



County of San Diego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, April 6, 2021
3:00pm to 5:00pm
Microsoft Teams

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 8 – District 4	Arroyo, Geysil	Seat 14 - Consumer	Dailey, Jack	<i>Health and Human Services Agency Budget Office Fee Package</i> Brian Lewis, Departmental Budget Manager <i>Racial and Ethnic Approaches to Community Health Grant Supplemental Funds for Increasing COVID-19 and Influenza Vaccination Coverage</i> Thomas Coleman, MD, MCFHS, Medical Director	Dr. Wilma Wooten, Public Health Officer & Director, PHS Dr. Elizabeth Hernandez, Assistant Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Dr. Kelley Motadel, Child Health Officer, MCSD Thomas Coleman, MCFHS, Medical Director
Seat 13 – Health Center Partners of Southern California; for Henry Tuttle	Fraser, Tim (Alternate)	Center for Health Education & Advocacy	(Alternate)		
Seat 11 - San Diego County Medical Society	Hegy, Paul	Seat 11 - San Diego County Medical Society	Ohmstede, Jennipher (Alternate)		
Seat 7 - District 4 – James Lepanto Consulting	Lepanto, James	Seat 13 – Health Center Partners of Southern California For Dimitrios Alexiou	Tuttle, Henry		
Seat 2 – District 1 – A Healthier Me	Afflalo, Suzanne	Seat 15 - Behavioral Health Advisory Board	Wade, Lindsay		
Seat 14 - Consumer Center for Health Education & Advocacy	Knoll, Gregory		Mendel, Jenifer (Alternate)		
Seat 12 - Hospital Association of San Diego and Imperial Counties	Sumek, Caryn (Alternate)	Seat 12 - Hospital Association of San Diego and Imperial Counties	Alexiou, Dimitrios		
Seat 16 - Healthy San Diego Professional Advisory Committee	Seldin, Harriet (Alternate)	Seat 15 – Behavioral Health Advisory Board	Matthews, Michael		
<i>New Member</i>	Walters, Todd	Seat 9 – District 5	Remington-Cisneros, Therese		

Members Present		Members Absent/Excused		Presenters	HHSA Support
<i>New Member</i>	Melgoza, Ana	Seat 16 - Healthy	Schultz, James		Adrienne Yancey
<i>New Member</i>	Hailey, Katelyn	San Diego			MCFHS, Acting
<i>New Member</i>	Alverson, Lisa	Professional			Chief
<i>New Member</i>	Correa, Linda	Advisory			
		Committee			Alison Sipler
		Seat 19 - District 3	Vacant		MCFHS, Program
		Seat 6 – District 3	Cohen, Stuart		Coordinator
		Seat 4 - District 2	Connelly, LaVonna		
		Business Owner			Romina Morris,
		Seat 1 - District 1	Parker, Richard		PHS,
		Seat 3 - District 2	Shaplin, Judith		Departmental
		Mountain Health			Budget Manager
					Edward Smith,
					PHS, Agency and
					Programs
					Manager
		<i>Acronyms:</i>			
		HSDPA: Healthy	HASDI: Hospital		Danielle
		San Diego	Association of San		Dorrington, PHS
		Professional	Diego and Imperial		Admin, Admin.
		Advisory			Analyst III
		SDCMS: San Diego	CCHE: Consumer		Seema Shah, EISB,
		County Medical	Center for Health		Asst Medical
		Society	Education		Director
		HCPSC: Health	BHAB: Behavioral		Chesley Blevins,
		Center Partners of	Health Advisory		MCFHS, Health
		Southern California	Board		Planning and
					Program Manager
			HSDCA: Healthy San		Pedro Hirsch,
			Diego Advisory		Administrative
					Secretary II, PHS

Members Present		Members Absent/Excused		Presenters	HHSA Support
					<p>Additional COSD Staff Present:</p> <p>Ardee Apostol, HHSA, Asst Group Finance Director</p> <p>Brian Lewis, Public Safety Exec. Office, Departmental Budget Manager</p> <p>Max Endoso Jr., Budget Office, Principal Admin Analyst</p> <hr/> <p>Other Attendees:</p> <p>Barbara Orozco-Valdivia, Stakeholder Engagement Manger, Blue Shield California</p> <p>Judith Yates, BHS Board, Chair</p> <p>Samhita Ilango, Student</p>

Minutes	Lead	Follow- up Actions	Due
4/6/2021	Board Members	Send updated contact info and picture to Anuj.	Ongoing

4/6/2021	Board Members – James Lepanto	Complete Ethics Training.	ASAP
4/6/2021	James Lepanto	Chair will schedule A Hoc meeting got Supervisor Fletcher to attend.	TBD
4/6/2021	Paul Hegyi, James Lepanto	Bills reviewed by the Legislative Committee will be discussed in May. Presentation needed.	N/A
4/6/2021	Anuj Bhatia	Questions on Youth Discussion will be send out.	TBD
Next Meeting: HSAB Meeting: Tuesday May 4, 2021, 3:00 – 5:00 pm – Microsoft Teams			
Agenda Item		Discussion	
I. Welcome & Introductions		<ol style="list-style-type: none"> 1. James Lepanto called the meeting to order at 3:00 PM. 2. Roll call was noted and quorum established. 3. Notes to share: <ol style="list-style-type: none"> a. James thanked the entire Public health team, noting it was National Public Health Week. b. Dr. Parker and Dr. Cohen were not reappointed. James thanked them for their service and the expertise that they brought to the HSAB board. c. James introduced the 5 new Board Members: Lisa Alverson, Katelyn Hailey, Linda Correa, Ana Melgoza and Todd Walters. d. Greg Knoll apologized to the Board about his comments during the March meeting. 	
II. Public Comment		No public comment.	
III. Action Items		<ol style="list-style-type: none"> 1. Approval of March Agenda and January Meeting Minutes <ol style="list-style-type: none"> a. Agenda: Moved by Judith Shaplin and seconded by Geysil Arroyo. b. Minutes: Moved by Greg Knoll and seconded by Tim Fraser. 2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved. 	
IV. Public Health Officer’s Report By Dr. Wilma Wooten		<ol style="list-style-type: none"> A. Infectious Disease Issues <ol style="list-style-type: none"> 1. Influenza (As of week ending March 27, 2021) 2. For the 2020/2021 flu season, CDC disease week ending March 27, 2021, there have been 727 lab confirmed flu cases reported and one death. This compares to a previous three-year average for the same time of the year of 17,073. 3. The total number of influenza vaccinations registered this flu season to date is 1,208,056 through February 27, 2021. 	

	<ol style="list-style-type: none">4. Given the small number of cases this season, this season’s last weekly report was issued on March 3, 2021 with data through February 27, 20215. 2019 Novel Coronavirus (As of March 29, 2021)6. The current number of COVID-19 cases in the U.S. is over 30,085,827 and 546,704 deaths <p>B. California Cases</p> <ol style="list-style-type: none">1. The current number of cases in CA is now 3,564,468 cases and 57,778 deaths.<ol style="list-style-type: none">i. San Diego Cases2. San Diego County residents – 269,770 with 3,547 deaths<ol style="list-style-type: none">a. The current number of COVID-19 vaccines administered as of 4/02/2021 is as follows:<ol style="list-style-type: none">i. 2,689,348 = San Diego County population 16 years of age and older (eligible population)ii. 2,017,011 or 75% = State goal to vaccinate eligible populationiii. 1,887,395 total vaccine doses received in the regionb. 1,758,625 doses administered and entered in SDIR3. 975,811 (36.3%) San Diego County residents only received one dose vaccine4. 586,575 (21.8%) San Diego County residents only are fully vaccinated<ol style="list-style-type: none">a. See COVID-19 Watch, published Tuesday, March 30, 2021.b. Currently vaccinating Phase 1A, Phase 1B, Phase 1C.<ol style="list-style-type: none">i. April 1 – began vaccinating all persons 50 years and older (Phase 1C)ii. April 15 – will began vaccinating all persons 16 years and older (Phase 2)c. Vaccination sites include community PODs, Super Stations, other partners.d. View all information at www.coronavirus-sd.com	
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C. Board Actions

1. On February 24, 2021: San Diego County reported that the adjusted case count and hospitalizations are going down significantly, as low as they were in the Fall of 2020. Also, 20% of San Diegans had received at least the first dose of the vaccine. Lastly, schools are planning to reopen, some as early as April of 2021.
2. March 2, 2021 San Diego County HHSA along with partners provided an update on the COVID-19 response to the BOS with the following specifics:
 - i. The number of cases has continuously declined, with the last two days showing daily counts below 300.
 - ii. Almost Four million tests have been conducted
 - iii. San Diego County is steadfast in drive to vaccinate 70% of citizens 16 and older by 7/1/21.
 - iv. Commitment to Health Equity remains, with vaccination sites being inside or adjacent to those communities that are the most impacted by COVID-19.
3. On March 3, 2021, San Diego County reported that it continues to head in a proper direction to mitigate the effects of COVID-19.
 - i. The County has vaccinated the vaccinators and health care workers
 - ii. 100% of the SNF and 93% of the LTCFs have been visited at least twice with vaccine administration (Updated as per MOC Director).
 - iii. Although the case rate (as reported by the State) is at 10.8 (March 2) which was not low enough to enter the Red Tier, the County believes that there is a high possibility that in the next few weeks, it will be able to go to the lower Tier.
 - iv. San Diego County has been in conversation with the State of California with possible adjustments to the formulation to alter the case rate needed to go into the lower Tier.
 - v. San Diego County is also nearing the milestone of administering its' one millionth vaccine, but this is also met with a reality that we have a shortage of vaccines

	<ul style="list-style-type: none">4. On March 10, 2021, San Diego County reported it had been a year since having its' first COVID-19 case, and recognizes how difficult this has been for or citizens. It also recognized the difficulty in the 3,400 San Diegans that lost their lives in this Pandemic. Vaccine shortage continues to be a challenge. It also outlined two paths for entering the Red Tier:<ul style="list-style-type: none">i. The State achieves the measure of two million vaccines in a certain Healthy Places Index (HPI).ii. If the State does not hit the measure, we can do so with the percentage of positive in the Health Equity Index5. On March 16, 2021, San Diego County reported to the BOS on the COVID-19 response with the following specifics:<ul style="list-style-type: none">i. Case counts continue to decline, as it has seen a case count below 200 daily in the past two days.ii. Vaccine supply continues to be a challengeiii. As of 3/15/21, there are 279 total confirmed cases (82 more cases reported from two week ago) of the UK B.1.1.7 Variant strain. Of the total cases, there had been 4 hospitalizations (1 additional hospitalization since the last report) and 1 death (unchanged).iv. Currently, San Diego County can vaccinate 34,000 San Diegans per day, which translates to over 1 M vaccinations in a single monthv. Ensuring that Health Equity is integrated into the response remains a priority for San Diego County. <p>D. LOHP</p> <ul style="list-style-type: none">1. The San Diego Oral Health Forum will take place on June 4, 2021 and the theme will be equity.2. California Department of Public Health, Office of Oral Health released a request for application due April 21, 2021. This is a new one-time funding opportunity that will be available to support the creation and expansion of community-clinical linkages to promote oral health.	
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	<p>Comments and Questions:</p> <p><u>Question from Greg Knoll:</u> Are you worried about the possibility of a surge with the variants been the culprits?</p> <p><u>Answer from Dr. Wooten:</u> It’s certainly a possibility. But what we have to do is to get people vaccinated. That really is the charge. To get people vaccinated. We know that there are some people that are vaccination hesitant. I think we have done a great job with our partners in getting over 50% of the population vaccinated with at least one dose and over 30% with two.</p> <p><u>Question from James Lepanto:</u> What is our capacity now for San Diego for vaccinations?</p> <p><u>Answer from Dr. Wooten:</u> I think it’s almost 15,000, I don’t know it we are there yet. But we have the capacity to 35—even 41 thousand doses. But it’s all contingent on the availability of the vaccines.</p> <p><u>From Dr. Suzanne Afflalo:</u> (1) Do we need parental permission to vaccinate the 16-year-olds with the vaccine? (2) So, if we have emancipated minors? (3) The emancipation is not yet legal. (4) Is the County able to identify which sites have which vaccine? (5) I am talking about the second doses.</p> <p><u>Answer from Dr. Wooten:</u> (1) Well, that’s been worked out at the State—but I would think, yes. (2) Emancipated? Yes. (3) If a child is 12 years of age and older and they are identifying as an emancipated youth, they can make the determination. (4) I don’t think we are going to be listing. (5) They should continue to ask—we have 186 pharmacies now. I just don’t think we will be listing on the website. But if people make their second appointments they should be identifying which second vaccine they will be having.</p> <p><u>Comment from Dr. Thomas Coleman:</u> The single dose is probably [70 to 80 percent] effective. So there is substantial immunity, while they wait for the second dose.</p>	
<p>V. Health and Human Services Agency Budget Office Fee Package, Brian Lewis, Departmental Budget Manager</p>	<p>A. Fee considerations</p> <ol style="list-style-type: none"> 1. HHSA presented a comprehensive fee package to the Board of Supervisors (April 6, 2021): <ol style="list-style-type: none"> a. Public Health Services. b. Behavioral Health Services. 2. 116 HHSA fees were reviewed to ensure full cost recovery while maintaining fees that are fair and equitable for customers and the public: <ol style="list-style-type: none"> a. 43 fees tied to Medi-Cal rates requiring no change, or recommended to stay at status quo. b. 73 fees were updated. 	

B. Fees & rates proposed for board approval

Action	Number of Fees/Rates	Division Impact
Increases	9	<ul style="list-style-type: none"> Public Health Services - EMS (3) Public Health Services - Lab (5) Behavioral Health Services (1)
Decreases	7	<ul style="list-style-type: none"> Public Health Services - Lab (7)
New	26	<ul style="list-style-type: none"> Public Health Services - EMS (2) Public Health Services – CSA 17 & 69 (2) Public Health Services - Lab (22)
Deletions	21	<ul style="list-style-type: none"> Public Health Services - EMS (5) Public Health Services - Lab (16)
Ordinance Change Only	10	<ul style="list-style-type: none"> Public Health Services – CSA 17 & 69 (10)
Total Fees	73	

C. PHS Laboratory Fees

Action	Number of Fees/Rates	Description
Increases	5	<ul style="list-style-type: none"> Water fees (3) Food Borne Exam (2)
Decreases	7	<ul style="list-style-type: none"> Water fees (2) Rabies test (1) Clinical Fees (4)
New	22	<ul style="list-style-type: none"> Water fees (11) Clinical fees (11)
Deletions	16	<ul style="list-style-type: none"> Water fees (2) Clinical fees (14)
Total Fees	50	

D. EMS Fees

Action	Number of Fees/Rates	Description
Increases	3	<ul style="list-style-type: none"> Prehospital personnel fees (3) (<i>phased In over three years</i>)
New	2	<ul style="list-style-type: none"> Prehospital agency fees (2)
Deletions	5	<ul style="list-style-type: none"> Prehospital agency fees (5)
Total Fees	10	

E. County Service Area (CSA) 17 and 69 Fee Ordinance

Action	Number of Fees/Rates	Description
New	2	<ul style="list-style-type: none"> Transport fees outside of the CSA 17 and 69 (2)
Ordinance Language Change Only	10	<ul style="list-style-type: none"> Modify existing fees to specify ambulance transports originating within the CSA 17 and 69 territory (10)
Total Fees	12	


F. BHS Fees and Rates

Action	Number of Fees/Rates	Description
Increase	1	<ul style="list-style-type: none"> Edgemoor Private Pay Fee
Total Fees	1	

G. Proposed Fees and Rates

Division	Number of Fees/Rates	Description	Net Revenue Impact
PHS - Lab	50	Laboratory fees	\$ 3,614
PHS - EMS	10	EMS	\$62,386
PHS - CSAs 17 & 69	2	Out of District Ambulance Transports	\$211,962
BHS	1	Edgemoor Private Pay Rate	\$28,835
Total	63		\$306,797

Comments and Questions:

	<p><u>Question from James Lepanto:</u> Is that 306k new revenue or is that total revenue that is projected?</p> <p><u>Answer from Brian Lewis:</u> That would be new revenue based upon the fee changes.</p>	
<p>VI. Racial and Ethnic Approaches to Community Health Grant Supplemental Funds for Increasing COVID-19 and Influenza Vaccination Coverage, Thomas Coleman, MD, MCFHS, Medical Director</p>	<p>A. Background</p> <ol style="list-style-type: none"> 1. Five-year funding to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk of chronic disease. 2. Funding period: September 30, 2018 through September 29, 2023. 3. Funding source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 4. Award: \$3.96 million (5-year cycle). <p>B. Building Better Health</p>  <p>C. Reach Priority Populations</p> <ol style="list-style-type: none"> 1. African-American and Hispanic/Latino residents within Mid-City and Southeastern San Diego neighborhoods (221,376 people). <p>D. Reach Program Goals</p> <ol style="list-style-type: none"> 1. NUTRITION: <ol style="list-style-type: none"> a. Increase access to healthy food at corner stores b. Improve nutrition standards in after-school programs c. Increase access to healthy food at farmers markets d. Increase support for breastfeeding 	

	<ul style="list-style-type: none">2. PHYSICAL ACTIVITY: Improve active transportation-friendly routes3. CLINICAL-COMMUNITY LINKAGES: Improve access to lifestyle change programs and resources <p>E. Fight Flu</p> <ul style="list-style-type: none">1. Award: \$198,0002. Project period: Sept. 30, 2020 through Sept. 29, 20213. Project goals: To support education and outreach about influenza disease and associated immunization, and to increase access to influenza immunization among the REACH San Diego priority populations4. Priority populations: same as base REACH grant5. Primary target geographic location: Mid-City and Southeastern San Diego (zip codes 92102, 92105, 92113, 92114, and 92139), a total population of 334,908 residents <p>F. Expanding Vaccination Coverage</p> <ul style="list-style-type: none">1. Award: \$629,6402. Project period: March 30, 2021 – Sept. 29, 20223. Project goals: To support adult COVID-19 and influenza vaccination coverage for racial and ethnic groups who are experiencing disproportionate vaccination rates, and are at risk for adverse health outcomes associated influenza and COVID-194. Priority populations: same as base REACH grant5. Primary target geographic location: Mid-City and Southeastern San Diego (Zip Codes 92102, 92105, 92113, 92114, and 92139), a total population of 334,908 residents <p>G. San Diego COVID-19 Case Rates</p> <ul style="list-style-type: none">1. As of February 23, 2021, the COVID-19 case rate for Hispanic Americans was close to	
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three times that of Whites at 11,293.5/100,000.

2. The rate for African Americans was higher than that of Whites at 4,712.2/100,000.
3. The combination of low influenza and COVID-19 vaccination coverage rates and high COVID-19 risk could be devastating in these populations.

H. Vaccination Rates

Geographic Area	Race/Ethnicity					
	Hispanic Americans	Whites	African Americans	Asian Americans	American Indians/Alaskan Natives	Other
County of San Diego	42.4%	49.8%	30.5%*	55.3%	30.9%*	64.3%*
US	38.3%	52.8%	41.2%	52.3%	42.3%	40.1%
County of San Diego COVID-19**	82.0	169.9	70.8	145.0	121.4	N/A

I. Strategies

1. Provide data and insights to CDC detailing barriers to vaccine uptake
 - a. Conduct needs assessment to identify drivers of COVID-19 and influenza vaccine hesitancy, influential messengers, and community acceptable approaches.
2. Equip influential messengers
 - b. Educate and empower trusted voices in the community to support vaccination uptake and delivery.
3. Increase vaccine opportunities and provider partnerships
 - c. Build partnerships between vaccination service providers and the community to increase the number, range, and diversity of opportunities for vaccination.

Comments and Questions:

Question from Geysil Arroyo: How many staff members are in this grant?

Answer from Chesley Blevins: The total FTE funded is 1.2 FET and there is some additional in-kind

	<p>support from myself, Dr. Coleman, and Dr. Wooten. Funded staff is about 1.2 FTE across 7 individual.</p> <p><u>Question from James Lepanto:</u> Thank you for acknowledging HSAB’s interest in outcomes. If you could clarify for me on the vaccination rates slide, when you look at the percentage between the CCOS and the US percentage, we are considerably lower, what are the reasons for that?</p> <p><u>Answer from Dr. Coleman:</u> I don’t think I can speak to the County’s reason, but historically, nationwide, they are significant disparities in influenza immunization rates both in the Latin X and African American populations. Its probably a muti-faceted reason for that: vaccine hesitancy, skepticism, access.</p>	
<p>VII. Chair’s Report</p>	<ol style="list-style-type: none"> 1. James asked the Board’s opinion on having an Ad Hoc meeting for having Supervisor Fletcher attend and present on a different day other than a Tuesday. Judith Shaplin, Paul Hegyi, Caryn Sumek, and Geysil Arroyo all commented it was a good idea. 2. Reminder for Board Members to talk to their Board Aides. 3. Reminder to send updated contact info to Anuj. 4. Chair will contact those that have not completed the Ethics Training. 5. Youth Board Member Discussion: Working across the COSD and Boards to have Youth Members be part of our Board and more Youth engagement. <p><u>Comments:</u></p> <p><u>From Greg Knoll:</u> We had people go and ask people in the community who were active. Community groups—if you can go to them, they can try find someone for you. It was a great addition to our board.</p> <p><u>From Dr. Afflalo:</u> It is vital that we make this Board more diverse. We need a youth perspective. We need to know what’s important to them. We need to be able to address they concerns they have and have their perspective. We need to do things with them not for them. It helps us be better advocates for them.</p> <p><u>From Ana Melgoza:</u> I just want us to make sure—when we make this commitment, we make sure they have our full support. We don’t want to create barriers—and make it easier for civic engagement.</p> <p><u>From Geysil Arroyo:</u> Is there any input as to how many Youths we are trying to have on the Board? One per Supervisor per District? Or just one? I find it hard to just have one youth representative in such a large County—at least 5, representing all the Districts and different viewpoints.</p> <p><u>From Dr. Afflalo:</u> I want to reiterate what Geysil said. I think it’s important to have more than one person. We need to have some diversity in the youth and in the areas, they come from. This would also mean they wouldn’t be alone—they would feel engaged and welcomes. They would have</p>	

	<p>colleagues and they would feel comfortable to speak up.</p> <p><u>From Judith Shaplin:</u> I think they need to be able to drive—or at least have their license and at least have transportation. We do discuss some sensitive topics. So, we have to be sensitive to that. The parents need to be aware of it, if they are under the age of 18.</p> <p><u>From Geysil Arroyo:</u> We have the Scholl of Public Health at SDSU, so that’s something we could look into. But I was thinking if they are other models in our Nation, of Boards, we could look at.</p>							
<p>VIII. Informational Items</p>	<ol style="list-style-type: none"> 1. Policies and Programs: N/A 2. Budget: Report out next month. Full presentation from Fiscal next meeting. Greg Knoll has been asked, as an interim, to get us through this cycle due to the recent vacancies. 3. Legislative: Met last week. All members in attendance. Considered 10 bills, recommended 9. Voting will be in May, when a discussion and presentation can be had. <table border="1" data-bbox="879 690 1451 898"> <tr> <td data-bbox="879 690 968 727">IV. Action Items</td> <td data-bbox="968 690 1272 792"> Recommend HSAB & County support following CA legislative proposals: AB 4, 14, 32, 457, 1162 SB 108, 221, 242, 316 Recommend oppose AB 1132 </td> <td data-bbox="1272 690 1451 792"> Consideration at next HSAB meeting </td> </tr> <tr> <td data-bbox="879 792 968 898">V. Other Items</td> <td colspan="2" data-bbox="968 792 1451 898"> For next HSAB meeting, consider AB 360 (support) and AB 650 (oppose) </td> </tr> </table>	IV. Action Items	Recommend HSAB & County support following CA legislative proposals: AB 4, 14, 32, 457, 1162 SB 108, 221, 242, 316 Recommend oppose AB 1132	Consideration at next HSAB meeting	V. Other Items	For next HSAB meeting, consider AB 360 (support) and AB 650 (oppose)		
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V. Other Items	For next HSAB meeting, consider AB 360 (support) and AB 650 (oppose)							
<p>IX. Round Table</p>	<p>No comments.</p>							
<p>X. Public Comment</p>	<p>No public comment.</p>							
<p>XI. Adjournment</p>	<p>Meeting adjourned at 4:53 pm.</p>							
<p>XII. Supplemental Information</p>	<p>Next HSAB Meeting: Tuesday May 4, 2020, 3:00 – 5:00 pm – Microsoft Teams</p>							