December 9, 2020 | 12:00pm - 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Marc Lassaux
Note Taker	Natalie Neubert
Timekeeper	Marc Lassaux
Commission Attendees	Carrie Paykoc, Chris Wells, Marc Lassaux, Chris Underwood, Wes Williams, Rachel Dixon, Sophia Gin, Michele Lueck, David Mok-Lamme, Dana Moore, Jaswinder Singh (delegate for Perry May), Jason Greer, Morgan Honea, Art Davidson, Alex Pettit, Chris Wells, Dana Moore

Minutes

Call to Order
Marc Lassaux, stand in Chair for Michelle Mills

- Roll call was taken. Quorum was reached.
- Motion moved and seconded to approve the November Commission meeting minutes. Motion passed and November minutes were approved.
- Review of December Agenda.

Announcements

Carrie Paykoc, Director, Office of eHealth Innovation

- Reviews December agenda again, and thanks Kim Bimestefer and Heather Roth for joining today.

Kim Bimestefer, Executive Director of Colorado Department of Health Care & Financing (HCPF)
Speaking on: Administration's Health Care Priorities

- Affordability Alignment.
    - Advanced Directive: SB19-073: CDPHE received funding to help individuals make plans for their last chapters. Project kicked off August 2nd with regular meetings set up.
    - Joint Agency Interoperability (JAI): means to help us connect Coloradans to various public programs. Each county has a different tool to manage their own work streams- we wanted to make this easier for counties to match Coloradans with the right program. This is part of OeHI's Roadmap Initiatives and eHealth Commissioners Marc Lassaux and Carrie Paykoc are serving on leadership of this committee with meetings established between JAI and OeHI.
    - Broadband/Telehealth: Even more important now than ever before to get folks connected to care. This is extremely important when telling people to stay safer at home.
- The three main goals of the Office of Saving People Money on Health Care, directed by Lt. Governor Dianna Primavera, are:
    - (1) Reducing pharmacy costs

- (2) Reducing costs in the large employer

  insurance market, focusing especially on opportunities from the "new normal in health care" evolving response to COVID-19

  - (3) Implementing the Behavioral Health Task Force recommendations
- Improving Behavioral Health Outcomes: 3 major priorities:
  - Expanding Access to Treatment: Jan. 2021: Medicaid covers Residential Substance Abuse Treatment
  - Prevention: Prescriber Tool includes OpiSafe
  - System Reform: Behavioral Health Task Force
    - Improve access, quality, efficiency, navigation
    - New Behavioral Health Administration (BHA) addresses a fragmented system, merging 75 non-Medicaid programs
    - Stimulus to centralize BH eligibility, claims payment, reporting
- Equity, Diversity, Inclusion, Health Care Disparities:
  - Governor Polis wants to make it "A Colorado for All...A Colorado that Works for All"
  - This means People of Color, LGBTQ, Age, Individuals with Disabilities, rural/urban, Native American/Alsakan Native-- ALL
  - Gov. Polis' agenda for Equity, Diversity and Inclusion (EDI)
- Recession is not hitting people equally: importance of helping those with the lowest income RISE, because those are the ones that have experienced the greatest impact of job loss during the pandemic
  -
  - Women are being adversely impacted in this downturn, women hold more teaching positions that are lost, but also need to provide childcare for kids who are unable to attend school
  - Need to ensure women come back into the workforce
- Opportunity: Health equity for people of Colorado
  - Still 200,000 people out of work
  - Hispanic residents are about 20% more likely than white residents to die of treatable conditions
    - About 68% of the Colorado population is white but only 38% of COVID cases
    - Almost 5% of the Colorado population are black, but nearly 10% of COVID hospitalizations and 7% of deaths
    - 22% of the Colorado population are Hispanic, and 38% of COVID cases and hospitalizations
  - Other healthcare disparities in Colorado: black women giving birth are 250% more likely to die than white women
- COVID-19: Risk by Race
  - American Indian or Alaska Native cases of COVID-19 are 2.8x higher than white folks; hospitalizations are 5.3x higher, and deaths are 1.4x higher
  - Jill Hunsaker Ryan stated "*Systemic, persistent racism is a public health issue. When the color of your skin correlates with your well-being and longevity, that is a public health injustice that must be addressed.*"
  - Some focus areas may be:
    - Black Maternity Mortality Rates
    - COVID-19 hospitalizations, deaths for People of Color
    - Behavioral health cultural competencies

- A Colorado for ALL: Addressing Health Care Disparities
  - Within departments, hiring specific leads to focus on health care disparities and EDI-- so our own employees can thrive but also addressing these disparities
  - Stimulus Funding: intended to drive improvements across payer demographic. Data capture: Center for Improving Value in Health Care (CIVHC) & Colorado Benefits Management System (CBMS)
    - Turning $1 million into about $5.9 million
    - Issues identifying race, income, disability status, LGBTQ-- trying to change data captured through CIVHC and capture better through CBMS, so with data identifiers/demographics we can better identify disparities and address them
- $1.28 billion stimulus funding in Colorado needs to be used to address basic needs such as rent, food, and health care
- Special Session Last Week: stimulus focuses in the special session
  - Gov presented 7 areas for the General Assembly to take action:
    - Small Business Relief: $57 million
    - Child Care Support: $45 million
    - Housing and Direct Rental Assistance: $60 million
    - Increasing Broadband Access: $20 million
    - Food Insecurity: $5 million
    - Utilities Assistance: $5 million
    - Public Health Response: $100 million
- Battling the uninsured rate connecting Coloradans to coverage
  - HCPF is now covering 1 in 4 Coloradans
  - Connect 4 Health covering approximately 200,000 Coloradans
- Coloradans are getting coverage
  - Connect for Health: about 73-74% of folks are eligible for subsidies
  - About 40% of Coloradans are getting coverage from government programs
  - From July 31st to November 9th, through a survey conducted through HCPF, saw that Coloradans that go without health insurance coverage decreased from 46.14% to 40.06%- small win, still need to keep an eye on this.
- What is Colorado doing about this?
  - Targeting messaging and general outreach: Here for You, Colorado! Campaign & partnership with Connect for Health
- Stakeholder-prioritized ideas on connecting Coloradans to coverage
  - However you can help to get individuals covered and access to Colorado's subsidies programs, please email Kim or Tim Bergman at: Tim.Bergman@state.co.us to help them reach these communities
  - Join Get Covered 2021! on 12/10/20! www.getcovered2021.org/
- How Coloradans are getting covered…
  - October 2020: 1.4 million Coloradas covered by Medicaid, CHP+ (24.4%)
  - Medicare covered 16.1% of Coloradans, 941,000+ → second fastest growing state with older adults covered by Medicare in the nation.
  - Our uninsured rate is rising as uncertainty in employer coverage is also rising
- Affordability
  - Health care spending in the US is 17.7% of GDP
  - Colorado budget for HCPF, CDPHE and CDHS = $4.2 billion General Fund (36%)
  - Drivers?: Prescription drugs + hospital prices are drivers of healthcare costs
- Office of Saving People Money on Health Care: 2020 Action Items
  - Adopt a Colorado Health Insurance Option

- o Extend the Reinsurance Program
- o Launch a Statewide Purchasing Alliance
- o Expand Drug Importation to include other countries
- o Launch RX Drug Affordability Board
- o Increase Rx drug price transparency
- o Support primary & preventive care
- o Increase access to healthy food
- o Improve vaccination rates
- o Implement CO Behavioral Health Blueprint recommendations
- o Expand access to providers
- o Expand Higher Ed healthcare apprenticeship programs
- Prescription Drug Cost Control Opportunity
  - o Prescription drug costs are driven by specialty drug costs
  - o Specialty drugs are driving high cost spend across Medicaid and Commercial
  - o Nationally, 100 generics doubled in price in 2020
  - o Prices for 857 brands and generics increased an average of 6.8% from January to June in 2020
- Would drug importation save money? → YES!
  - o SB-005: allows to import drugs from Canada, which is in line with public rule
  - o HCPF trying to get this up and running, with an aim to have this fully functioning in 2023
  - o Savings in Canada is about 61-63%
  - o If we also imported from France, Australia, and other countries, we would have even more savings
  - o We can increase accessibility and decrease prices if we import from these countries
  - o Also want to import biologics (insulin)
- Many possible solutions to better control rising Rx costs
  - o Transparency
  - o Implement Prescriber Tool
  - o Rebate pass through
  - o Drug importation- Canada and other countries
  - o Value-Based Payments: hold manufacturers to their promises
- 23% spike in US Employer Hospital Costs
  - o We pay higher hospital costs in Colorado than other parts of the country
  - o We are paying 273% of overall hospital prices vs. 241% in the rest of the country
  - o Colorado has the highest emergency room prices in the country
  - o Goal: get Colorado's costs down to where the rest of the nation lies.
- What are we doing about this?
  - o Solution: Hospital Transformation Program (HTP) and Collaboration
  - o Outstanding collaboration with hospitals on HTP
  - o Value-based payments for transformation $1B annually
  - o Improves affordability & outcomes
  - o Rural Support Fund: $12 million x 5 years = $60 million
- Driving a "new normal" in health care, such as:
  - o Good telemedicine policy to improve affordable access
  - o Closing down and repurposing standalone ERs
  - o Getting physicians better tools such as the Prescriber Tool
  - o Transparency across industries: pharmacy, hospitals, carriers
  - o Alternative payment methodologies that better reward providers for cost and quality
- Covid-19 Battle
  - o US accounts for about 20% of the deaths and hospitalizations for COVID-19

worldwide
- o Many Colorado hospitals have breached- severe risk of a total system breach as we are exceeding to where we were in April of 2020 → this means that the hospital would not have a bed or enough staff to care for individuals that come into a hospital once breached.
  - · 51% of adult ventilators in use
  - · 78% of ICU beds in use
- Alternate Care Sites (ACS) in Case of System Breach: opening alternate care sites to increase capacity and maximizing available beds.
- Workforce shortages are impeding hospitals and alternate care sites staffing plans
- Trying to leverage existing capacity, then open ACS
- What can you do to help?:
  - o Socially distance
  - o Wear your mask
  - o Wash your hands
  - o Only interact with your household/pod during the holidays
  - o Message: use attachments to email your network please
  - o Check out Holiday stay safe Step-Up Campaign: https://covid19.colorado.gov/social-media-graphics

State Plan for COVID-19 Vaccine Distribution
Carrie Paykoc, Director, OeHI
Chris Wells, Division Director, CHED, CDPHE
Heather Roth, Immunization Branch Chief, CDPHE

Heather Roth, Immunization Branch Chief within Disease Control Division
- Overview of Candidates:
  - o Vaccines
    - Pfizer
    - Moderna
    - Jansen
    - Oxford Biomedical
  - o Pfizer and Moderna are the main ones CDPHE is focusing on:
    - Pfizer: smallest order is 975 dose minimum order
    - Moderna: 100 dose minimum order
    - both take 2 doses
    - Efficacy is between 94.5% and 95%
- Vaccine Assumptions:
  - o Very limited doses will be available in December 2020
  - o Initial doses will be made available under an Emergency Use Authorization
  - o Frontrunners: Pfizer and Moderna are 2 dose series separated by 21 or 28 days-- need to have second dose to be fully protected
    - Second dose reminder for people will be critical
  - o Cold chain requirements for each vaccine will vary:
    - These vaccines need to be refrigerated, frozen, or ultra cold
    - Vaccines will need to be shipped on dry ice
- Vaccine Approach:
  - o Phased approach: currently in Phase I
  - o Anticipate first doses being shipped in next few days
  - o Phase 1 = limited in terms of how many doses are available, supply is constrained and will be focused on priority groups and enclosed settings
  - o Once supply can meet demand, go into Phase II-- expanding beyond initial target populations
  - o Sometime in 2021, will phase into Phase III: continued vaccination-- anyone that may

have missed their dose or second dose has received both
- Vaccine Plan: Colorado had to submit 100-page vaccination plan for the CDC
- Vaccine distribution and handling:
  - COVID-19 vaccine will be distributed in a phased approach using existing infrastructure: McKesson, CDC's Vaccine Tracking System and CIIS (Colorado Immunization and Information System)
    - COVID-19 vaccines requiring ultra cold storage will be distributed ONLY to providers with demonstrated capacity to properly store the vaccine
  - CDPHE invited 233 Phase 1 providers to complete enrollment in the COVID Vaccination Program. All COVID Vaccination providers must meet the program requirements
- CDC COVID-19 Vaccination Program Provider Agreement:
  - Administer vaccines per Advisory Committee on Immunization Practices (ACIP) and regardless of patient's ability to pay admin fees.
  - Cannot charge for vaccine, adjuvant, syringes, needles or other supplies.
  - Report administered doses to CIIS within 24 hours of vaccine administration.
  - Comply with all CDC vaccine storage and handling requirements.
  - Provide an EUA fact sheet at time of administration.
  - Provide a completed COVID-19 vaccination record card to patient.
  - Report the number of COVID-19 doses and adjuvants that were unused, spoiled, expired or wasted.
  - Report moderate and severe adverse events following vaccination to the Vaccine Adverse Events Reporting System (VAERS).
- Phase 1 Timeline
  - Placed first order for Pfizer vaccines last week
  - ACIP Recommendation is trigger that will start vaccine use in Colorado
- Phase 1: COVID-19 Vaccine Life Cycle
  - Colorado is 1.69% of total national population
  - Vaccine orders placed through CIIS
  - Provider plans COVID vaccination clinic
  - CDPHE uploads CIIS order file to CDC's Vaccine Tracking System (VTrckS)
  - Vaccine orders sent from VTrckS to Pfizer and McKesson
  - Pfizer and McKesson pack shipment for distribution
  - Pfizer/McKesson ship vaccine and ancillary kits to provider
  - Provider receives physical shipment
  - Provider administers COVID-19 vaccine
  - Profider reports administered doses to CIIS
  - CDPHE sends daily de-identified data to CDC & Vaccine Finder
- Phase 1 Landscape
  - Vaccination providers:
    - Hospitals
    - Local public health agencies
    - Kaiser facilities
    - Select FQHCs
    - Some pharmacies
  - Priority groups include health care workers, first responders, long-term care facility residents
  - Phase 1 Roles & Responsibilities:
    - CDPHE: Approve and enroll providers into the CDC COVID Vaccine Program & submit to CDC
      - Coordinate allocation and distribution of vaccines to pre-positioned hubs and providers
      - Provide technical assistance and guidance to LPHAs & providers
      - Track and report daily vaccine allocation, orders, distribution, & usage
    - LPHAs:
      - Lead vaccine response planning for their county(ies)
      - Administer vaccine to Phase 1 priority populations (small #) and report

to CIIS
- Identify providers to enroll in CDC COVID Vaccine Program
- Provide technical assistance to providers
- Providers (hospitals, pharmacies, FQHCs, doctor offices):
- Complete CDC COVID Vaccine Program enrollment
- Abide by CDC's Advisory Committee on Immunization Practices (ACIP)
- Administer vaccine to Phase I priority populations and report to CIIS
- CDC's Pharmacy Partnership for LTC Program
- Retail pharmacy chains to provide end-to-end management of the COVID-19 vaccination process

- Questions?
  - **Dana Moore:** Do you know when you will be releasing a consent form?
  - **Heather Roth:** The Standard Vaccine Administration Form- more about data collection than consent. Need to wait until the EUA comes out, and for the finalized prioritization framework from the Governor today.
  - **Dana Moore:** This is not a patient employee consent to administer the vaccine?
  - **Heather Roth:** No.
  - **Dana Moore:** Do you have an approximate timeline of when the vaccine will be in health providers hands?
  - **Heather Roth:** The Pfizer vaccine should arrive next week in sites that are receiving initial doses, and there are only 24 sites that were included in the order with some redistribution happening.
  - **Art Davidson:** Of the 231 providers invited to participate in Phase 1, how many currently report to CIIS?
  - **Heather Roth:** All but 3.
  - **Art Davidson:** How is the state thinking about Phase 1 and 2, getting all providers up to reporting to CIIS, are you thinking that this will be a one-off procedure, or follow the same pattern that has been used with those 228 that are already on? Is this an opportunity to get more of the providers on, and how do you look at that challenge?
  - **Heather Roth:** Yes, this is an opportunity. We did an initial pre-interest survey across the state, over 1100-1200 providers that say they wanted to be a COVID-19 vaccine provider. Small numbers overall. We are revisiting our onboarding process, we made an expedited onboarding process that removes time-intensive data validation phase, still reviewing data quality but removing that phase saves months of time in terms of implementation. We also have a flat file import, so if a site does not have the capacity, but can extract data in a standard template and then import into the system, that is another option. Worst comes to worst, we will go low tech: standard vaccine administration form asking to collect data at time of administration.
  - **Art Davidson:** How are the HIEs helpful or considered in these tactics?
  - **Heather Roth:** Right now Colorado CIIS is operational with CORHIO. Hope is that the expedited onboarding process can be replicated at HIE level. CORHIO is a replicated version of what they do at CDPHE.
  - **Marc Lassaux:** CORHIO working with Heather and her team to help with expedited processes, and however CORHIO can help with consolidating data.
  - **Dana Moore:** Last week, Marc, Morgan and others met to discuss this process.

Carrie Paykoc: Gives Commission a chance to review followup or action items regarding immunization efforts. Nothing scheduled, but offering a time to review before the holidays as a smaller working group to discuss the standard vaccination forms and other pieces.
Dana Moore: This is a great idea and can review lessons learned and things that need to be adjusted.
Chris Wells: Agreed, great idea.
Morgan Honea: We need to be thinking about immunizations going into CDPHE same as the COVID testing, and to support the second dose efforts to ensure things are going both in and out of CIIS.
Sophia Gin: May be too early to ask, but given that there is limited vaccine for Phase I, as vaccine volume increases, does the state have a plan for communication campaigns to the general public about how distribution and allocation vaccines are prioritized to give them a sense of when their turn

is? From a consumer perspective, when people do not know the
information, there is a lot of speculation.
Carrie Paykoc: As Heather mentioned, there is a state plan for the vaccine distribution that will be
shared with everyone, as well as talking points. We would be happy to think through with our
Governor's office if we need to adapt any of the talking points from a tech perspective.
Marc Lassux: Highlight that CIIS is the one place where vaccination information is going, regardless of
where it comes from. Need this to go into our data-sharing infrastructure-- sharing this information is
so important for the sub-group to keep prioritized.
Chris Wells: Definitely on our radar and something we want to work through.

Lt. Governor Dianne Primavera
- Exciting to see the hope that is on the horizon with the vaccine distribution.
- Expresses how proud of these teams she is and their work to help fulfill Governor Polis' and
  her mission to make this a Colorado for All.

Carrie Paykoc
OeHI Updates:
- Next eHealth Commission meeting is January 13th, 12:00 - 2:00 pm → will be sending out new
  calendar invites for 2.5 hours as discussed in last meeting, and so everyone has most
  up-to-date meeting on their calendars
- Received many stellar applications and requests for the eHealth Commission openings
  - Governor will be reviewing the applications and recommendations this coming
    Thursday, so should be able to publicly announce appointments and new members soon
- In January, will be thanking, acknowledging Morgan Honea, Dana Moore, and Marc Lassaux for
  their time on the Commission
  - Transitioning off in February
- In this transition and maturation of the Commission, will be moving HIE members to ex-officio
  -- critical on Commission, but need to allow for diversity.
eHealth Commission Charter and Bylaws Discussion:
- Commission is not a statutory board
- Reviewed policies and rules with the Assistant Attorney General and Office of Lt. Governor to
  further refine our charter and bylaws
- We are not voting today in anticipation of a lot of questions, but will be hosting an Executive
  Session in early 2021 with legal council
- Summary of Key Changes:
  - Electronic Vote- removed
  - Chairs: changed to one chair and vice chairs 1 and 2
  - Cleaned up language in the document
  - Aligned language with legal requirements and guidance from the AGs Office
  - State Agency Designees and Office Director only able to send delegate
  - Simplified voting and participation requirements
  - Marc transitioning off, leaving one additional Vice Chair opening
Questions
- **Wes Williams:** Reason why non-state commissioners cannot send a delegate?
- **Carrie Paykoc:** To honor the process of appointment by the Governor to ensure we are
  following those guidelines.
- **Marc Lassaux:** Another session for just these changes and a final vote for approval, correct? So
  Commissioners will have much more time to review these changes.
- **Crestina Martinez:** The votes cannot occur during the Executive Session. You can have a
  discussion, but then you will end the Executive Session and vote in the official meeting.
- **Carrie Paykoc:** Opening discussion for Second Vice Chair position-- David Mok-Lamme is
  interested; Art Davidson is also interested but unavailable until the third or fourth quarter
  next year. Does anyone else want to nominate, or self-nominate? Carrie would like to
  nominate David Mok-Lamme for Second Vice Chair.
- **David Mok-Lamme:** Interested in taking a more active role in this Vice Chair role- how we can

get the right information.
- **Morgan Honea:** I would nominate Mr. Mok-Lamme.
- **Art Davidson:** I second that motion.
- **Marc Lassux:** All in favor of David Mok-Lamme to replace me, Marc Lassaux, as the Second Vice Chair, please say I.
- **Art Davidson:** He is not your replacement on the eHealth Commission, but will be replacing you as the Second Vice Chair starting the first Meeting in February 2021.
- **PASSED**

Prescription Drug Monitoring Program and RxTools-Update and Future State
Carrie Paykoc, Director, OeHi
Dmitry Kunin, Program Director- PDMP, DORA
Maria Butler, Prescription Drug Epidemiologist, CDPHE
Tom Leahy, Director of Pharmacy Office, HCPF

Carrie Paykoc: Multi-Agency PDMP/Rx Effort
- SUPPORT Act Funding to develop recommendations for future state PDMP and to plan implement e-prescribing and clinical decision support tools.
- Link to recommendations.
- Multi-agency effort led by OeHI in collaboration with state agency and community partners.
- Future State PDMP: Policy
  - Medicaid unable to access PDMP data due to statute. Legislation was proposed in 2020 to HB20-1085 but postponed due to COVID. This bill specifies who has access.
  - HIE moving forward with legislative efforts for ALL medications to be added to the PDMP
  - Stakeholders interested in expanding types of medications in PDMP such as medication assisted treatment (MAT)
  - PDMP Sunset review board and process separate from OeHI's efforts but aligned on increasing the type and amount of meds available within the PDMP
- Future of State PDMP: Tech
  - Establish recommendations for future state architecture and data flows. Dependent on policy, funding, and contracting for PDMP.
  - Advance clinical decision support tools and data sharing of opioid risk factors, medication management, and real-time benefits check being implemented by HCPF for Medicaid and other payer providers
  - Increase HIE/EHR Integrations, APIs, and enhance analytics that is affordable and scalable
  - Leverage multi-state data sharing hub, RxCheck when audit capabilities exist
  - DORA to re-procure PDMP in 2021- opportunity to leverage findings and recommendations from OeHI and eHealth Commission

Dmitry Kunin, Program Director for Board of Pharmacy and PDMP Program, DORA
DPO Participation in OeHI SUPPORT Act
- PDMP Regulatory Structure:
  - PDMP Regulatory Structure: Colorado PDMP Program is overseen by Board of Pharmacy since that is where it lives within statute
    - Board of Pharmacy is housed within Division of Professions and Occupations, known as DPO-- housed under Dept. of Regulatory Agencies (DORA)
    - Small team: three program members, one position currently vacant to be filled in near future.
    - PDMP Program in process provided technical and subject matter expertise in multi-agency workgroup led by OeHI, which was tasked to develop recommendations for the future within requirements of SUPPORT Act
    - Their part of the process was to provide perspectives they observe on a day-to-day basis since they administer the program

- - ■ PDMP Program provided technical assistance
- Leveraging of PDMP Programs' SME and Technical Expertise
  - ○ Inter-state data sharing and integration
  - ○ Reporting capabilities
  - ○ Interoperability consideration
  - ○ Future RFP: prime focus of 2021
    - ■ Currently in the preliminary phase of this process to put out a proposal for application in the near future.

Updates from eHealth Commissioners
Wes Williams
- Announcement: One of the work streams in the Consent Workgroup is around identity as it relates to consent, and working to incorporate My Colorado ID into the Mental Health Center of Denver. Next week launching "You at Your Best". Workforce shortage in Behavioral Health and hoping to address helping people before we ever see them face to face utilizing the You At Your Best platform, translated into English and Spanish.
- More info: https://mhcd.org/you-your-best/

Public Comment Period
- **Su Parker:** Is the State helping providers with a scheduling/reporting tool, or leaving it up to them?
- **Chris Wells:** Yes, we will have a standard reporting tool given to providers.
- **Jonathan Lowe:** Will CIIS perhaps publish COVID vaccination data?
- **Chris Wells:** That is a Heather question, but imagine there will be metrics associated that will be published with it. I will check in with Heather on this.

Final Action Items: Carrie Paykoc
- Sub Work Group: get that scheduled regarding immunization.
- Next Month, January 2021: Agenda Topics
  - ○ Discussed to put continued conversation on PDMP; strategies and priorities; Executive Session to discuss charter and bylaws.

Marc Lassaux
Review of January Agenda- no comments.
Any final thoughts- no comments.

Motion to Adjourn
Marc Lassaux, subbing in as Chair for Michelle Mills
- So moved. Meeting adjourned at 1:53 PM MST