

California Medical Leadership Forum for Public Health/Preventive Medicine

43rd Meeting (16th using Video)

June, 11th 2024, 8:00-9:30 am PST

MINUTES

This meeting used a Zoom account from CAPM with phone access provided. “Handouts” (i.e., the agenda, last meeting’s minutes, Bylaws amendment) were attached to the email notice. All attendees except those participating by phone could enter information in “Chat.” Web references for agenda topics were embedded in the agenda.

Introduction:

Ron Hattis officially began the meeting at 8:05 noting this is the 43rd meeting and will be covering public health legislation. He asked anyone who would need to leave early to introduce themselves and provide any new news. This is noted below associated with the roll call. This meeting is devoted to discussing bills the California Academy of Preventive Medicine has committed to follow noting each bill covers a wide range of public health topics and represents a public health issue which is very relevant to the forum.

Ron also noted it is time to elect a new Chair. He provided a brief history of the Forum. Mark Horton had been Chair since December 2014 until he passed away last year. At that time, Ron, who was Vice-Chair, stepped up as the interim Chair until now. We now need to elect a new Chair, according to the Bylaws.

I. Approval of Minutes:

Ron Hattis made a motion for approval of minutes, additions or corrections. Sumedh Mankar seconded. A show of hands indicated approval of the March minutes. There were none opposed.

II. Election of Chair

Ron Hattis turned the meeting over to Secretary Traci Stevenson in order to conduct the election in a neutral manner.

- Traci Stevenson announced a call for nominations for position of Chair of the Ca Medical Leadership Forum for Public Health and Preventive Medicine for the next 2 years.
- Sumedh Mankar nominated Ron Hattis. Traci Stevenson made a call for any other nominations. There were no further nominations.
- Ron Hattis said he was willing to take the position but added that within the next 2 years he is hoping someone will step up who is willing to take over.
- Traci called for a vote on the nomination of Ron Hattis as Chair for the next 2 years and requested participants state their approval in the chat. There were 16 people online.
- Traci noted full support in the chat and called for any disagreement or any last-minute nominations. There were none and Traci noted she counted 9 ‘agree’ in the chat, a majority vote and 0 ‘disagree’ or other comments.
- Traci Stevenson announced as there is no disagreement, Ron Hattis is elected chair for another 2 years.

- Ron Hattis thanked the Forum representatives and proceeded with the program.

III. Discussion of Legislative Bills, Part I: Ron Hattis noted that there were 16 bills selected to discuss. A few of them had already ‘died’ but may be of interest. He also noted that at the last meeting we focused on gun safety, and he is starting off with two firearm safety bills. There is a big budget shortfall this year, so bills costing a lot of money may not pass. Ron noted most bills are very modest and discuss developing plans for the future when there is more money.

i. Firearm Safety Bills

- a) **AB 2907 (Zbur):** Related to Domestic Violence Cases, requiring officer to question household about availability of firearms in the house. Information about the availability of firearms would be relayed to the court and a judge could order removal of the firearms.
 - a) Dean Winslow feels this is reasonable and that law enforcement would strongly support. Jo Marie Reilly added that we often see escalation of violence in families after a first offense, and also agrees that although it may not have a lot of ‘bite’ it is a step in the right direction. Don Lyman added that CMA has declared support since the 7th of May. Kat DeBurg stated that HOAC has no position on that bill.
- b) **SB 1253 (Gonzalez):** People bringing in guns from out of state would need to do the same as those purchasing guns in California and would have to complete a safety questionnaire certification. Initially, this included anyone in the state with a gun, but that was changed.
 - 1) Dean Winslow indicated it isn’t all that we want but is better than nothing. He noted that those on the right point out gun problems in Chicago despite gun control laws there, but probably 90% of the guns come from Indiana where there are essentially no background checks or laws. Likewise, in California we have reasonably strict gun control legislation but surrounding states, particularly, Nevada and Arizona do not. This legislation might be at least somewhat helpful.
 - 2) Sumedh Mankar questioned how recertification could be enforced after expiration of a certificate in 5 years.
 - 3) Karen Studer wondered how it would be enforced, and Ron Hattis pointed out people can cross state lines and not know if they were going to live here. He also wondered how they would know whom to check in with to get a safety certificate. He noted this may be more of a theoretical measure than a practical one.

ii. Healthcare coverage bills: Ron Hattis noted some bills may have trouble passing this year because of cost. Medi-Cal is funded by both the state and federal government, but if the state passes a bill to cover something not federally covered it would be totally a state responsibility.

- a) **AB 1842 (Reyes):** Addressing problem of overdose death by requiring plans not to have prior authorization for treatment of opioid use disorder. Treatment would include buprenorphine medically assisted therapy, naloxone and long active naltrexone. It is a modest step that may remove barriers for low-income patients. It has passed the Assembly and is in the Senate. Don Lyman noted CAPM support.
- a) Sumedh. Manaker noted it may go a long way to address the situation.
- b) **AB 2200 (Kalra):** This bill would establish “CalCare,” a single payer system for the state except for federal military and possibly the VA. All other medical insurances would have been tossed into this. There were no funding details, and it did not pass. Ron Hattis stated that if a new plan were to replace everything currently in effect, it would be wise to phase it in gradually, and if you abolish all that is established for an untried system the whole thing could fail. Ron Hattis asked for comments from the forum about single payer systems, and the direction to go.
- 1) Traci Stevenson noted that it would be complex and would really have to be done correctly to function correctly.
 - 2) George Rutherford commented there has been past state legislation that led to various reforms in the US health care system, but moving to a single payer system is “pie in the sky” and isn’t going to be approved at either the state or federal level, so he would not recommend investing a large amount of time in this. If there is a gap in the system, we can make suggestions. He mentioned that Medicare Part A is actuary-based, and if there is an inverted earner pyramid (not enough workers paying in for each retiree), there is not going to be enough money to support it.
 - 3) Ron Hattis noted an example of an incremental implementation on a federal level such as dropping the eligibility age for Medicare over time. He pointed to an example in Israel where the healthcare changes were founded by the unions and expanded to the general population, and private insurance remains an option.
 - 4) Jessica commented that the way the public think about health is frustrating as the public doesn’t have interest in protecting or maintaining health, but if it deteriorates, they want the most expensive interventions, and someone has to pay. She considers, for example, the injection designer drugs for diabetes that are popular for weight loss and how expensive they are, yet Medicare does not supply for older people dentures, hearing aids, glasses, and dental care. She added that if we talk about coverage for everybody maybe it should be those basic needs, and anything extra can be purchased as extra insurance. It is painful that we do so little to protect our health. The CDPH is very concerned about health equities, but we live in a society where providers get to choose where they practice and where money is invested in the healthcare system. She thinks we need to speak up about private entities have been acquiring skilled nursing facilities and health facilities and trying to make them for-profit centers. She stated that there

should be no for-profit enterprise in medicine that leave patients with sub-optimal care and expenses and then give the money to shareholders. She recognizes there are a lot of problems and does not personally think that a single payer plan is the answer.

- 5) Eric Oyan from ACPM was asked if the organization has any positions on this topic. He indicated, in general, there may be some internal beliefs, but he would need to look up any formal policy adding that he agrees it would be a drastic move and would be pretty difficult, particularly at the national level.

c) **AB 2250 (Weber):** This bill would require medical plans to cover screening for social determinants of health (SDOH).

- 1) Ron pointed out some practical problems with the bill, indicating he thinks we're all in favor of assessing social determinants but wonders how we could bill for this, noting it would likely need to be added on to billing systems. He noted there are two E/M billing options currently, one for added time and one for added complexity. He wondered how it would be integrated into this. It is sponsored by the CAFP, but they weren't taking any new amendments. Ron went on to share that he recently taught at a new medical school with seminars and sessions talking about SDOH but they were not incorporating them into teaching about the physical exam or clinical encounter, so potentially the students will recognize that there are people "out there" with these problems but will not be instructed to determine whether the patient right in front of them is one of those people.
- 2) Jo Marie Reilly added this is an important issue and USC has actually put it into the medical student education in the 1st and 2nd year of medical school and the family medicine clerkship. She adds that how they've seen it have the most benefit is thru a checklist that the patient fills out ahead of time that is given to them by a nurse or medical assistant and the physician is to go over the checklist with the patient. She notes how often this happens depends on factors such as time and language.
- 3) Ron Hattis added that he has been campaigning for incorporating SDOH into clinical care. He noted that patients fill out long multi-page health information surveys which are added to the medical record but usually nobody looks at them, especially during the history taking portion of the exam. He added that he introduced a resolution to CMA that didn't pass in the form he had intended. This recommended that we back the incorporation of social determinants of health into those patient questionnaires and they actually be reviewed. He requested material on this topic sent to him. Ron voiced the importance of this topic and noted that it is complicated by fact that CMS developed a code to use nationally but it only approves 15 minutes added to the visit, and both the federal policy and

this state bill require use of evidence-based tools, which are not yet in widespread use.

- 4) Stevenson shared in chat that the AAFP has an overview on SDOH screening and that the National Association of Community Health Centers endorse the PRAPARE screen. She notes there are some examples of projects around the state where CHC's have implemented screenings and note their successes.
- d) **SB 1008 (Bradford):** This bill would require health insurance to cover obesity treatment. Medi-Cal currently pays for bariatric surgery, but it isn't always assured that medications such as semaglutide will be covered. Private insurance is often a tiered system that requires prior authorization for medications on high tiers.
 - 1) Karen Studer noted that she has patients, and most are covered if she does the prior authorization first. She feels this is a good step to require insurance to cover obesity treatments. It is unclear how the prior authorization fits into the bill. The Inland Empire Health Plan (managed care for Medicare and Medi-Cal in San Bernardino and Riverside Counties) approves treatment but requires prior authorization.
- e) **SB 1120 (Becker):** This bill would require physician supervision if AI makes prior authorization decisions
 - 1) Ron Hattis notes the bill doesn't say what powers the physician would have. He suggests an amendment that AI can handle and make faster decisions on approvals for prior authorizations but any denials should go thru a human.
 - 2) Sumedh Mankar mentioned that the way the bill is written could indicate only a person could deny a prior authorization.

iii. **Climate-related bill:**

- a) **SB 1182 (Gonzalez):** This bill calls for a master plan for climate resilience in our schools throughout the state. Ron Hattis notes the bill is about developing the plan (rather than doing something about it due to lack of money).

iv. **Report from Don Lyman (CAPM Legislative Chair):** Don Lyman took a moment to make a few 'side bar' comments regarding 3 important issues in legislature we should be aware of including:

- a) The governor's budget has removed some important items; There was an agreement to fund a Future of Public Health Project of \$300 million annually that was approved in last year's budget, including \$200 million for local health departments and 100 million for state Department of Public Health whose pattern is to sometimes issue grants that make their way to the local level. The package had been removed from the Governor's Budget. This removal was challenged by legislatures and negotiations are under way. At the state and local level, they have

already made a number of hires and if this money goes away there will be layoffs at the state and local level.

- b) The second item related to a deal cut a couple of years ago to tax some health insurance company transactions that would provide a budget of 6-7 billion dollars. The money would be mostly spent on indigent medical care and other things including training. This entire amount has also been removed from the Governor's Budget. The CMA is challenging the action with an initiative on the ballot, approved by the Sec. of State last week. We will see this in the election process and CMA is already supporting this and it would put all of the money back again.
- c) The third track is the collection of bills you see now which is the ordinary policy process. But, that process in the legislature is on the back shelf. They are playing out budget appropriations process right now and how to fix the big deficit. The committee meetings are taking place, and the policy matters are being considered but the big item tickets everyone is concerned about and working on is the first two issues.
- d) Ron Hattis said that this forum doesn't often pass resolutions to take positions on issues that entities like schools and organizations take their own actions on. The last time we passed resolutions and wrote letters was asking for public health of the state and federal level to put more emphasis on causes of death and morbidity that had increased since the pandemic that were not from COVID directly. Things like suicide and automobile accidents and chronic disease mortality were all going up for a while. They are leveling off but not on level of previous downward trajectory. We asked the CDPH to prioritize dealing with these causes. CDPH, in turn, asked us to help them with some advice, so that was good interplay.
- e) Ron Hattis stated it would be appropriate to pass a resolution today so that he could write a letter on this issue, representing the Forum. Ron asked if somebody would make a motion that the Forum will communicate our position that the Future of Public Health money be preserved to the greatest extent possible. The additional staff that were hired already are important and as much as possible should be preserved.
- f) Sumedh Mankar motioned this and added that this would be a great show of support through the entities that are represented here, if there are no objections, for such a letter to go on. Jo Marie Reilly seconded that.
- g) Ron Hattis asked all in favor of sending a letter to the Budget Committee Chairs of both houses to say "Aye" on Zoom.
- h) Jessica Nunez de Ybarra noted that she had to abstain as CDPH pays her salary. Alana Bui representing the Office of Surgeon General also abstained.
- i) The resolution was passed with two abstentions and 0 nay oppositions.

IV. Roll Call: Roll Call commenced with those participants still on the Zoom call announcing themselves and sharing any news. Attendees noted via chat or participants' list are also documented here. Sixteen participants were identified.

- i. California Academy of Preventive Medicine
 - a) **Ron Hattis** was present and chaired the meeting.
 - b) **Sumedh Mankar** stated he has no new updates and is still with Blue Shield California working with their Promise program medical director team.
 - c) **Don Lyman** was present and helped report on budget issues.
 - d) **Jillian Martin**, the current CAPM President, shared that the bills we will be reviewing were selected by the CAPM Legislative Committee chaired by Don Lyman, and the Board adopted positions on 15 bills. SB 1008 was not one of these but will be discussed because it generated some interest.
- ii. State Government:
 - 1) California Department of Public Health: **Jessica Nunez de Ybarra** greeted all of the participants. She mentioned that her son has an 8th grade trip today.
 - 2) Office of Surgeon General: **Alana Bui** represented the Office of the Surgeon General.
- iii. Health Officers Association of California: **Kat DeBurgh** reported that HOAC has two big priorities:
 - a) One is supporting Future of Public Health funds mentioned earlier by Don and Ron, see item III.iv. As noted, the legislature is including the full amount in their budget while the governor is including zero in his budget. They are supposed to come together this week and hopefully reach some sort of resolution.
 - b) The other priority is opposing a bill in Legislature, AB2075 (Alvarez). This bill would limit public health authorities in future emergencies to limit visitation at long-term facilities. She notes that since the pandemic, they have fought back every single attempt in California to limit public health authority. Other states have lost a lot of their authority while California hasn't, but this bill is the 1st that has 'legs.' It has moved through the legislature so far with no votes. They are really concerned that as well-intentioned as the bill is, if there is another emergency it could endanger the health of people who live and work in long term facilities. This is a Democratic-sponsored bill.
- iv. American College of Preventive Medicine
 - a) **Eric Oyan** noted that ACPM staff are cautiously optimistic that the Congressional Budget Office (CBO) would be able to extend the time that Congress can look at the budgetary effects of initiatives. He believes it is currently 10 years but could be pushed out to 30 years. From a preventive medicine standpoint this would provide more compelling numerical figures. Eric believes the AMA also just added support to this and they know there's some bipartisan support and they are hoping that changes can be made so that impacts can be demonstrated when they take longer than currently monitored. This can help prove value from a dollar and cents perspective.

- b) He added that they continue to advocate for PMR (preventive medicine residency) funding, but it will be very tough with only a few more weeks left in an election year.
- v. Schools of Medicine (North to South)
 - a) Touro University
 - 1) **Traci Stevenson** reported that she was just in Washington, D.C. for a Culinary Medicine and medical nutrition education conference and noted that at Touro they are really working on medical nutrition education in relation to SDOH (which they refer to as social and structural determinants of health or SSDH), including food insecurity. She added that in April the American Association of Osteopathic Medical Schools led the first ever forum on food as medicine and put out a statement pushing all osteopathic medical schools across the country to implement medical nutrition education as part of addressing chronic obesity and disease.
 - b) UC San Francisco
 - 1) **George Rutherford:** George reported that they have a HRSA grant to expanding their residency at Fresno and appointed a couple of residents, but applicants so far haven't worked out. They do not have anyone starting the residency as of July 1. They will be doing recruiting to fill these positions.
 - 2) He added if anyone in the group knew of anyone interested in training in public health and preventive medicine in the Central Valley to let him know.
 - 3) George also announced that he will be retiring in 16 days and Roz Plotzker, board certified in public health and preventive medicine from the Mt Sinai program will be taking over as residency director. He notes they have residents both in their combined program and at Kaiser plus this Fresno program.
 - 4) Ron Hattis noted that George Rutherford has had an outstanding career and certainly deserves a healthy and happy retirement. He said that we will be sorry to lose him and his experience and welcomed George to continue to attend this Forum as a guest.
 - c) Stanford
 - 1) **Sandra Tsai** was present
 - 2) **Dean Winslow** (guest) gave a brief history of the SAFE organization, founded at Stanford in 2018 to educate and to work for gun safety. SAFE and Doctors for America (founded by U.S. Surgeon General Murthy) were recently granted a White House meeting to discuss gun violence prevention. The Website of SAFE is www.standsafe.org.
 - d) Loma Linda University
 - 1) **Karen Studer**, program director of the residency, shared that she will be taking over as Chair of the Department of Preventive Medicine from April

Wilson as of July 1. April will remain part time faculty focusing more on teaching medical students and spending time with her family. Karen will remain the residency director and groom someone to take over but if it becomes too much for her then they will be looking for someone to replace her program directorship. Ron noted she will be doing two jobs in addition to serving on the American Board of Preventive Medicine, and wished her good luck but suggested avoiding excessive stress.

e) USC Keck:

- 1) **Joe Marie Riley:** Jo Marie noted their department is looking for a new Chair as the current Chair Howard Hu will be stepping down. Ricky Blumenthal is currently the interim Chair, and a national search has just begun. Howard will still be in residence and will be on sabbatical for a bit. He is not leaving, and they will still have his wonderful leadership.
- 2) Ron Hattis noted that Howard has been a true leader with perhaps the most impressive resume in the entire group, considering positions he has held at Harvard and elsewhere, and hopes that he stays in California.

vi. Schools of Public Health (North to South)

a) UC Berkeley

- 1) **Jared Mazzanti** was present

b) UC San Diego

- 1) **Megan Ryan** shared that she works for the military at the defense health agency immunization healthcare group and in charge of the Pacific region in San Diego and is also a part-time clinical professor at UCSD and support their preventive medicine residency.

V. Legislative Bills Part II: Ron Hattis noted we will be concise due to time restraints and stated 3 bills are related to communicable disease.

a. Communicable disease bills

- i. **AB 2132 (Low):** This bill would require primary care providers to screen high risk patients for TB, but it doesn't define who the high-risk patients are. Ron Hattis added that the patients most likely to develop active TB are the foreign born, except from areas like Western Europe, Canada, Australia and others with low rates of TB. He reported that 1 in 3 people in the whole world are affected by TB with the vast majority being latent, now called inactive infection. Ron Hattis noted he was the most active member of a working group established to draft amendments, but no action has been finalized. CAPM would switch from "Oppose unless amended" to "Support" if the amendments are actually added into the bill. Ron commented that his position is that CDPH really needs to take some responsibility for assuring that the word gets out either directly or indirectly by asking various boards to contact and notify providers.

- a) He noted that in 3 communicable disease bills he has identified in recent years, this was not done effectively, and providers never found out about the bills, and they weren't effectively implemented citing the example of when there was a change to drop the written requirement for HIV testing that most clinics and labs continue to require written consent for years afterward.
 - b) He adds there have been two similar bills that demand primary care providers screen for HIB and Hepatitis B or C yet very little testing was done because most providers never found out about it.
 - c) Ron Hattis stated regarding TB, guidelines are needed to implement this as there is a learning curve on the assessment that needs to be done.
 - d) Kat DeBurgh said that HOAC is in support. She agreed that CDPH needs to get the word out about such bills. Regarding the screening guidelines, the bill states they need to use something developed by CDPH based on USPTFS recommendations and this is how they feel this bill should be written. Ron agreed the existing guidelines should not be directly in the bill but he put in the amendment definition of who is high risk and who does the bill apply to that should be screened. He added that the guideline sheet is separate but that he developed another one that he thought is more complete and more useful for implementing the bill. He notes that these would be reviewed by the TB controllers (CTCA) and then by the TB branch at CDPH
 - e) Jessica Nunez de Ybarra mentioned that there was conversation about this with health officers at the recent California Conference of Local Health Officer Board meeting this past week. CMA is opposed to bills that may legislate what doctors should do, or increase liability for physicians who do not implement a bill correctly. There were suggestions to discuss some of the public health concerns with the CMA, as it is a strong voice. Jessica added that during the meeting the TB controllers expressed concern for doing more about latent TB. She noted that they have seen that active TB is less about people coming into this country with active TB but it's people who don't know they have inactive TB infections that then become active,, often when patients are older and their immune systems have declined. About 80% of the active cases started out as latent TB that was not treated.
- ii **AB 2960 (Lee):** This bill would have asked both primary care providers and emergency departments to screen for syphilis. He went on to add that there was already a separate CDPH initiative to ask emergency departments (without funding) to screen for syphilis, HIV and hepatitis. It was not resolved how that would interface with the existing initiative. The bill did not move out of Appropriations because of cost.
 - iii. **SB 1333 (Eggman):** Would make it legal for PH departments to disclose HIV within context of doing their job. It would also make it legal to disclose information to the health care provider.
 - a) Ron Hattis stressed the need to also make it legal for the provider to call Public Health to discuss HIV positive patients. He stated that it is currently only legal at the moment you report the case. Referral to public health for partner services requires the patient's signed consent. He wonders about making it legal for providers

to contact public health in other situations, for example, if other public health assistance or coordination is needed, or if the patient moves out of jurisdiction etc. There are currently criminal and civil penalties for disclosing by name or personal identification a person who has HIV, even from a physician to local health department except in the process of reporting a case.

- b) Ron Hattis thought that this bill would be a good place to clearly legalize communications from an HIV provider to public health while they were addressing the legality of public health reporting to a provider. However, the bill did not get amended, and Ron stated he has an offer from the author's staff member that this issue will be taken up for next year.
- iv. **AB 2101 (Rodriguez):** Would require development of guidelines for stockpiling for a future pandemic. Implementation would be expensive, although planning efforts such as guidelines should not be. However, the bill did not pass.

b) Other public health bills: Due to limited time, these were announced but not discussed.

- i. **SB 996 (Wilk):** Would require posting on the internet what materials are used for sex education. This passed the Senate, but Ron Hattis noted that it could stir up a lot of concern about HIV and sex education and add extra costs for schools. The CMA and CAPM opposed the bill, and it failed in the Assembly.
- ii. **SB954 (Medjivar):** Would require schools to make condoms available when doing HIV education, and for grades 9-12 on demand.
- iii. **AB 2599 (Authored by a legislative committee):** Would provide authority for health authority officers to close beaches if evidence of sewage contamination. This closes a loophole that currently states if a health officer found out about a contamination, they could close this beach. This bill would start at the labs themselves.
- iv. **SB963 (Ashby):** Human Trafficking Bill. This would facilitate self-identification in emergency departments by victims of human trafficking. Ron Hattis noted that a problem is the person would be accompanied by the trafficker and self-identification hindered because the victims are intimidated. He notes there are lots of policies across the country about emergency department screening for human trafficking, but self-identification is not going to have much benefit because it does not happen often.

VI. Topics for Next Meeting

- i. Ron Hattis mentioned we have not had a topic on nutrition and training and including it in education for prevention and control of chronic disease as one idea for future meetings. Ron called out for any other ideas and noted if there aren't ideas he relies on the team to suggest topics.
- ii. Alana Bui mentioned the office of California Surgeon General is getting ready to launch a new maternal health initiative. This is a new movement that leverages California's investments and partnerships to improve maternal health and well-being for Californians.

Alana invited participants to visit website and to sign up to partner with them to learn more about this initiative.

- a) It is called Strong Start and Beyond and the website link was provided
 - 1) StrongStartAndBeyond@osg.ca.gov
- b) Ron Hattis noted that we haven't had a meeting devoted to maternal mortality, and that numbers are small the rates are higher than a lot of other developed countries. He added that there is also inequity in outcomes, with black and native American women having the poorest results.
- c) Ron asked if this is a topic the office would be willing to discuss at a future meeting of this Forum. Alana said she would consult with the team.
- d) Ron said that there are basic epidemiological questions regarding where to devote resources to issues. Some may have small numbers of deaths but high rates, while others have low rates but high numbers of preventable deaths. He added, issues like this are also involved in the overdose problem noting that one county health program decided they could prevent the most overdoses by having a program right in urban areas, but the rates of overdoses (though small numbers) might actually be higher in the rural communities. With regard to maternal mortality there is an approach of statewide committees reviewing cases and coming up with guidelines. Ron Hattis notes he spent several months developing guidelines for his county and has a self-scoring questionnaire for pre-natal patients on social determinants of health related to pregnancy outcomes. High risk scores would lead to more intensive care.

VII. The meeting was officially concluded at 9:30 am.

These minutes were approved at meeting of September 10, 2024.