

Oregon Board of Naturopathic Medicine
Public Board Meeting
February 8, 2016

Present: Dwight Adkins, Board Chair; Patrick Chapman, ND; Lissa McNiell, ND; Keivan Jinnah, ND; Jennifer Gibbons, ND; Charles Wiggins, Public Member; Katharine Lozano, AAG; and Anne Walsh, Executive Director.

The Board went into Public Session at 12:30pm.

Executive Session Motions: In case **N15-03-06**, L. McNiell made a motion to issue a notice of proposed discipline, J. Gibbons seconded the motion, all members agreed. In cases **N15-09-21, N15-10-25, N15-11-27, N15-11-29** and **N15-12-31**, L. McNiell made a motion to dismiss, J. Gibbons seconded the motion, all members agreed.

Meeting Minutes: C. Wiggins made a motion to approve the minutes from the December 14, 2015 with minor corrections, L. McNiell seconded and all members agreed.

Administrative Rules: A. Walsh opened the discussion on a rule that might make it easier for NDs, Pharmacists and consumers to understand what is within the prescribing authority of NDs. Currently the classification can be confusing; an exclusionary formulary drug list could resolve these questions. The board will review drafted language and bring comment to the next meeting. The Formulary Council will be asked for input before being put out for comment by the profession and interested parties. (The legislature must allow an exclusionary rule before both 850-060-0225 and -0226 can be deleted)

General Business:

Legislation 2016 Session – HB 4016 Impairment Program. Amendments would put the administrative control in the hands of the participating health boards. Currently the licensing board has to pay the administrative cost to the administrators of the program and the licensee has to pay the cost to participate. The administrative costs are very expensive and based on the total number of licensees, not those using the service. The new legislation would allow for the health boards to own the administration of these programs which would take care of the costs of administration. **HB 4095** Removes some disciplinary action on licensees from the Oregon Board of Dentistry (OBD) web site. This legislation would require, in some certain situations, OBD to remove previous disciplinary action from the website. However, the National Practitioner Database, a federally run database of health care professionals, posts and maintains as permanent records; state agencies will still be required to report discipline. **SB 1535** Athletic Concussion Treatment proposes the addition of DCs and NDs be included in this legislation. OANP is working on this with the DCs.

Legislation 2017 Session - The Board had a discussion on possible legislative concepts they would like to present. Minor Surgery (ORS 685.010(3)) needs more clarification and delineation of procedures. The best way to do this is to amend the statute as is to include language that says “as further defined by rule”. Work has already started on a rule with this intent. Defining “Physician” further in ORS 685 will help alleviate trouble in other statutes that do not clearly designate NDs as physicians. OANP is working on defining language for the 2017 session as well; OBNM and OANP will work together on this. Additionally, a concept would remove the Peer Review Committee (ORS 685.205) from statute; it does not serve a need for the Board and is confusing at times. The Board will discuss these possible concepts and others in more detail ongoing.

Independent Record Review – H. Snyder, the OBNM investigator, has been working on guidelines to provide to expert witnesses when reviewing records, to assure consistency. Part of the discussion led to a need for more qualified experts in area of practice. How is expertise determined? he The check list/guidelines were reviewed and with minor changes and approved by the board.

Strategic Planning Update – The Board approved a strategic planning retreat with a facilitator to be held in 2016.

Electronic Charting - Several inquiries have been submitted to the Board office regarding electronic charting; specifically how to make sure the paper records get properly converted. The responsibility lies with the doctor to make sure records/charts are kept and complete. In the next newsletter there will be a notice to be extra careful when converting paper to electronic.

Directors Report: Even with the slow start to the renewal cycle less than 2% had not completed their renewal online by the December 15 deadline.

Oregon Workforce Contract Update: This will be tabled until the April 2016 meeting.

Miscellaneous Inquiries:

Determining proprietary promotions ~ CE provider would like to allow a presenter to give attendees a copy of his book rather than accepting payment. After discussion the Board said this would be in conflict with the rule on proprietary presentation. If presenter wants to give away books, s/he can do so after the event outside the presentation classroom/area. The book should not be referenced during the presentation.

Request to allow CE to be accumulated over two years – Reporting CE will stay annually during renewals for the time being. Renewals are annual; it would make additional workload for the Board to track CE over a two year period. The rule will stay as it is for the time being.

Doctor/patient discussion on cannabis, what can a ND share or not share with a patient in the current legal climate of marijuana - Katharine Lozano, AAG for the board will look into this more and get back to the board.

The Board adjourned at 1:30pm.

The Board went back into public session at 1:35pm on the motion of C. Wiggins. P Chapman seconded and all members were in favor.

C. Wiggins would like to continue discussion on opioid prescribing and how to deal with this ongoing problem. Two things he suggested: First, a rule whereby a physician prescribing more than [300 MED] per day, must report this to the OBNM. Additionally if a ND is prescribing a combination of controlled substances to a patient, this too must be reported to the board. Secondly, education seems very lacking in the arena of opioid/controlled medication prescribing for all practitioners (ND and MD) and that rules setting policy or guidelines that can be utilized by anyone do the prescribing. C. Wiggins' would like this to remain a topic of discussion moving forward. This may be a good topic for the strategic retreat.

Public Comment: As no visitors were present there was no public comment at the meeting.

As there was no more business to discuss, the Board adjourned at 1:55pm.

Board members worked on CE after the close of the meeting.

Oregon Board of Naturopathic Medicine
Public Board Meeting
June 13, 2016

Present: Dwight Adkins, Board Chair; Patrick Chapman, ND; Lissa McNiel, ND; Keivan Jinnah, ND; Jennifer Gibbons, ND; Robert Skarperud, ND, Charles Wiggins, Public Member; and Anne Walsh, Executive Director.

Guest: Anthony Medina, DAS Budget analyst for OBNM

The Board went into Public Session at 12:00pm.

Executive Session Motions: In cases **N15-09-19A**, **N16-02-05A** and **N16-04-09A**, L. McNiel made a motion to allow applicants to apply for a license when qualified, J. Gibbons seconded the motion, all members agreed. In cases **N15-11-30**, **N15-12-32** and **N16-03-07**, L. McNiel made a motion to dismiss these matters, J. Gibbons seconded the motion, all members agreed. In cases **N16-01-01** and **N16-05-15**, L. McNiel made a motion to issue a proposed notice of disciplinary action, J. Gibbons seconded the motion, all members agreed.

Meeting Minutes: P. Chapman made a motion to approve the minutes from the February 8, 2016 Board meeting with minor corrections, C. Wiggins seconded and all members agreed.

General Business:

New Board Member - Dr. Robert Skarperud of Bend, the Board's newest member was introduced and welcomed by the board. He shared his interest with becoming a board member.

Board Chair appointment or re-appointment – J. Gibbons nominated Dwight Adkins to serve as Board Chair, K. Jinnah seconded the motion, and all members approved.

Formulary Council – P. Chapman reported on the May 18 Formulary Council meeting. He shared the FC recommendation to OBNM which would introduce a new rule defining the excluded drugs, and repeal 850-060-0225 which is no longer necessary after the FC reviewed each listed drug and determined they could all be found by classification in 850-060-0226. The FC has also recommended that the Board consider a rule to clarify that it is not within the scope of practice for NDs to dispense controlled substances. Additionally the FC approves an amendment to 850-060-0226(8)(c)(D) adding Phenobarbital; and in 850-0226(26)(e) to read Biologic Response Modifiers, ***not to be used in systemic oncology.***

Strategic Planning Update – The Board reviewed the draft minutes from the strategic planning retreat with minor changes going to A. Walsh. Once updated, it will be posted to the web site.

Legislation 2017 Session - A. Walsh will be talking with the governor's policy advisor on the proposed concepts. Minor Surgery (ORS 685.010(3)) needs more clarification and delineation of procedures. The best way to do this is to amend the statute as is to include language that says "as further defined by rule"; work has already started on a rule with this intent. Defining "Physician" further in ORS 685 will help alleviate difficulty in other statutes that do not clearly designate NDs as physicians; OANP is working on defining language for the 2017 session as well. Additionally, a concept would remove the Peer Review Committee (ORS 685.205) from statute; it does not serve a need for the Board and is confusing at times.

Marijuana conversation with patients – After discussion with legal counsel, it has been determined that NDs can make recommendations to their patients on use or non use of marijuana medically or otherwise. NDs are not automatically designated primary care givers for those with a

medical marijuana card. Non-medical or recreational cannabis products that are sold over the counter can be sold by NDs. FDA and DEA have federal regulations that NDs should remain aware of.

Administrative Rules – K. Lozano has provided amendments to **850-050-0010**, **850-050-0190**. After discussion and with minor changes, the amendments will be submitted for rule-making. Discussion was held on a new rule **850-060-0223** which was recommended by the FC, listing the excluded drugs and repealing **850-060-0225** as it is no longer relevant. An amendment is needed for **850-030-0035** to increase the renewal fee by \$2.00 annually to pay for the mandated Oregon Workforce Database survey that will become part of the renewal requirement, effective with the 2016 renewal period. **850-060-0226** will be amended to include Phenobarbital and put limiting language on Biologic Response Modifiers per the FC recommendation. C. Wiggins made a motion to accept the amendments to 850-060-0226, L. McNiell seconded, and all were in favor. L. McNiell moved to initiate rule making on 850-050-0010, 850-050-0190, 850-060-0223, 850-030-0035, R. Skarperud seconded and all members were in favor.

Directors Report: A. Walsh will be working on the budget for submission by August 1.

Since the strategic retreat she been in contact with PDMP and they are unable to give the board a list of all the doctors in the system. A. Walsh contacted the DEA and asked for a list of doctors in Oregon with their DEA registration, expiration date and license number. The DEA could not give a list with all requested information; however were able to provide list of NDs with current DEA registration. The DEA expiration dates are not consistent in expiration dates found in the OBNM database. This will be a focus with the next renewal to make sure all licensees provide current DEA registration numbers and expiration dates. The OBNM would like to send correspondence to licenses with a DEA registration providing additional information on “who is your patient” and tools for prescribing controlled substances in hopes of helping licensees better serve their patient and stay away from problem situations.

The Law Enforcement Database Service (LEDS) will be ready to utilize with the 2016 renewal.

The Oregon Workforce Database will be ready for the 2016 renewal cycle. The \$2.00 fee will be assessed to licensees.

Oregon Health Authority (OHA) Opioid Prescribing Task Force: C. Wiggins is representing OBNM and P. Chapman is representing OANP as members of the task force. C. Wiggins explained the CDC guidelines to the board. P. Chapman provided a graph/handout to the board for their review and discussion. The task force voted on adopting the CDC guidelines as a foundation for chronic pain in Oregon opiate prescribing. The task force further encourages more discussion at the state, regional and national levels regarding how the guidelines will be disseminated and communicated to patients and providers. There will be more discussion at the August board meeting and formal motion of approval of CDC guidelines. A. Walsh will put the CDC guidelines on the website and notify licensees that they are posted and the board will discuss adopting these guidelines.

Miscellaneous Inquiries: A query came in asking if ozone therapy protocols were within the scope of practice. After discussion the consensus was that ozone therapy is within the scope of practice, noting that education on the use of, administration and potential problems with this therapy are the NDs responsibility.

Public Comment: Anthony Medina introduced himself to the Board. There was no other public comment.

As there was no more business to discuss, the Board adjourned at 2:45pm.

Board members worked on CE after the close of the meeting.

Oregon Board of Naturopathic Medicine
Public Board Meeting
August 8, 2016

Present: Dwight Adkins, Board Chair; Keivan Jinnah, ND; Lissa McNiel, ND; Robert Skarperud, ND; and Anne Walsh, Executive Director.

Excused: Jennifer Gibbons, ND and Charles Wiggins, Public Member

The Board went into Public Session at 1:40pm.

Executive Session Motions: In cases **N15-09-16, N15-09-22, N16-02-03, N16-02-04** and **N16-03-06**, L. McNiel made a motion to issue notice of discipline, K. Jinnah seconded the motion, all members agreed. In cases **N16-04-08** and **N16-04-11N**, L. McNiel made a motion to dismiss, K. Jinnah seconded the motion, all members agreed. In cases **N16-06-19A, N16-06-20A, N16-07-22A, N16-07-24A, N16-07-25A** and **N16-07-26A**, L. McNiel made a motion to allow for application of licensure, K. Jinnah seconded the motion, all members agreed.

Meeting Minutes: K. Jinnah made a motion to approve the minutes from the June 13, 2016 Board meeting, R. Skarperud seconded, all members agreed.

General Business:

Oregon Health Authority (OHA) Opioid Prescribing Task Force – C. Wiggins is representing OBNM and P. Chapman is representing OANP as members of the task force. K. Jinnah made a motion to adopt the CDC guidelines for prescribing opiates for pain, L. McNiel seconded the motion, all members agreed.

Citizen Advocacy Center (CAC) Meeting – L. McNiel, and K. Jinnah have volunteered to attend the CAC meeting on September 17-18, 2016 and report back to the board. This meeting pertains to telehealth/telemedicine.

SERV-OR Update – SERV-OR had a Cascadia Rising event that was through the public health department. SERV-OR is a volunteer program you can sign up for with the health department. Volunteers are trained and ready to step in where ever needed (resource centers/trauma centers) in case of a national emergency.

Legislation Concepts – The concept Defining “Physician” in ORS 685 would help alleviate difficulty in other statutes that do not clearly designate NDs as physicians. This concept was dropped because it would be a hard concept to get through the next session because they would need to go back through ever statute and find physician in every single place and make sure it is okay to reference because it would have to reference back to OBNM statute; however, OANP is going to present legislation to work on defining the language for the 2017 session. Minor Surgery (ORS 685.010(3)) needs more clarification and delineation of procedures. The Board has proposed amending the statutory language to allow for further defining specific protocols in rule. Additionally, a concept proposes repeal of ORS 685.205, Peer Review Committee; it does not serve the needs of the Board.

LEDS – Law Enforcement Database Service (LEDS) will be ready to utilize with the 2016 renewal. Board decided to do all ND’s for the 2016 renewal.

Administrative Rules – Amendments to rules **850-050-0010, 850-050-0190** have been posted on the board website available for comment due by 9/1/2016. The new rule **850-060-0223** which was recommended by the FC, listing the excluded drugs and repealing **850-060-0226** has been posted on the board website available for comment due by 9/21/2016. Finally an amendment was needed for **850-030-0035** to increase the renewal fee by \$2.00 annually to pay for the mandated Oregon Workforce Database

survey that will become part of the renewal requirement, effective with the 2016 renewal period; this proposal has been posted on the board website available for comment due by 9/1/2016.

Directors Report: A. Walsh discussed the budget process and the agency requested budget was sent in for the next biennium and is being reviewed by our budget analyst. If approved or with recommended changes, it will then be reviewed as part of the Governors Balanced Budget (GBB). If approved as the GBB, the final step is to be adopted by the legislature, with an effective date of July 1, 2017. (2017-2019 budget)

NABNE is going to be offering a pharmacology elective exam within the next two years which means OBNM will eventually be able to drop the formulary exam. Further discussion will be had at a later date regarding the future of how the jurisprudence exam will be administered. – possibly a take home exam.

The Federation is still working on minor details for CE accreditation application and should be ready in spring of 2017. Once in place the OBNM will want to amend/adopt a rule accepting the federation CE accreditations. This will lift some of the work load regarding CE applications for the Board. Currently there are between 400-500 CE applications reviewed annually.

Miscellaneous Inquiries: Cranial health question regarding education working in the patient's mouth will be tabled until a future Board meeting since the board has additional questions regarding the inquiry.

Public Comment: No public comment received.

As there was no more business to discuss, the Board adjourned at 2:19pm.

Board members worked on CE after the close of the meeting.

Oregon Board of Naturopathic Medicine
Public Board Meeting
October 10, 2016

Present: Dwight Adkins, Board Chair; Jennifer Gibbons, ND; Robert Skarperud, ND; Keivan Jinnah, ND; Lissa McNeil, ND; Charles Wiggins, Public Member and Anne Walsh, Executive Director.

The Board went into Public Session at 12:00pm.

Executive Session Motions: In case **N16-01-01/N16-05-15** L. McNeil made a motion to issue a notice of proposed disciplinary action, K. Jinnah seconded the motion, all members agreed. In case **N15-09-16/N16-03-06** L. McNeil made a motion to approve order denying respondents motion to close and dismiss, K. Jinnah seconded the motion, all members agreed. In cases **N15-10-23, N16-04-10, N16-05-13, N16-05-16** and **N16-05-18**, L. McNeil made a motion to dismiss, K. Jinnah seconded the motion, all members agreed. L. McNeil made a motion to continue the investigation in **N15-03-06, N15-09-22, N15-10-23, N16-02-03, N16-02-04, N16-04-10, N16-05-13, N16-05-16, N16-05-17, N16-07-21, N16-07-27, N16-07-29N** and **N16-07-28**, K. Jinnah seconded the motion, all members agreed.

Meeting Minutes: J. Gibbons made a motion to approve the minutes from the August 8, 2016 Board meeting, R. Skarperud seconded, all members agreed.

Executive Session at 12:05pm.

Public Session at 12:15pm. There was no motion from executive session

General Business:

Citizen Advocacy Center (CAC) Meeting – L. McNeil, and K. Jinnah volunteered to attend the CAC meeting on September 17-18, 2016; L. McNeil reported back to the board regarding telehealth being the wave of the future for delivering health care service. Telehealth improves access for people and it does seem to decrease cost. L. McNeil and K. Jinnah will work on a written summary for the Board.

AANP's most current standard of practice and code of ethics were discussed. The Board will consider these documents and may adopt in rule the Code of Ethics at a future meeting.

Legislation Concepts – Peer Review 685.205 (repeal of this statute) is moving forward. Minor Surgery ORS 685.010(3) (defining by rule) was been reviewed by Legislative Counsel.

Administrative Rules – J. Gibbons made a motion to adopt as permanent **850-030-0035, 850-050-0010, 850-050-0190, 850-060-0223** and **850-060-0226** as initiated. C. Wiggins seconded the motion, all members agreed.

New rule(s) – Discussion on rule for ethical guidelines was held. Ms. Walsh talked about the possibility of adopting by policy or rule the AANP Code of Ethics at a future meeting. The Formulary Council is recommending the board write a rule to clarifying that ND's cannot order controlled substances for office use and that any drug ordered should be properly stored and dispensing with appropriate record keeping. A. Walsh will bring the language for this rule to a future meeting.

Directors Report: A. Walsh discussed the budget process ~ the Agency Requested Budget was submitted. Although the full-time investigator position was initially denied, Ms. Walsh has appealed the decision and will meet with DAS Shared Financial Services to appeal this decision; if approved it will become a part of the Governors Balanced Budget (GBB). After approval of the GBB, the final step is to

have the budget approved by the legislature (Legislatively Adopted Budget -LAB), with an effective date of July 1, 2017. (2017-2019 budget)

New licenses issued June-October 2016 – J. Gibbons made a motion to ratify the new licenses issued January through October 1, R. Skarperud seconded the motion, all members agreed.

LEDS – A LEDS check will be done for all 2016 renewals in January 2017.

Newsletter – The newsletter will be going to print with the renewal reminder mailed by November 1.

NPLEX Exam (Pharmacology Add-on) – NABNE will testing for the pharmacology exam starting in August 2017 or February 2018. As soon as NABNE established this Pharmacology Add-on exam, the OBNM can require It as part of the elective exams (Minor Surgery is an elective exam already required) and no longer need to administer its own formulary exam, just a jurisprudence exam. Until then the Board members were asked to provide more questions to the pool of formulary exam questions.

Miscellaneous Inquiries: The OBNM discussed the use of an EKG machine and agreed its use is within the scope of practice as long as the licensee knows how to interpret the EKG results. It is the licensee's responsibility to have and maintain the proper training and education in this area.

Scarification / tattooing are regulated through the Oregon Health Licensing Authority and the inquirer needs to contact that board for requirements.

L. McNiel would like more discussion around the use of ozone therapy and the education and training that might be needed; she is willing to do some research and bring her findings back to the board.

Public Comment: No public comment was received.

As there was no more business to discuss, the Board adjourned at 2:45pm.

Board members worked on CE after the close of the meeting.

Oregon Board of Naturopathic Medicine
Public Board Meeting
December 12, 2016

Present: Dwight Adkins, Board Chair; Jennifer Gibbons, ND; Robert Skarperud, ND; Keivan Jinnah, ND; Lissa McNeil, ND; Tracy Erling, ND; Charles Wiggins, Public Member and Anne Walsh, Executive Director.

The Board went into Public Session at 1:50pm.

Executive Session Motions: In case **N14-07-24A** J. Gibbons made a motion approve application for licensure, K. Jinnah seconded the motion, all members agreed. In case **N12-08-23** J. Gibbons made a motion to allow practitioner to continue to practice in compliance with Consent Order, K. Jinnah seconded the motion, all members agreed. In case **N16-01-01/N16-05-15**, J. Gibbons made a motion to issue a consent order, L. McNeil seconded the motion, all members agreed. In case **N15-03-06**, J. Gibbons made a motion to request a hearing, K. Jinnah seconded the motion, all members agreed. In cases **N15-09-22**, **N16-02-04** and **N16-07-28**, J. Gibbons made a motion to issue a notice of proposed discipline, K. Jinnah seconded the motion, all members agreed. In cases **N16-05-17** and **N16-07-21**, J. Gibbons made a motion to dismiss, K. Jinnah seconded the motion, all members agreed. In case **N16-10-33A**, J. Gibbons made a motion to allow applicant to apply for licensure, K. Jinnah seconded the motion, all members agreed. In cases **N15-03-06**, **N15-09-16**, **N16-03-06**, **N16-02-03**, **N16-02-04**, **N16-07-27**, **N16-07-20**, **N16-07-29N**, **N16-10-30**, **N16-10-31**, **N16-10-32**, **N16-11-34**, **N14-08-29**, J. Gibbons made a motion to continue the ongoing investigation, K. Jinnah seconded the motion, all members agreed.

Meeting Minutes: C. Wiggins made a motion to approve the minutes from the October 10, 2016 Board meeting, J. Gibbons seconded, all members agreed.

General Business:

PCPCH “Home” – Dr. Sara Love, ND explained what PCPCH is and what the requirements are - The medical home is best described as a model or philosophy of primary care that is patient centered, comprehensive, team based, coordinated and accessible, and focused on quality and safety. Oregon is a little different than other states; Oregon wanted to be more focused on patients and primary care so they are called patents and primary care homes. PCPCH clinics must be able to report on 12 months of data for quality and continuity measures so the clinic would have to be open for 12 months to gather all that data. Many of the standards are attestations; they don’t necessarily have to be proven applying for status, however all documentation must be on file for site visits.

Legislation Concepts – Peer Review 685.205 (repeal of this statute) is moving forward. Minor Surgery ORS 685.010(3) (defining by rule) was reviewed by Legislative Counsel and appears to be moving forward as well. All Legislative Bills should be available by mid-January and a report should be available at the February meeting.

Administrative Rules – J. Gibbons made a motion to initiate rule making to set ethical standards in **850-050-0010**, **850-050-0190**, L. McNeil seconded the motion, all members agreed. The AANP standards will be adopted in rule.

NPLEX Elective Pharmacology Exam – NPLEX is planning on having the elective pharmacology exam in August 2017 which would eventually remove the formulary state exam. Once accepted and adopted into rule, there will be a need for a State Formulary exam for a period of time (to be determined) for applicants who have already hold a license. Applicants taking the NPLEX beginning with the August 2017 NPLEX will be required to take the NPLEX Pharmacology add-on.

New licenses issued June-October 2016 – C. Wiggins made a motion to ratify the 37 new licenses issued January through October 1, K. Jinnah seconded the motion, all members approved.

Definition of Supervising – Per *OAR 850-010-005(3)* "Direct Supervision" means that a licensed Naturopathic physician is physically present in the clinic, is monitoring and directly responsible for activities of supervised person, and is available to intervene if necessary. Discussion was had on sending a reminder to the profession.

Directors Report: A. Walsh discussed the budget process ~ She expects the investigator's full-time position to be approved in the GBB. After approval of the GBB, the final step is to have the budget approved by the legislature (Legislatively Adopted Budget -LAB), with an effective date of July 1, 2017. (2017-2019 budget)

LEDS – A LEDS check will be done for all 2016 renewals in January 2017. The newly hired investigator will conduct these checks and report to the Board.

Miscellaneous Inquiries: An inquiry about the use of a hydro-therapist in office and if supervision is needed. After discussion, the Board determined that the best practice would be for the hydro-therapist to have their own space/have certification. If the hydro-therapist is in the ND's office, the ND needs to be onsite when the hydro-therapist working.

Scope of practice: an inquiry about practicing with an Urologist was discussed. The Board determined that if you have been properly trained to perform a certain procedure under supervision and not outside of scope of practice then its okay.

C. Wiggins asked that the Board review the latest OHA guidelines for the next meeting.

Public Comment: No public comment was received.

As there was no more business to discuss, the Board adjourned at 3:30pm.

Board members worked on end of the year CE after the close of the meeting.