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NEVADA RARE DISEASE ADVISORY COUNCIL DRAFT MEETING MINUTES

Date: 12/06/2024
9:33AM – 10:54AM

Meeting Locations:

Pursuant to NRS 241.020(3)(a) as amended by Assembly Bill 253 of the 81st Legislative Session, this meeting was convened using a remote technology system and there was no physical location for this meeting.

Chair Annette Logan-Parker opened the meeting at 9:33AM.

1) INTRODUCTIONS AND ROLL CALL

COUNCIL MEMBERS PRESENT:

Annette Logan-Parker (CHAIR); Gina Glass (Vice-Chair); Jennifer Millet, DNP, RN; Valerie Porter, DNP, APRN, AG-ACNP-BC, MBA; Naja Bagner (technical difficulties); Craig Vincze, PhD; Christina Thielst, LFACHE, MHA; Sumit Gupta, MD; Brigette Cole; Melissa Bart-Plange; Pamela White; Dr. Devraj Chavda; and Dr. Verena Samara (Quorum=9)

COUNCIL MEMBERS ABSENT:

Amber Federizo, DNP, APRN, FNPBC; Paul Niedermeyer – leave of absence; Kim Anderson-Mackey – absent (excused); and Ihsan Azzam, MD, PhD;

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:

Ashlyn Torrez, *Health Program Specialist I, Office of State Epidemiology (OSE), DPBH*; and Kevin Dodson, *Administrative Assistant III, OSE, DPBH*

OTHERS PRESENT:

Amber Williams; Cade Grogan; Ken Kunke; Zach Rosko; Dr. Iljana; Elyse Monroy-Marsala; Evan Williams; Madison Bowe; Sabrina Schnur; Tom McCoy; and Lea Case

Roll call was taken and is reflected above. It was determined that a quorum of the Rare Disease Advisory Council (RDAC, the Council) was present.

2) **PUBLIC COMMENT:**

Chair Logan-Parker opened the floor for public comment

Hearing none, Chair Logan-Parker moved on to the next agenda item.

- 3) POSSIBLE ACTION: Approval of minutes from October 4, 2024, Rare Disease Advisory Council Meeting. – *Council Members*

Chair Logan-Parker stated the minutes have been posted on the Department of Health and Human Services (DHHS) website and asked the Council for a motion to approve the minutes.

Vice-Chair Gina Glass motioned to approve the meeting minutes from prior council meeting dated 10/04/2024. Councilmember Valerie Porter seconded the motion to approve. There were no objections. A quorum voted to approve the prior meeting minutes.

- 4) FOR POSSIBLE ACTION: Discussion and possible action to approve the annual report that is due to Governor Lombardo and the Director of the Legislative Counsel Bureau in December 2024, pursuant to Nevada Revised Statutes [\(NRS 439.5077\(2\)\(b\)\(2\)\)](#). – *Council Members*

Chair Logan-Parker announced that the report was reviewed in detail during the October 4th Council meeting and the suggestions have been incorporated into the report and are ready for final approval. Chair Logan Parker stated the report was listed on the DHHS website and asked the Council for a motion.

Councilmember Valerie Porter motioned to approve the Nevada RDAC 2024 Annual Report. Vice Chair Gina Glass seconded the motion to approve. There were no objections. A quorum voted to approve the Nevada RDAC 2024 Annual Report.

- 5) FOR POSSIBLE ACTION: Discussion and possible action to recommend to the Director of Department of Health and Human Services to appoint Madison Bowe to fulfill [NRS 439.5075\(2\)](#). The Council may, by affirmative vote of a majority of its members, request the Director to appoint to the Council additional members who have expertise on issues studied by the Council. Such members serve for a period determined by the Council. – *Council Members*

Chair Logan-Parker introduced Ms. Madison Bowe who is interested in becoming a member of the Nevada RDAC. Ms. Bowe's resume and her letter of intent was posted on the Department of Public and Behavioral Health (DPBH) Nevada RDAC website for the Council's review. Chair Logan-Parker asked Ms. Bowe to address the Council and share her interest in becoming a member of the RDAC.

Ms. Madison Bowe replied she has nothing further, and her letter speaks for itself.

Chair Logan-Parker thanked Ms. Bowe and asked the Council for a motion.

Councilmember Dr. Craig Vincze motioned to approve the recommendation of Ms. Madison Bowe to the Director of DHHS for appointment to the Council. Councilmember Christina Thielst seconded the motion to approve. There were no objections. A quorum voted to approve the recommendation of Ms. Madison Bowe to the Director of DHHS for appointment to the Council.

- 6) INFORMATIONAL ITEM: Introduction of Nevada Pharmacy Alliance and an overview of current proposals for Bill Draft Requests (BDRs) 38-218 in the 83rd Legislative Session (2025) sponsored by Senator Jeff Stone that will revise provisions relating to coverage and reimbursement for services provided by pharmacists, and BDR 57-344 and BDR 40-343 in the 83rd Legislative Session (2025) sponsored by Assemblymember David Orentlicher that revises provisions relating to health care. – *Ken Kunke, PharmD, Executive Director, Nevada Pharmacy Alliance*

Chair Logan-Parker introduced Mr. Kenneth Kunke with the Nevada Pharmacy Alliance (NPA) and opened the floor to Mr. Kunke.

Mr. Kenneth Kunke thanked Chair Logan-Parker and the Council for their time. Mr. Kunke shared his Presentation: Nevada Pharmacy Alliance 2025 Legislative Goals.

Mr. Kunke introduced himself as the Executive Director of the Nevada Pharmacy Alliance and a practicing pharmacist in Nevada since 2003. Mr. Kunke introduced Mr. Zach Rosko who serves as the Chair of on the Legislative and Advocacy Committee with NPA and is a licensed and practicing pharmacist in Nevada. Mr. Kunke presented two Bill Draft Requests (BDR) for the Council's support as these BDRs will affect individuals with rare diseases. Mr. Kunke expressed that Nevada ranks third worst in the nation for lack of health care professionals providing primary care. Mr. Kunke added that Nevada has 2,700 pharmacists that are practicing but Nevada laws prevent the pharmacists from performing clinical services. In 2004, every pharmacy school within the United States started requiring a Doctor of Pharmacy degree to meet a requirement of the PharmD Program Accreditation Body to include more clinical training. Mr. Kunke stated that Nevada's pharmacy school has a three-year accelerated program compared to other states. Mr. Kunke added most pharmacy students do additional training such as residencies and fellowships. Mr. Kunke emphasized that after a pharmacist is licensed, pharmacists will do what other healthcare professionals do daily and use evidence-based medicine and clinical guidelines. Mr. Kunke expressed that Nevada pharmacists should be allowed to do more clinical services than what current Nevada law dictates. Mr. Kunke asked the Council to think about pharmacists in all practice settings when going over the BDRs in later slides. Mr. Kunke introduced Mr. Zach Rosko to continue with the presentation.

Mr. Zach Rosko thanked Mr. Kunke for the introduction. Mr. Rosko explained current legislation has not been comprehensive of all the services a pharmacist can provide, such as prescribing or dispensing hormonal contraception and providing Human Immunodeficiency Virus (HIV) prevention services. Mr. Rosko added that pharmacists in Nevada are providing care in collaborative practice settings and are not able to receive Medicaid reimbursements under current legislation. Mr. Rosko stated pharmacists have inconsistencies in their ability to order laboratory tests which limits pharmacists in implementation plans for the patient in pharmacist provided care. Mr. Rosko stated that current legislation in Nevada for pharmacists uses bright-line regulations which causes barriers to care by not allowing the pharmacist to

shift to meet the needs of patients. Mr. Rosko defined standard of care as a benchmark used to measure the quality of care given in a specific case, to assess whether the care provided met acceptable professional standards. Current legislation for healthcare professionals uses standard of care regulations. Mr. Rosko explained that in Nevada, standard of care laws allow a provider to provide clinical services that are not prohibited by state or federal law and requires the provider to only provide services within the providers education, training, and experience. Mr. Rosko stated that other states are proposing standard of care laws be applied to pharmacy, such as Idaho in 2017 and more recently Iowa. Mr. Rosko added that Bill Draft Request (BDR) 344 will allow pharmacists to prescribe for conditions that do not require a new diagnosis and will allow for pharmacists to order lab work and serve as directors of Clinical Laboratory Improvement Amendment (CLIA) exempt laboratories.

Mr. Kunke thanked Mr. Rosko and added the regulation of pharmacists, has been evolving since 2004, shifting from strict, bright-line regulations to a standard of care approach. Mr. Kunke added that over the past 20 years, many states have allowed pharmacists to provide clinical services within defined limitations, and there has been no evidence to suggest that these practices are unsafe. Mr. Kunke continued by stating that federal healthcare systems, including Veterans Affairs (VA) hospitals, Indian Health Services, and other similar agencies, already permit pharmacists to deliver clinical services. Mr. Kunke stated that during the Coronavirus disease (COVID-19) pandemic pharmacists were given the authority to do CLIA waived testing for COVID-19, where the patients' sample would be collected then tested and pharmacists could prescribe medications based on the test results. Mr. Kunke added that the authority granted during the COVID-19 pandemic will be expiring at the end of December 2024. Mr. Kunke stated the Cicero Institute, and the Cato Institute are nonpartisan public research organizations wanting to see these BDRs become Nevada law. Mr. Kunke added that the second BDR will address payment for clinical services through Medicaid for pharmacists. Mr. Kunke stated pharmacists conduct comprehensive medication reviews, where they assess the patient. Under current legislation, they cannot bill Medicaid for pharmacist-provided patient care, but Nevada's pharmacist scope allows for such care. Mr. Kunke stated there are differences between getting paid through a pharmacy benefit manager for dispensing medication and getting paid through clinical services. Mr. Kunke explained that pharmacists getting paid for clinical services in a clinical service type setting and current legislation states that the rate is equal or greater than that provider provided by a physician's assistant (PA) or Advanced Practice Registered Nurse (APRN). Mr. Kunke added that in 2022 Maryland proposed a similar bill during Maryland's legislative session and was unsuccessful but created a workgroup which determined commercial insurance and Medicaid should pay or reimburse for clinical services. Mr. Kunke added the bill was brought back to Maryland legislators in 2023 and passed. Mr. Kunke expressed his hope in having Nevada reimburse for clinical services through Medicaid is more pharmacists will perform clinical services.

Mr. Rosko showed all the organizations supporting these BDRs. Mr. Rosko commented these BDRs will help patients that suffer from rare diseases by enabling payment mechanisms under Medicaid and removing the administrative barriers to pharmacists providing services already being done in Nevada. Mr. Rosko added pharmacists will be allowed to provide supportive care for patients with rare diseases by VLIAS-waived tests, emergency refills, and comprehensive medication reviews. Mr. Rosko stated patients living in rural communities with limited access to care will have opportunities to receive clinical care through pharmacists within a clinical setting or help to expand specialist provider workforce and team-based care offerings in the rural communities. Mr. Rosko stated that pharmacists can become

Board Certified and obtain additional specialty accreditations, such as becoming a Board-Certified Oncology Pharmacist. Mr. Rosko summarized that in Nevada pharmacists want to move away from bright-line regulations and all associated barriers to access of care and engage with other providers using evidence-based research and clinical guidelines. Mr. Rosko thanked the Council for their time and asked for questions.

Chair Logan-Parker thanked Mr. Kunke and Rosko for their presentation and opened the floor for questions.

Councilmember Christina Thielst expressed her excitement for the BDRs. Ms. Thielst commented pharmacists were a key part of the clinical team when she was a hospital administrator. Ms. Thielst felt that pharmacists' skills should be leveraged to help patients because there are not enough providers. Ms. Thielst added as a taxpayer, she highly supports these BDRs.

Councilmember Valorie Porter commented she currently works at the VA hospital and recalled working and collaborating with clinical pharmacists to be extremely helpful not only to her but also to her patients. Ms. Porter was hopeful the BDRs will pass as it helps everyone involved and made a world of a difference in Ms. Porter's practice.

Councilmember Dr. Sumit Gupta shared he currently works as an oncologist for Cure 4 The Kids Foundation. He explained in his practice; he often encounters patients who stop attending clinic appointments when their medications are being refilled. Dr. Gupta noted one of the BDRs would allow pharmacists to refill prescriptions without requiring a new diagnosis, which could lead to patients skipping follow-up visits. He emphasized for certain medications, especially in children, there are side effects that need to be closely monitored, and these could potentially go unnoticed if patients do not come in for regular check-ups.

Chair Logan-Parker emphasized the importance of pharmacists as key members of the Cure 4 The Kids multidisciplinary team. She noted the challenge lies in balancing the clinical appropriateness mentioned by Dr. Sumit Gupta with the practical realities faced by organizations like Cure 4 The Kids. Chair Logan-Parker pointed out while clinical team members, including pharmacists, receive professional salaries, there is no reimbursement mechanism for the time spent managing complex cases. She acknowledged that it is common for pharmacists to spend 45 minutes on complex medication management when collaborating with physicians, nurse practitioners (NPs), and physician assistants (PAs). In agreement with Dr. Gupta, she emphasized the need to ensure patients receive necessary follow-ups and proposed that regulations require patients to be seen by their provider within a specified timeframe before a pharmacist can refill medications.

Mr. Kunke replied pharmacists do not want to replace primary care providers or specialists. He added that pharmacists will focus on addressing simpler and more straightforward issues that patients struggle to access care for. He noted that pharmacists are risk-averse and prefer clear, defined cases, and if the patient's condition gets severe or complex, the patient will be referred to the providers. Mr. Kunke stated that a similar bill in Montana passed and reported seeing increased coordination between pharmacists and healthcare providers. Mr. Kunke expressed that doctor visits will not be reduced, and

the system will help patients who previously lacked primary care access to find providers and receive better care coordination.

Mr. Rosko added to Mr. Kunke's comment, and stated the same standard of care applying to physicians will apply to pharmacists. He noted that the intent would not have the pharmacists blindly issuing a refill to extend the patient's supply there would be a clinical decision and collaboration with the primary care provider or specialist.

Chair Logan-Parker thanked both Mr. Kunke and Mr. Rosko and inquired about BDR 218, specifically regarding the reimbursement aspect. She asked if there would be any challenges in obtaining credentials with the payer or Medicaid, noting that physicians and nurse practitioners are required to renew their credentials every two years.

Mr. Kunke stated pharmacists would need to contract and obtain credentials with insurance companies to be able to receive reimbursement. He noted the process would be a slow uptake because the insurance companies will have to create their own billing codes.

Chair Logan-Parker asked if there will be an obstacle between a PharmD-prepared pharmacists and pharmacists with a master's degree who are grandfathered under their current licensing. Chair Logan-Parker also asked if the new requirements require a pharmacist to have a PharmD due to the additional clinical training or if pharmacists with a master's degree will be grandfathered in.

Mr. Kunke replied there are no stipulations he is aware of, and noted just like every other healthcare professional, pharmacists need to be able to demonstrate their training and knowledge and justify their decisions if questioned by the Board of Pharmacy or Board of Medical Examiners. He added that Continuing Education (CE) requirements and additional certifications can cause barriers due to cost. He noted only 30 percent of pharmacists have a Board Certification or residency training in Nevada.

Chair Logan-Parker asked if the responsibility would fall to the organization and employer to cover the cost of the CE requirements.

Mr. Kunke confirmed.

Chair Logan-Parker commented Cure 4 The Kids Foundation has their own credentials and guidelines that outline the scope for a licensed practitioner and pharmacists and felt there were overlaps in the guidance. Chair Logan-Parker asked if there will be any impact to accreditation bodies.

Mr. Kunke replied Nevada Pharmacy Alliance had conversations with Board of Pharmacies, other states, Laboratory Directors, Nevada Medicaid, and the Department of Health and Human Services (DHHS) and all but the Laboratory Director interpreted pharmacists are allowed to order lab work for patients. Mr. Kunke clarified there are no plans for pharmacists to perform blood draws, as this would require a different license. Mr. Kunke noted pharmacists will conduct certain CLIA-waived tests but a referral for some lab work, like blood work, would need to be handled by lab technicians.

Chair Logan-Parker commented Cure 4 The Kids Foundation works with accrediting bodies and the health departments, and asked how the employers would be impacted by requiring pharmacists to be Board Certified or complete residency training.

Councilmember Melissa Bart-Plange asked for clarification on what circumstances will the pharmacists be able to fulfill a medication. Ms. Bart-Plange added if there was a neurologist who prescribes multiple medications and the pharmacist was unaware of a previous diagnosis, can the pharmacist deny the patient the medication. Ms. Bart-Plange expressed her concern for a patient going without their prescribed medication because the pharmacist did not understand the provider's full plan of care.

Mr. Kunke replied neither of the BDRs will impact dispensing medications and Nevada has laws in place to justify the pharmacist's decision to not fulfill a prescription. He added the pharmacist could deem the prescription unsafe. Mr. Kunke stated that when a pharmacist denies fulfilling a medication for a patient, the pharmacist will be required to work with the provider.

Ms. Bart-Plange thanked Mr. Kunke.

Councilmember Dr. Devraj Chavda commented as a neurologist and an epileptologist, he has concerns with medications for children with epilepsy and the risks of long-term use including potential for abuse and challenging managing medications after a new diagnosis. He noted situations where children who have been on medications long-term face issues like glitches in the system that prevents timely access to refills. Dr. Chavda agreed that pharmacists should be able to have a short-term supply like a three-day refill to ensure that the patient can continue their treatment while waiting to be seen by their provider, but he expressed concern about the risks of renewing medications for long periods of time without the proper oversight of the healthcare provider or specialist.

Councilmember Pamela White expressed interest in the discussion and desire to learn more about the role of pharmacists in a hospital setting. Ms. White shared her experience with her son, where her son's medication was changed at the hospital and Ms. White was told the pharmacist made that decision. Ms. White asked how the decision-making process works for pharmacists as it relates to BDR 344 and wondered if the decision would be based on patient records alone or seeing the patient in person. Ms. White expressed she would like to have more information on BDR 344 before voting later during the meeting to submit a letter of support to the legislators for BDR 344.

Mr. Rosko replied medications received during inpatient care have a formulary procedure that hospitals must follow. Hospitals cannot stock every medication, so they choose medications based on conditions, costs, and clinical data, and these choices can change over time. When a patient is admitted, they may be switched to a medication equivalent, especially if a patient's usual medication isn't available. This change is often managed by hospital pharmacy staff. BDR 344 being discussed will not affect this standard practice of managing hospital formularies. Mr. Rosko answered Ms. White's second question, stating pharmacists cannot look at only patient records alone and would need to have a patient-provider relationship to be able to prescribe medications the patient needed.

Ms. White stated she uses her son as an example to express her frustrations on why the medication and dosage that was working keeps changing every visit.

Chair Logan-Parker thanked Ms. White for expressing her concerns and asked to postpone this part of the conversation due to time constraints.

Ms. Porter reiterated her patient population is adults, and their pharmacists meet with each patient individually upon admission and during discharge to review medications.

Chair Logan-Parker noted reimbursement requirements would need proper documentation and most likely will not reimburse without proper notes. She asked for any other questions for Mr. Kunke and Mr. Rosko.

- 7) FOR POSSIBLE ACTION: Discussion and possible action for the Council to submit a letter of support of BDR 38-218 in the 83rd Legislative Session (2025) sponsored by Senator Jeff Stone that will revise provisions relating to coverage and reimbursement for services provided by pharmacists and allow the letter of support be submitted to the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services. – *Council Members*

Chair Logan-Parker asked the Council for motion.

Councilmember Valerie Porter motioned to approve RDAC sending a letter of support for BDR 218 of the 83rd Legislative Session (2025) the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services. Councilmember Dr. Craig Vincze seconded the motion to approve. There were no objections. A quorum voted to approve RDAC sending a letter of support for BDR 218 of the 83rd Legislative Session (2025) to the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services.

- 8) FOR POSSIBLE ACTION: Discussion and possible action for the Council to submit a letter of support of BDR 57-344 in the 83rd Legislative Session (2025) sponsored by Assemblyman David Orentlicher that revises provisions relating to health care and allow the letter of support be submitted to the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services. – *Council Member*

Chair Logan-Parker asked for a motion.

Councilmember Valerie Porter motioned to approve RDAC sending a letter of support for BDR 57-344 83rd Legislative Session (2025) the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services. Councilmember Christina Thielst seconded the motion to approve. There were no objections. A quorum voted to approve RDAC sending a letter of support for BDR 57-344 83rd Legislative Session (2025) the Nevada State Assembly – Health and Human Services and the Nevada Senate Health and Human Services.

- 9) INFORMATIONAL ITEM: Review the new Rare Disease Advisory Council Member Packet for new and upcoming Council Members. – *Chair Annette Logan-Parker*

Chair Logan-Parker introduced the agenda item of creating a new member packet for RDAC to help new members quickly get up to speed. She stated that the Council’s support staff has created a draft based on other councils' approaches, and the Council is encouraged to provide feedback on what would have been helpful when they first joined. The subcommittee will finalize the packet, and once it's ready, it will be presented to the full Council.

Ms. Christina Thielst recommended to include the Council’s roles and authorities from an ethical standpoint such as social media postings.

Chair Logan-Parker thanked Ms. Thielst and asked her for any examples that she might have.

Ms. Thielst replied that she would get the information to her.

Chair Logan-Parker thanked Ms. Thielst.

Ms. Valerie Porter expressed her appreciation for the welcome packet.

- 10) INFORMATIONAL ITEM: Presentation on Council members Melissa Bart-Plange and Christina Thielst’s experiences at the National Organization of Rare Disease (NORD) 2nd Annual Rare Disease Advisory Council (RDAC) Leadership Conference that was held on October 20th, 2024, in Washington, D.C. – *Council Members Melissa Bart-Plange and Christina Thielst*

Chair Logan-Parker opened the floor to Ms. Melissa Bart-Plange and Ms. Christina Thielst.

Ms. Bart-Plange reflected on their first year attending a conference with 50 council members from 25 states, where they discussed challenges, resources, and tactics for improving state councils. They learned about the option of pursuing appropriations, strategies for increasing participation, and how different states are conducting research, including the use of surveys. The conference also covered topics like prescription drug affordability boards and pricing, with insights into Nevada’s ongoing efforts to create its own board, as well as the value of having state-specific representatives like those from Congress or Medicaid on councils.

Ms. Thielst noted Ms. Bart-Plange and herself are working on summarizing their takeaways from the conference such as drug pricing, the role of an ethics commissioner, and strategies for increasing community engagement like inviting legislators to meetings and connecting with patient communities for public input.

Chair Logan-Parker thanked both Ms. Plange and Ms. Thielst and looks forward to their meeting notes and presentations. Chair Logan-Parker expressed that looking at what other Rare Disease Advisory Council’s (RDAC’s) are doing is an important part of growing.

- 11) INFORMATIONAL ITEM: Update on the ‘While You Wait’ Needs Assessment Campaign that will evaluate the diagnosis and patient management aspects crucial for the continuation of care of individuals with rare diseases in the state of Nevada. – *Chair Annette Logan-Parker*

Chair Logan-Parker reported that 196 people logged in to complete the needs assessment survey, with 121 finishing it completely. She expressed uncertainty about how many participants would return to complete the survey in June, noting a spike of 16 completed assessments in that month. She plans to analyze whether this increase was linked to media coverage, news articles, or social media initiatives to understand what worked.

- 12) INFORMATIONAL ITEM: A comprehensive overview and discussion of the National and International RDACs that Chair Logan-Parker and team have conducted to look at various RDAC practices, needs assessments, and advocacy strategies. – *Chair Annette Logan-Parker*

Chair Logan-Parker shared the interviews conducted with other RDACs aligns with insights from Ms. Bart-Plange and Ms. Thielst, highlighting the importance of strengthening legislative engagement. She mentioned that a summary report of the findings is available on the Department of Health and Human Services (DHHS) website and can be emailed to the Council. The findings emphasize the need for a clear understanding of roles in public awareness campaigns and the importance of diverse funding partnerships, as the effectiveness of their efforts is limited by available resources.

- 13) INFORMATIONAL ITEM: Council member information sharing announcements – *Council Members*

Chair Logan-Parker opened the floor to Council members to share any announcements.

Hearing none, Chair Logan-Parker moved on to public comment.

- 14) PUBLIC COMMENT:

Chair Logan-Parker opened the floor for public comment.

Hearing none, Chair Logan-Parker moved on to adjourn the meeting.

- 15) ADJOURNMENT – *Chair Annette Logan-Parker*

Chair Logan-Parker moved to adjourn the December 6th, 2024, meeting at 10:54 am.