

November 20, 2024 10:00 AM – 12:00 PM EST

Online: https://cdcfoundation.zoom.us/j/95576224466 (virtual only)

MINUTES

Commissioners in Attendance Delegate Heather Bagnall Mr. Chris Brandt Dr. Meena Brewster Dr. Nilesh Kalyanaraman Senator Clarence Lam Dr. Matt Levy Dr. Boris Lushniak Dr. Tosin Olateju Ms. Fran Phillips Dr. Maura Rossman Ms. Michelle Spencer Dr. Nicole Rochester <u>Commissioners Absent</u> Ms. Camille Blake Fall Ms. Jean Drummond Ms. Alyssa Lord

I. Call to Order

Mr. Allen Twigg

The meeting was called to order by Co-Chair Boris Lushniak around 10:03am, who offered opening remarks and praise for the progress of the report draft under consideration.

II. Adoption of the Agenda

Boris gave an overview of the agenda and invited a motion. Tosin made a motion to adopt, Maura seconded. The agenda was adopted as presented.

III. November 07 Minutes Review and Approval

Boris noted the minutes were distributed for the November 07 monthly meeting in advance. Maura made a motion to approve and it was seconded by Meena Brewster. The minutes were approved.

IV. Review and discussion of the 2024 Interim Report

Boris gave a brief reminder of the process for the interim report development and invited Ms. Sarah Borah, Commission staff support, to provide an overview of the current draft. Sarah noted that several iterations of the report had been reviewed and refined. This draft includes

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those revisions and is presented in a cohesive voice that helps to tell the Commission's story over the past year and documents the efforts of the workgroups. She noted the format shown is not final and it will be sent to a graphics designer working with the CDC Foundation to layout and finalize with the edits from today's meeting. Boris opened the floor to Commissioners' comments. Commissioners offered their reactions and suggestions in turn. Several Commissioners remarked on the report's progress and its thoroughness.

Fran noted that the Maryland Health Services Cost Review Commission is seeking public comment on the AHEAD model and its implementation strategy remarked that the Preface of the report is drafted to help bolster support for that work as well as make clear the connections between the clinical health system and public health system. She noted several Commissioners expressed interest in submitting a comment to the HSCRC in support of the AHEAD model and ensuring that public health is included in the work of implementation. Chris expressed support for submitting a comment. Boris asked for the public comment question to be tabled until after the report discussion is concluded. This will be introduced as new business.

Generally, there was consensus on clarifying the inclusion of the state health department in addition to local health departments; providing additional definition about the role and responsibilities of the Maryland Department of Health and its Secretary; clarifying what the role of the Chief Health Strategist is and how that functions in a mostly shared governance model; connecting the Commission's work to the efforts of the state health department and its initiatives such as the State Health Improvement Plan; and, refining the materials in the appendix to reflect current data.

More in-depth discussion ensued related to several items in the report. Particularly, some Commissioners advocated clarifying in particular the role of the Secretary to denote the impact and importance of that role beyond the cursory mention of administering statewide health programs currently contained in the draft. The framing questions were identified as helpful, but needing more precision to reflect the nuances of workgroups and different system partners.

The *Themes* section of the report generated a lot of discussion; there were concerns that themes are too premature for this stage of the work. Moreover, it was noted the themes currently appear to be geared towards local health departments, which neglects the role of other system partners. The discussion culminated in agreement that 'themes' would be changed to 'issues' to reflect better the evolving nature of the content. The content of these 'issues' would expectedly change once the results are available from the Assessment Team and Workgroups have the opportunity to consider the findings with their own analysis efforts.

It was also suggested that the Next Steps and Analysis of Primary Data sections be updated to

include language that reflects the Commission's high-level assessment of existing infrastructure as a means to understand the programs, budgets, outputs, and long-term effects. Specifically, the Commission has an opportunity to highlight the importance of investing in public health for long-term economic growth and wellbeing in Maryland.

V. Adoption of the 2024 Interim Report

Boris called for a motion to adopt the report, as amended, and directing submission as required by House Bill 1333 (2024). Maura made a motion to adopt the report, as amended, and Chris seconded. The motion carried and the report was adopted as amended.

VI. New Business

Boris recognized Fran and Chris for new business. Referring to earlier discussion, Fran and Chris noted that the Maryland Health Services Cost Review Commission is seeking public comment on the AHEAD model and its implementation strategy. They noted the preface that was drafted for the 2024 interim report could be adapted to be submitted as a public comment on behalf of the Commission on Public Health. The Commissioners discussed and generally viewed the opportunity as a favorable one. Chris made a motion directing the Co-chairs to submit a public comment to the HSCRC on behalf of the Commission; Meena seconded. The motion carried. The Co-chairs will submit written testimony and discuss how best to handle in-person comments.

VII. Announcements

Boris reminded Commissioners the next meeting will be on December 5 from 2:00 PM to 5:00 PM at Prince George's County Government Building with virtual option. He reviewed the current 2025 meeting dates and reiterated that the final report is due in October 2025; the Commission does not sunset until June 2026, however, and the work then shifts to promoting the Commission's report and recommendations.

VIII. Adjournment

The meeting was adjourned at approximately 11:55am.