risk factors, resulting in a person not being a good candidate.

Ms. Gabor stated it requires specific training by the pharmacist to prescribe hormonal birth control.

Ms. Hoskins mentions the committee is discussing additional actions for AB 192 and AB 198 and any other areas the committee would like to present to the Administrator of the Division of Public and Behavioral Health.

Dr. Davis mentioned bill AB 119 regarding provisions governing the Maternal Mortality Review Committee. Dr. Davis stated they often provide reports to them, and it is something the subcommittee needs to look at.

Ms. Simpson stated she would like to look at bill AB 119.

Ms. Gabor stated the original text on AB 119 did have a recommendation to increase the specificity of the reporting for race, ethnicity, age of mothers, geographical region of mothers, and any other variables the Maternal Mortality Review Committee identified.

Dr. Davis mentioned AB 119 had a lot to do with data and reporting, and there is no fiscal impact.

Ms. Ives stated the types of data called out as crucial for the Maternal Mortality Review Committee (MMRC) are about equity and disparity. Those data points are part of the CDC data system, and the MMRC staff do case extraction. The bill originally intended to add infant deaths but amended as not being part of the scope of MMRCs. In addition to calling out the importance of equity and disparity data in the reporting of the MMRC, the addition of the Advisory Board of Nevada Office of Minority Health and Equity to collaborate on reporting and recommendations was added with no exposure of any confidential data or case review.

Ms. Gabor asked how specific the data can be if the reporting is every two years.

Ms. Ives stated the data must not be identifiable. As the MMRC reviews more cases, there will be broader recommendations which will be discussed and reported. She also indicated the information could not be identifiable. The MMRC members see de-identified information because of location and all the regular suppression issues must be respected in reporting.

Ms. Gabor asked if anyone had any further recommendations on this or if they felt additional information is needed in the letter?

Dr. Davis stated the amendment looks like it addresses quite a few of the things discussed. The beginning is specific to the various breakdowns relating to disparity and confidentiality sections. Dr. Davis asked if anyone has taken the time to look at the amendment portion.

Ms. Gabor asked for any other bills anyone in the group would like to discuss.

Ms. Simpson stated AB 287 and AB 387 presented with a significant number of amendments, and there has been a lot of movement on them. Knowing where it is would be helpful. Not knowing where it is right now might be because of the number of recommended changes.

Dr. DeValliere asked Ms. Simpson if she was discussing AB 287 or AB 387.

Ms. Simpson stated AB 387 had a lot of changes and amendments. She would also like to go over AB 287.

Dr. DeValliere shared the proposed amendment on bill AB 387.

Dr. Davis stated the group needs to consider the process for looking at specific bills the committee wants to recommend to the board and then put in a letter of support. The next meeting is on May 7th, and this may allow having another subcommittee meeting to pick a couple of bills the committee may want to review.

Ms. Simpson asked if the letter is to make recommendations on what the committee agrees, or if the letter should mention areas of disagreement.

Dr. Davis stated what the committee did in the past was to take items to the Board on issues they think should be included. It is up to the entire Board to decide.

Ms. Gabor asked about the rules for open meeting law; if any additional bills are not on this meeting agenda, would they need to bring them forward in another meeting?

Dr. Davis stated this is correct. When this goes to the Board, they might have an additional topic they would like to discuss. Not just the subcommittee, the Board can adjust as well. The subcommittee is just making recommendations.

Dr. DeValliere asked if there was another portion of AB 387 Ms. Simpson would like to see.

Ms. Simpson stated she did not. Ms. Simpson mentioned there are so many exhibits and just wanted to see if there were any additional amendments.

Ms. Hoskins stated AB 387 is scheduled for a meeting later this afternoon at the Chair's call, so they will probably add more information.

Dr. Davis stated he would propose the committee wait on bill AB 387 until there is more information.

Ms. Hoskins agreed.

Ms. Gabor asked if there are any other bills to discuss.

Dr. Davis mentioned SB 189 talks about revised provisions relating to eligibility for children on Medicaid which talk about children covered through age 19. He thought they are eligible until age 21 for dental care and asked if they reduced the coverage for children? Dr. Davis also wondered if this is similar to what other states are doing. The age has been 21 for so long, so he is curious why it is different now.

Dr. Davis asked about any laws and regulations on free-standing birthing centers.

Ms. Hoskins stated the law defines an obstetrics center. The purpose of this bill is to identify and redefine what a free-standing birth center is. It is defined differently than an obstetrics center.

Ms. Hoskins stated the obstetric center in statute is defined as a health care facility. The Division interpreted this as meaning the obstetric center should meet specific guidelines set by the functional guidelines institute, making it more like an ambulatory center. Most birthing centers in the country are more like a residential area, more like someone's home. Most patients are healthy women who do not have risk factors, so there is not the need for extensive medical-type facilities, but more like a home with some medical equipment and skilled providers.

Dr. Davis asked if they are concerned with the issues regarding women who have not been so healthy at birthing centers. Dr. Davis mentioned he is trying to figure out why there need to be regulations, not saying it is good or bad.

Ms. Hoskins mentioned she spent the last five years trying to get a center open in Northern Nevada. One active applicant for an obstetrics center in Las Vegas has been at it since 2017. The applicant has met repeated requirements from different agencies who provide a certificate of occupancy. The applicant must get an expensive generator that is supposed to provide electricity in case of an outage. In a birthing center, there is very little that requires electricity. No equipment needs to be running. Lighting can be provided in many ways, and often is because some women prefer to have a darker environment while in labor. It has added many costs to getting the center open. This bill seeks to define a birthing center to be more like a residential facility than a medical facility.

Ms. Simpson asked if this bill defines who can practice in the birthing center because regulations for an obstetrics center indicate certified nurses or midwives. She also wondered if the bill on the floor regarding Certified Professional Midwives (CPMs) changes the definition.

Ms. Hoskins stated it does not define certified midwives as individuals who can work there because they are not listed in the regulations. It is the intent of the bill writer for both the birth center and the CPM licensure bills to allow certified midwives to own and operate free-standing birth centers.

Dr. Davis stated they include it in the same category as a hospital or obstetrics.

Ms. Hoskins asked Dr. DeValliere if he could bring up AB 287 workshop from Wednesday, April 7th meeting as it gives an overview of how the bill is intended to work. One of the requirements is regulation aligned with the American Associations of Birthing Centers, a body which has been around for the last 40 years and has successfully provided standards which have resulted in a good outcome and reduced maternal morbidities, including C-sections and hospitalizations.

Ms. Simpson asked if they recommend to the Board, bill AB 287 is worth supporting if others agree.

Ms. Hoskins stated she agrees.

Dr. Davis stated he agrees.

Ms. Gabor asked the group if there are any other bills they would like to discuss. She wondered if anyone could bring this forward in the next MCHAB meeting?

Ms. Hoskins mentioned she would act in that capacity.

Ms. Gabor asked if there are any other Assembly or Senate bills to address to move forward.

Dr. Davis asked to clarify which bills the committee agreed on: AB 192, AB 198, AB 287. Dr. Davis mentioned the committee decide to wait on AB 387 until further information.

Ms. Ives asked if AB 119 is supposed to be on the list?

Dr. Davis stated it should also be on the list.

Ms. Gabor stated she feels strongly about showing our support.

Ms. Hoskins mentioned she agrees to show support for something as it is a function we should serve. Making recommendations about changes or enhancements is an important role.

Ms. Gabor stated two years ago, the committee forwarded a bill like SB 86 requiring the state to include donor milk and other similar products, noting it might be something else they could look at.

Ms. Hoskins stated this bill causes quite a bit of controversy among various lactation breastfeeding supporters because it promotes a commercial product manufactured in Henderson, Nevada. The product, in many ways, does not have as high of benefits as the current product being used. It also changes the status of breast milk supplementation of donor breast milk which the hospitals provide by purchasing it from a milk bank in San Jose. This changes what is done by turning it into a prescription product being paid for by Medicaid. The status is the hospital buys it and provides it to babies with very

low birth weight and any other baby with risk factors such as one that has had an episode of necrotizing enterocolitis. At this point, it appears the bill has not been heard in the meeting.

Ms. Gabor asked if the product from the donor bank in San Jose is filling the need without going through these hoops that would end up in a less helpful product?

Ms. Hoskins stated this is correct.

Ms. Gabor stated she is ok to move on unless anyone has any further comments.

5. For Possible Action: Make recommendation on future agenda items.

Ms. Gabor asked if there are other recommendations for further agenda items from the subcommittee.

Dr. Davis stated bill AB 387 may need to be reviewed a little more for a future amendment. SB 189 can be put on the agenda for now if the committee chooses not to look at it again; at least it is on the agenda.

Ms. Gabor asked for any other recommendations for future agenda items or public comments. The next step would be defining a plan for moving forward and developing a timeline for getting information together.

Dr. Davis stated SB 189 could be discussed at a future meeting. April 23rd is two weeks away, giving the subcommittee time before the board meeting. He also stated they can draft a letter for further agenda items.

Ms. Gabor asked if anyone is interested in doing a letter of support for AB 198 genetic testing?

Dr. Davis stated he would refrain from letters of support and stick to bullet points, and have the subcommittee put together the letter of all the items gathered.

Ms. Gabor is willing to put together bullet points on bill AB 192.

Ms. Hoskins said she would make bullet points on AB 287.

Ms. Gabor stated she would be happy to do AB 119 unless someone else is interested.

Dr. Davis mentions he is willing to help with bullet points on AB 119.

Ms. Gabor asked if anyone is interested in bullet points for AB 198 on genetic testing?

Ms. Hoskins said she could do accommodate this.

Ms. Gabor asked if everyone could have bullet points available for the next subcommittee meeting and asked Ms. Hoskins what day of the week is best for her.

Ms. Hoskins stated she must juggle her office schedule, but she can usually accommodate.

Ms. Gabor asked if Fridays are best for Dr. Brill and the subcommittee needs another member to have a quorum. She wondered if Desiree Wenzel could send out a doodle poll for April 23rd.

Ms. Wenzel stated she could send out a doodle poll.

Ms. Gabor mentioned mornings or afternoons work for her.

Ms. Hoskins stated she could accommodate mornings or afternoons.

Ms. Simpson states mornings are better for her.

Ms. Gabor asked for any other public comments.

Ms. Ives stated as a point of order, a formal motion, a second, and a vote as to the actual action item is needed on agenda item 4.

Ms. Hoskins asked are we making an actual item, or are we confirming dates or just working on assignments to bring to the next meeting?

Ms. Ives stated they are working on assignments, an actual action item moving forward on the bills they have chosen to address and potentially revisit is needed.

LINDA GABOR ENTERTAINED A MOTION TO BRING TO THE NEXT SUBCOMMITTEE MEETING INFORMATION FOR A POSSIBLE LETTER ON AB 119 BY Dr. DAVIS, AB 192 BY Ms. GABOR, AB 198 BY Ms. HOSKINS, AB 287 BY Ms. HOSKINS. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

Ms. Hoskins asked if they wanted to have something about AB 256.

Ms. Simpson mentions they did not discuss bill AB 256.

Ms. Gabor asked if someone would like to put together bullet points for AB 256 for consideration at the next subcommittee meeting.

Ms. Simpson stated she would provide bullet points for AB 256.

MS. GABOR ENTERTAINED A MOTION TO INCLUDE AB 256 BY Ms. SIMPSON. Ms. SIMPSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

Ms. Gabor asked for any public comment.

Dr. Davis mentioned they need to vote.

Ms. Gabor asked can we have a vote, all in favor, say yes.

Dr. Davis agreed.

Ms. Hoskins agreed.

Ms. Simpson agreed.

Ms. Gabor stated the passed by unanimous vote. She asked for any additional public comment.

No public comment

6. Public Comment

No Public Comment.

7. Adjournment

11:16 AM