

# National Committee on Vital and Health Statistics

Transcript

June 5, 2024 11:00 a.m. to 12:30 p.m. ET  
Virtual

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## SPEAKERS

NCVHS Members		
Name	Organization	Role
Jacki Monson	Sutter Health	Chair
Sarah Lessem	ASPE	Executive Director
Naomi Michaelis	NCHS	Executive Secretary
Angela Alton	City of Hope	Member
Catherine Donald	Alabama Department of Public Health	Member
Debra Strickland	Conduent	Member
Denise Chrysler	University of Michigan	Member
Tammy Feenstra Banks	Individual	Member
Jamie Ferguson	Kaiser Permanente	Member
Michael Hodgkins	Healthcare Consultant	Member
Valerie Watzlaf	University of Pittsburgh	Member
R. Lenel James	Blue Cross Blue Shield Association	Member
Steven Wagner	University of Pittsburgh	Member
Wu Xu	University of Utah	Member
NCVHS Staff		
Name	Organization	Role
Maya Bernstein	ASPE/OSDP	Staff
Lorraine Doo	CMS	Staff
Shirley Castillo	NCHS	Staff
Gwen Mustaf	NCHS	Staff

## **Call to Order/Roll Call**

Naomi Michaelis: Thank you, everyone, for joining and thank you to our committee members for being here virtually. My name is Naomi Michaelis. I am the executive secretary and designated federal officer for the National Committee on Vital and Health Statistics, NCVHS. Our last meeting of the Full Committee was in April when the committee met in person, and we began the conversation about the Report to Congress that we are about to hopefully finalize today. Information from that meeting can be found on our website.

Let us begin by taking roll call. Please state your name, your status as a special government employee, and any potential conflicts with today's work, starting with our chair.

Jacki Monson: Good morning, everyone. Jacki Monson, Sutter Health, chair of NCVHS, no conflicts.

Naomi Michaelis: Angela Alton.

Angela Alton: Good morning. Angela Alton, City of Hope, member of the Full Committee and the Subcommittee on Privacy, Confidentiality, and Security and no conflicts.

Naomi Michaelis: Denise Chrysler.

Denise Chrysler: Good morning. Denise Chrysler with the Network for Public Health Law. I am on the Full Committee, on the Subcommittee on Privacy, Confidentiality, and Security and no conflicts.

Naomi Michaelis: Cathy Donald.

Cathy Donald: Good morning. Cathy Donald, Alabama Department of Public Health. I am a member of the Full Committee and the ICD-11 Workgroup. If there are any discussions around reproductive health, I will recuse myself. Thank you.

Naomi Michaelis: Jamie Ferguson.

Jamie Ferguson: Good morning. Jamie Ferguson, Kaiser Permanente, serving as chair of the ICD-11 Workgroup, member of the PCS and Standards Subcommittees as well as the Full Committee. I have no conflicts.

Naomi Michaelis: Lenel James.

Lenel James: Lenel James. Good morning, everybody. Blue Cross Blue Shield Association. I am a member of the Full Committee and a member of the Standards Subcommittee and have no conflicts.

Naomi Michaelis Deb. Strickland.

Debra Strickland: Hi. Debra Strickland. I am a member of the Full Committee as well as the Standard Subcommittee and I have no conflicts.

Naomi Michaelis: Steve Wagner.

Steve Wagner: Steve Wagner, retired. I am a member of the Full Committee and member and co-chair of the Standards Subcommittee, and I have no conflicts.

Naomi Michaelis: Val Watzlaf.

Val Watzlaf: Good morning. Val Watzlaf. I am with the University of Pittsburg. I am a member of the Full Committee, chair of the Privacy, Confidentiality, and Security Subcommittee, and a member of the ICD-11 Workgroup and I have no conflicts.

Naomi Michaelis: And Wu Xu.

Wu Xu: Good morning. Wu Xu, a member of ICD-11 Workgroup and the member of the Full Committee. I have no conflicts.

Naomi Michaelis: Thank you, all. On our staff side, we have – my apologies, both of you.

Tammy Banks: Tammy Banks, independent consultant, chair of the Subcommittee on Standards, member of Executive Committee, and no conflicts. Thank you.

Naomi Michaelis: And Michael Hodgkins.

Michael Hodgkins: Michael Hodgkins, independent consultant, member of the Full Committee, member of the Subcommittees on Standards and ICD-11. I have no conflicts.

Naomi Michaelis: Thank you.

On our staff side, we have Sarah Lessem, our executive director.

Sarah Lessem: Sarah Lessem, executive director at ASPE.

Naomi Michaelis: Maya Bernstein.

Maya Bernstein: Good morning, everyone. I am Maya Bernstein. I am the senior advisor for Privacy Policy in the ASPE, the Office of the Assistant Secretary for Planning and Evaluation. I am lead staff to the committee and lead staff to the Subcommittee on Privacy, Confidentiality, and Security.

Naomi Michaelis: And Lorraine Doo.

Lorraine Doo: Good morning. Lorraine Doo, senior policy advisor in the Office of Burden Reduction and Health Informatics and lead staff to the Standards Subcommittee. Thank you.

Naomi Michaelis: And our supporting staff are Shirley Castillo and Gwen Mustaf.

If we could pull up the public comment slide. Thank you. The public comment period will begin around noon eastern. If you are planning to participate in the public comment, please be attentive to where we are in the agenda. We will try to do it at noon. But if we are still in the middle of discussion, it may be a little delayed. If you do not want to make an oral comment, you can submit it to [NCVHSmal@CDC.gov](mailto:NCVHSmal@CDC.gov) and we can read it into the record. And if you have

not already, you can also sign up to receive email notices from the committee and you can subscribe on our home page.

With that, I will turn it over to our chair.

Maya Bernstein: Naomi, one more thing before we do that. Do we have the ability to write Q&As this time from members of the public --

Naomi Michaelis: We are raising hands for questions.

Maya Bernstein: Okay. Can members of the public do that too?

Naomi Michaelis: Yes.

Maya Bernstein: Okay. Great. Sorry to interrupt.

Naomi Michaelis: No worries. Thank you.

### **Agenda Review**

Jacki Monson: It sounds good. Let us pull up the agenda. We just finished roll call. Next was agenda review. Our dedicated time today is going to be spent on the Report to Congress and deliberation and review of that and hopefully getting to some consensus for a vote. We will break at 12 to have public comment and then we will look for final recommendation on the Report to Congress shortly after that and try to adjourn by 12:25.

With that said, let us get started and if we can pull up the document.

Denise Love: This is Denise with a horrible cold so I am sorry for my voice. I do not think my co-writer is on, Patricia McTaggart. She may be joining late but I do not think she is on right now, is she?

Patricia McTaggart: Yes, I am on.

Denise Love: Great. Thank you.

Jacki Monson: Would you guys introduce yourselves?

Denise Love: Yes. I am Denise Love with a frog in my throat and I guess a consultant for the writing of the Report to Congress, former committee member, member of the ICD-11 Workgroup, and that is who I am.

Patricia McTaggart: Hi. I am Patricia McTaggart. I am with George Washington University and I am a consultant on Report to Congress.

### **NCVHS 2024 Report to Congress**

Jacki Monson: Thank you. Let us continue to scroll down to the actual writing. Let us stop here. My plan today is to go section by section and get any feedback that you have section by section. Remember that most important today for discussion, is making sure that the substantive aspect

of the report is where you want it to be and we have your complete feedback on it. We can wordsmith after the fact if needed. If you have types, edits, suggest different words that do not change the context, we can certainly discuss those today if we have time but I would like to focus on substantive first.

With that said, in the first section of the Executive Summary, I would like to see if there are any comments or feedback.

(Pause)

Jacki Monson: Hearing none, let us keep moving along.

Let us stop here. Now, we are past the Executive Summary and this really is an introduction and report overview so both who NCVHS is, what we do, and then what our task is from Congress and HHS. Any questions or concerns on this?

(Pause)

Let us keep scrolling.

Maya Bernstein: You are just going page by page or subsection.

Jacki Monson: Yes. Subsection by subsection.

The next section is health information technology and data policy, standards and models that influence the continued advancement of HIPAA administrative simplification provisions. This is the first couple paragraphs of this. Are there any concerns with these paragraphs or any items for feedback?

Steve Wagner: Steve Wagner. I have a question on the social SDOH. I believe that is social determinants, plural, of health and I think that was missing in a number of places in here.

Jacki Monson: I think what you are saying is let us write it out versus use the acronym.

Steve Wagner: No, no. He wrote it out here. It is just that it was missing an S on determinant.

Jacki Monson: Gotcha. We will fix that.

Steve Wagner: You may have it in other places.

Jacki Monson: Any other feedback on this particular section? Let us keep scrolling.

Here, we are talking about HIT and Digital Innovations and the innovation aspects of this, AI, robotics, et cetera. Any comments on this piece?

Michael Hodgkins: Are we going to define G-5?

Denise Love: There should be a footnote, I remember, in the table. We can footnote that there.

Lenel James: Good catch. I did not realize what G-5 was until you pointed it out. I am like I do not know what that is. Great. Thanks.

Michael Hodgkins: Typically, you would divide it in text, not in a footnote. Wouldn't you? It is not a big deal.

Denise Love: Yes. Yes. Duly noted. I know it is in a footnote later but we can put parentheses – what it stands for. Would that be the solution?

Michael Hodgkins: Typically, you would put the G-5 in parentheses, wouldn't you?

Lenel James: That is what we did with Internet of Medical Things.

Michael Hodgkins: Honestly, I did not know what G-5 was.

Maya Bernstein: The acronym goes in parentheses.

Participant: We will put the acronym in parentheses.

Maya Bernstein: It needs a footnote that explains what it is, not just the acronym.

Denise Love: I know that nanotechnology, cloud computing, et cetera, are footnoted in the tables. Do you want those footnoted as well here or just G-5?

Michael Hodgkins: Typically, wouldn't you – if you are going to have a footnote, wouldn't you include it in the first instance of a term?

Denise Love: Yes.

Jacki Monson: I think we just need to move the footnotes up to the first mention of it.

Let us keep scrolling. The next area we are going into a little deeper focus in paragraph on this is assisted, augmented, and automated AI, also, the data standards to share social determinants of health data. Feedback on these two paragraphs.

Michael Hodgkins: How are we going to address the comments that are in line?

Naomi Michaelis: I was just about to bring those up. Because there were several comments specifically in this paragraph on assisted, augmented, and automated AI from Val and Lenel. If you wanted to both raise your questions.

Valerie Watzlaf: I think we were – at least I was thinking that we also have to discuss the benefits of AI. I know we talk about the compromises of privacy and security but there are also some benefits as well but I do not think we mentioned that.

Michael Hodgkins: Some of these comments – for me as well. I do not think the privacy and security has anything to do with transparency per se but algorithmic bias does.

Jacki Monson: I do not disagree. I think those are good comments. How would you suggest enhancing to include what you are looking for?

Valerie Watzlaf: Maybe just something that would say how AI can also assist with cybersecurity by quickly identifying potential threats or something like that, something very brief.

Jacki Monson: Okay. You can do it for actually privacy (inaudible) we have been using AI for ten years --

Valerie Watzlaf: Right. Just so we acknowledge that and it is not always a negative.

Denise Love: I do not know who has the cursor but could you highlight that, Naomi or --

Naomi Michaelis: What would you like me to highlight?

Denise Love: Because I do not know what page. I am just keeping a list here of things that have to be tweaked.

Valerie Watzlaf: I think it is page 6.

Jamie Ferguson: -- the point that I think Val was making about highlighting potential benefits of AI. I would say AI presents opportunities for innovation and -- this is in the middle of the paragraph where it says AI presents opportunities for innovation. I would add the word improvements. Innovation and improvements in research, et cetera. Just like that. Thank you.

Michael Hodgkins: It also presents opportunities for improvements in administrative simplification. That is actually a first order opportunity where it is research, clinical, diagnostics, pharmaceuticals --

Jamie Ferguson: I thought that was the next sentence. I am absolutely fine adding it there as well.

Naomi Michaelis: It is in the next sentence -- phrased slightly differently. Michael, do you want to add it up here as well?

Michael Hodgkins: No, I think the next sentence simply expands on the opportunity for administrative simplification. I do not have any problem with it.

Naomi Michaelis: Great. Lenel, I see your hand raised.

Lenel James: The point I had added was in the same sentence in benefits. I went back to the slides from I guess it was November and one of the benefits was to help with the reading comprehension and foreign languages is one example of the key benefit. I thought it was important to highlight something specific that everybody could relate to that the reading comprehension challenge for most normal humans that do not get involved with standards and advanced health care. It is important to make the language and the level of readability important. That was one of the things that was pointed out by our presenters. I figured it was good to have at least one clear example of an AI benefit that most people could relate to.

Jacki Monson: I think that is a good suggestion and enhancement.

Naomi Michaelis: Lenel, Jacki, where would you like to add it in?

Lenel James: In my comment, I had put the proposed Texas and it should go following the line that says benefits include. AI presents opportunities for -- it says associated with documentation by reducing -- to me, another example of reducing burden was improving communication. I am ambivalent as to where it goes. Just making sure we capture one good example from one of our presenters I thought was good.

Jacki Monson: Maybe after we say codes and identifiers -- at the end of that sentence, we say for example.

Lenel James: I like that.

Jacki Monson: And then just include your text on the example. Everybody good with that?

Valerie Watzlaf: Yes, it is great.

Denise Love: My question is on the paragraph above. We are taking out transparency of the data. The security risk based on -- do we want to say just the depth of the data? I know we were taking that out but is there another word because AI is going to use multiple data sets and detailed data. The underlying data may introduce the inaccuracies, et cetera. I know we are taking transparency out. Is that correct?

Steve Wagner: Why not take transparency all the way through "and" and just leave "shortcomings such as "--

Michael Hodgkins: Privacy and security risk arise? Is it in lack of transparency or is it in simply how the AI will be used?

Jacki Monson: It is the use -

Denise Love: And the underlying data is the problem. We are going to take that transparency. I just want to be clear.

Steve Wagner: I want to address a typo that was not clear on the next paragraph. Code set should be code sets or line up from the bottom of the paragraph.

Jacki Monson: Naomi, do you want make that change? I think he is saying that it should be code instead of codes in the paragraph that we were in right above the example. I do not think we saw the transparency conversation. What are the thoughts on doing remove transparency and just say use, oversight, and accountability or how do we want to specifically talk about that?

Jamie Ferguson: I think it is okay to remove transparency here in part because we mentioned it later and I do not want to conflate transparency with privacy and security.

Denise Love: Thank you. That helps.

Michael Hodgkins: Were you moving it there or the previous paragraph?

Steve Wagner: Previous paragraph.

Naomi Michaelis: Not that one. We are moving it up here. We will go back and fix the wording around it.

Jacki Monson: Any other comments?

Let us keep moving. Let us go to the data standards on SDOH. Any comments on that?

Michael Hodgkins: Can you scroll?

(Pause)

Jacki Monson: If you guys can look at Naomi's comment and the standards crew can weigh in on it. I think it sounds right what you are suggesting but want to get the group's consensus here.

Steve Wagner: This was my comment. I guess what I would suggest is that it may be documented in the health record and not in USCDI.

Jacki Monson: Alright. Let us keep scrolling. Comments on this next paragraph? Let us scroll just a little bit more. Let us see what you have here.

Naomi Michaelis: This one is on FHIR.

Denise Love: Would you say SDOH data and – clinical and SDOH data?

Jacki Monson: Or would you say including SDOH data?

Lenel James: SDOH data is different from clinical data. I would be careful. The practitioners in SDOH are very sensitive about being – they do not want the social services over medicalized. I would prefer we not trigger that.

Jacki Monson: Sounds good. Let us keep going.

Naomi Michaelis: A question on vigilant. Would it be a better word instead of critical?

Denise Love: It is more than just vigilant. I think we were asking for revisiting of methodology.

Valerie Watzlaf: It has basically been ignored since 2017 when – recommendations came out. I like critical but --

Steve Wagner: -- significant.

Valerie Watzlaf: Important or --

Lenel James: Critical seems to give a better sense of urgency because this sounds like it is really urgent.

Jacki Monson: Any other comments on these couple of paragraphs?

Let us move to interoperability.

(Pause)

Naomi Michaelis: This is the comment on non-SCEs.

Jamie Ferguson: Naomi, can I ask you to switch to the simple markup view please?

Naomi Michaelis: Absolutely.

Valerie Watzlaf: I think that was my comment. I just wanted something consistent. I was not sure which one is more appropriate to use. It could be, I think, somewhat confusing as we switch back and forth.

Naomi Michaelis: It is a great question. I am happy to go with whatever the committee prefers.

Jacki Monson: I think I like the clarification of non-HIPAA CEs because otherwise – that is the term that connects it and explains what a non-covered entity is. It is attached to HIPAA. It would not be used in other terms I would not think. It seems like we should clarify it that way.

Naomi Michaelis: Okay.

Steve Wagner: That is also the end of that sentence --

Michael Hodgkins: We previously defined CE earlier in the document?

Naomi Michaelis: Yes. All abbreviations will be reviewed later to make sure that everything is spelled out the first time outside of the executive summary.

Steve Wagner: Do you want HIPAA CE at the end of that sentence?

Denise Love: That means throughout the document HIPAA CE and non-HIPAA CE.

Jacki Monson: Yes.

Are there more comments? Can you scroll a little bit further?

Naomi Michaelis: No, it was just that one.

Jacki Monson: Any other comments on this portion?

Let us move to cloud computing. Any comments on this paragraph?

Michael Hodgkins: I added the comment about on-prem. When I read this paragraph, in relative terms on-prem infrastructure is more vulnerable than cloud. When I read this paragraph, I was feeling like we were just dumping on cloud computing as a risk.

Jamie Ferguson: Cloud computing can be on-prem.

Michael Hodgkins: I am talking about traditional on-prem where you are not using the cloud where all your servers are on-prem. That is more vulnerable than your typical cloud arrangement, not that cloud is not vulnerable. I do not know. It just left me feeling like we were picking on cloud computing.

Jamie Ferguson: I do not know that I would agree with the statement that on-prem is more vulnerable.

Jacki Monson: It depends on what your configuration is, what your firewalls are, and what your redundancy model is.

Michael Hodgkins: I disagree. I am not going to die on this point.

Denise Love: I think this sort of sets the table for later as we go into the risks of contract and vendors --

Jacki Monson: We could caveat the body. Jamie, I do not know what your thoughts are about this but we could caveat and say in some circumstances – Michael, if you are thinking of a small organization that does not have the means to have the redundancy that is needed and the security controls in place and they are going to move to AWS, as an example, I would agree with you that that is likely going to be more protection than they could offer themselves. But that is not always going to be the case.

Jamie Ferguson: I do not like that approach because the degree of security of commercial cloud depends on the permissions and the contractual provisions that you have with the cloud vendor. In many cases, AWS will not give you the controls that you can have for internal systems. I would just leave it.

Michael Hodgkins: It is fine to just leave it. When I talked to Cris Ross at Mayo when they moved to the cloud, it was – and Mayo is a very sophisticated organization. They moved to the cloud to improve security versus what they had previously, which was all really on-prem physical presence of servers, et cetera. That is why (inaudible) because it is not just a question of small operations. Mayo is a major operation.

Jamie Ferguson: I am just saying that is highly situational.

Michael Hodgkins: -- made a decision to move to the cloud to improve security.

Jacki Monson: I think it depends on your technical data. I worked at Mayo so I am very familiar with their infrastructure and could understand why they would do that. There are a lot of advantages obviously in addition to security. If it is a part of your redundancy plan, then I would agree with you with that articulation what Cris Ross said. But that is not always the case. I think I was just trying to see if we wanted to caveat a bit but if we want to --

Michael Hodgkins: Leave it alone. It is not going to --

Jacki Monson: Let us keep scrolling. ICD-11.

Steve Wagner: Did we want to change federal assurances to federal agencies here?

Cathy Donald: I guess what do we mean by federal assurances?

Steve Wagner: I have no idea.

Jacki Monson: Probably federal standards would be my guess but we can change it to agencies or standards.

Cathy Donald: Standards.

Naomi Michaelis: I think standards.

ICD-11.

Jacki Monson: Hearing none, let us go to privacy related to reproductive health. Your question, Naomi, is is this where Dobbs belongs, implying that maybe it belongs someplace else or what is the context of that comment?

Naomi Michaelis: That was the question posed by one of the committee members of if it should belong here or if it belongs somewhere else in this section.

Michael Hodgkins: As I recall, it appears here and later in the document. Does it belong in both places? I do not know.

Valerie Watzlaf: What is the full title of this section? Is it just HIT and digital innovations or was there – I did not really think of that. I think we just wanted it there as much as possible. We may have put it in multiple places just to get the point across.

Maya Bernstein: I think the report talks about different effects that Dobbs would have on different aspects of the work. There is a section on disclosure risks.

Valerie Watzlaf: We talked about HIE too and how that could really be – if data are exchanged in that way, that could really be a major issue with privacy.

Lenel James: I am firmly in the camp of this should appear in multiple places. This is a really big issue. It should not be hidden in just one place when it affects multiple areas.

Jacki Monson: Okay. Is everyone good with that?

Lenel James: Yes.

Jacki Monson: Let' us keep scrolling then to HIPAA transaction process. Tammy and Steve, if you guys want to weigh in on this question.

Maya Bernstein: Is it a question about whether the heading is appropriate? Should it be standards development or adoption process?

Steve Wagner: Given what we – that would make sense.

Jamie Ferguson: It is the HIPAA transaction standards process. It is not all standards.

Maya Bernstein: It could be transactions development – transaction standards development and adoption process. It is not really a process of making a transaction.

Denise Love: Right.

Steve Wagner: This does not match with the NCVHS Predictability Roadmap project was undertaken to address the need for revising the HIPAA standards development recommendation and adoption process. That is --

Maya Bernstein: Steve, are you saying that if we called it HIPAA standards development and adoption process – sorry. HIPAA transaction standard and adoption process. That would match.

Steve Wagner: The way it is worded below is inconsistent with what we are looking at for the header. The way it is worded below it is not limited to just transaction – it is everything.

Maya Bernstein: Okay. But we are not talking about the privacy standards here.

Jamie Ferguson: It is that it really is the HIPAA transaction standards process.

Denise Love: I agree.

Steve Wagner: We need to change – add the word transactions down below that as well.

Naomi Michaelis: (Inaudible)

Jamie Ferguson: No. In describing the Predictability Roadmap.

Steve Wagner: HIPAA transaction standards development.

Jamie Ferguson: And I think that is accurate.

Jacki Monson: Alright. Are we ready to scroll to cybersecurity?

Michael Hodgkins: This was my comment. Are we really going to assert that 1990s HIPAA privacy security rules would be sufficient to meaningfully impact cyber incidence because later in the document, we take a more nuanced approach to that, not relying on current HIPAA privacy security mandates. I just think if existing HIPAA regulatory security were implemented and followed diligently, it would prevent most health care cyber incidence. I do not buy that.

Denise Love: I think we were trying to get at minimum hygiene is not being followed --

Michael Hodgkins: Then let us say that as opposed to we are going to prevent them.

Jacki Monson: I agree with Michael. Even if you have minimum cyber hygiene, it is not going to prevent all incidents.

Jamie Ferguson: Instead of most, you could say many. That is absolutely true.

Valerie Watzlaf: I think we could find something from OCR or even maybe a footnote that could support this statement if we do not want to take it out.

Denise Love: I think it is in one of the slides. I have in my brain so many of the research but I think there is something that OCR that mentioned the basics --

Jamie Ferguson: I agree with Michael. It is not most but it is many.

Denise Love: That is on that last sentence there. That sentence before the footnote.

Steve Wagner: -- more.

Angela Alton: I had a comment about the first sentence where we talk about the cybersecurity incidents continued to dramatically increased in frequency. And I think maybe we should add something that is not just the frequency but it is the size or the impact.

Denise Love: How about increase of magnitude?

Naomi Michaelis: Is it frequency and magnitude?

Participant: Yes.

Angela Alton: Because if it was only just a bunch of happening, we probably would be able to deal with it better.

Jacki Monson: For example, change health care.

Michael Hodgkins: I also think many is better than more in the substitution down below. It would prevent many, not more.

Denise Love: That is down after vendors and that last sentence --

Michael Hodgkins: Where the cursor is.

Angela Alton: Above the footnotes.

Participant: Many instead of more.

Steve Wagner: Want many more.

Denise Love: And we say it again at that last sentence in the indent. Many security issues can be mitigated.

Valerie Watzlaf: That does come from OCR. They have said that multiple times for the risk management stuff. We could footnote that with one of their --

Denise Love: I have a note to pull one of those footnotes if they do not show up later. There are so many footnotes in that earlier draft.

Valerie Watzlaf: Let me know if you cannot find it. I probably have it too.

Jacki Monson: Okay. Let us keep scrolling. This section is HIPAA administrative simplification provisions, progress, and activities so that brief paragraph and then we go specifically into the standard transactions and medical code sets, standards, and operating rules. Comments on either of these two paragraphs?

Hearing none, let us keep going. Continuation of that. Comments on these paragraphs?

Naomi Michaelis: I just want to say we had multiple edits here of how to rephrase this sentence. We just need to choose one of them.

Jamie Ferguson: Isn't it survey participants?

Naomi Michaelis: It is the survey participants to CAQH CORE, noted by or included --

Jamie Ferguson: It might even say reported by CAQH CORE. Why do we have to say survey participants because it is a CAQH CORE report? Just say 2013 to 2023 as reported by CAQH CORE in their annual index report.

Cathie Donald: I like that.

Jacki Monson: Any other feedback on these two paragraphs?

Let us keep going.

Naomi Michaelis: The table.

Jacki Monson: Paragraph after the table. Let us keep going.

Valerie Watzlaf: This was my comment here. I just wondered would it be better to just say purpose instead of – what does it say – is that different than purpose?

Participant: I like purpose.

Jacki Monson: Let us keep scrolling. Any comments on anything that is in the table? Let us keep going. No comments. Keep going. Let us move on to the next one. Predictability --

Valerie Watzlaf: I did have one comment here. I did not know if it came up. Are we down there? I am sorry. With Appendix A, I just wondered if we could add something so people know where to go to like the date or something of what you are referring to because Appendix A has multiple things in it.

Naomi Michaelis: We can add it in.

Michael Hodgkins: I had a comment here though about – I guess I was a little confused. There is a statement during the reporting period that we recommended accelerating the standard review process by updating individual transactions instead of an entire (inaudible). And yet, my recollection was that in the Standards Subcommittee when we had received a recommendation from X12, we were concerned about their desire to make a change to one or I think a couple of transactions instead of the entire suite. Are we really comfortable saying that we want to recommend a process to update individual transactions?

Cathie Donald: We already recommended that.

Michael Hodgkins: Did we? Then why did we have a problem with X12?

Tammy Banks: Michael, you are dead on. We did not make that recommendation. I missed it. I am trying to figure out what language we would want to put in there but that is not from our recommendation.

Michael Hodgkins: And this carries over to Appendix A. We have to make sure that what we are saying here syncs up with Appendix A.

Lenel James: This is Lenel. I definitely think we should be making that recommendation because having X12 always goes up in a big blob whereas I think for sure HL7 we do it by use case, not everything we do at the same time.

Michael Hodgkins: Lenel, my recollection was when we – some months ago when we were reviewing a request by X12 to update just I think it was one or two transactions in the suite, we had concerns about doing that.

Lenel James: Oh, yes. The concerns were that we had I think one payer who was willing to talk about they have done it and it worked but I think from a federal perspective, my understanding is that it is not clear that there has been the research that would definitely confirm that could be done; yet, I am not sure how we would do that research because how would you prove it works because we have never done it separately --

Tammy Banks: Gentlemen, to make this simple, we made a recommendation. We have to go back to the recommendation and just verify the language. That is it and then verify the summary. We do not want to change it. We do not want to research it. We just want to make it accurate to whatever the recommendation was.

Jamie Ferguson: We certainly recommended accelerating the standards review process but it was not by updating individual transactions. I would recommend striking a part of that sentence that says by updating individual transactions --

Michael Hodgkins: Let us just make sure that Appendix A jives with that change.

Jamie Ferguson: We could footnote the recommendation letter here.

Tammy Banks: Excellent catch, Michael.

Naomi Michaelis: We will doublecheck it.

Jacki Monson: Keep scrolling. Comments on what is displayed? Let us keep scrolling. Transition to ICD-11.

Michael Hodgkins: I am sure it must be perfect because Jamie went over it.

Jacki Monson: Alright. Let us keep scrolling.

Naomi Michaelis: There is a question of if we should add an additional sentence that occur in the workgroup in 2023.

Valerie Watzlaf: That was me. I was not sure if we had that later.

Jamie Ferguson: I think we have links to the workgroup materials later.

Jacki Monson: Anything on privacy, security and breach notification? That is displayed right here.

Hearing none, let us keep scrolling.

Naomi Michaelis: Michael, I believe this one is your comment relating to --

Michael Hodgkins: I think we have taken care of it with the change that we made earlier.

Naomi Michaelis: I just wanted to confirm that.

Michael Hodgkins: Thank you, Naomi.

Jacki Monson: Let us move to health equity.

Michael Hodgkins: This was my comment. Certainly, I do not think we want to assert that public health administrative data alone is somehow going to be critical on improving the health of Americans.

Jamie Ferguson: I thought there was a missing comma. Public health, administrative, and community-level data.

Michael Hodgkins: Good point, Jamie.

Maya Bernstein: I do think that is what was intended there. Does anyone disagree?

Michael Hodgkins: The comma solves the problem.

Jacki Monson: Let us keep scrolling.

Naomi Michaelis: This is also resolved.

Jacki Monson: Any other comments on this paragraph? Let us keep going.

Valerie Watzlaf: We may want to use another footnote under where it says data breaches where OCR reported and increases in the health data breaches are largely due to BAs and third parties. I think we could find a footnote for that as well.

Jacki Monson: I agree.

Maya Bernstein: Do you mean a source for that?

Valerie Watzlaf: A source. Yes. Sorry.

Maya Bernstein: I think OCR probably has a source for that. I will help you with that.

Jacki Monson: Okay. Let us keep scrolling. Let us keep moving.

Maya Bernstein: There was a question – this differs. These numbers of breaches 500 plus have different numbers than I think of Figure 3. I just did not know. The Figure 3 I think is from Tim Noonan’s most recent presentation to us. I did not know. Do we even need this table here because it is showing inconsistency in those numbers?

Participant: Valerie, it is possible that in Tim’s presentation that the numbers had been updated that they did a double check and the numbers were updated but we can go back to see what the current reports are and reconcile them and make sure that they do match or else if they – are you saying like breaches reported in 2022, it says –

Participant: Yes, I think – it is down below.

Participant: -- matches 609.

Participant: He does list – if you go down below to Figure – I think it is 3. Right there. His numbers. I think it is 715. They are different for the 500 plus.

Maya Bernstein: These are 2023 numbers.

Valerie Watzlaf: There is 21, 22, 23.

Maya Bernstein: I see.

Denise Love: The table is from – just for clarification – from the 2022 OCR report. There was no 2023 at that time of Report to Congress. The numbers are different.

Jamie Ferguson: -- is that the same data – different data. The other one is breaches of 500 or more that were reported.

Valerie Watzlaf: That is another thing. I was not sure. These are large breaches received. The others were reported. I would think that is the same. Correct?

Jamie Ferguson: It looks different.

Naomi Michaelis: We will go back and double check to make sure that numbers match and where the sources are coming from because right now the issue is that there are different sources. We will make sure that we figure that one out.

Michael Hodgkins: Although I think Figure 3 is visually more interesting than the table.

Valerie Watzlaf: I do not know that we need the table.

Michael Hodgkins: I would agree with Val that maybe we do not need the table.

Naomi Michaelis: Do folks want to get rid of the table?

Cathie Donald: Yes.

Jamie Ferguson: Yes.

Steve Wagner: And the paragraph before it.

Maya Bernstein: Is there information in the table that you want to retain that is not captured in the other table or that is not captured in the text?

Cathie Donald: I do feel there is. I think that Figure 3 actually, as other people have said, shows the data much better. This was a little confusing for me to try to read column over column. I vote we get rid of it and I guess the paragraph that introduces it.

Jacki Monson: I am hearing a consensus with doing that so let us remove it.

Naomi Michaelis: Removing the table. And we are also saying to remove this paragraph.

Steve Wagner: Yes.

Cathie Donald: Yes.

Participant: Occam's razor.

Lenel James: It seems good to get rid of that paragraph without the diagram. I did not stand alone and it sounds like the data below it is better anyway.

Naomi Michaelis: Thank you. That is removed.

Maya Bernstein: Okay. Without the first sentence, we have no idea where the data is coming from. The rest of it, I understand may be confusing but the data in the next table, the one that you find more interesting, does come from HIPAA's published information. There is a footnote there that describes how to find the more detailed information so that might be useful.

Participant: -- keep the first sentence.

Maya Bernstein: For example. Does that work for you?

Jamie Ferguson: Yes.

Jacki Monson: Sounds good. Let us keep scrolling.

Naomi Michaelis: That is the table.

Jacki Monson: Any comments on this? I think at one point we questioned whether this table too needed to be included. What are you folks' thoughts based on what we have above?

Michael Hodgkins: Why would we have a table that only highlights information for a handful of states? The previous figure – it takes an overall look at breaches nationwide. I guess I would be inclined to remove Table 4.

Maya Bernstein: - the largest ones. That is what it is trying to highlight.

Jamie Ferguson: -- before it shows that the biggest problems are all business associates.

Lenel James: I am thinking it is good to keep the table because it is giving people a sense of just how big big is and what are big breaches. I think that is an important thing.

Jamie Ferguson: Right. The previous chart does not say that it is all business associates.

Tammy Banks: I would support keeping in at as well. I think it is quite informative.

Maya Bernstein: I think you might need a different title so that it is clear from the text that these are the largest breaches, not the only ones.

Jacki Monson: You may want to clarify that this is also in business associates. If that is the point we are trying to articulate, then let us make that point.

Jamie Ferguson: It is not all –

Participant: There is one health care provider.

Jacki Monson: You could say many or majority.

Participant: I was going to say in the table heading --

Michael Hodgkins: Why don't we just keep that in the introductory paragraph? Table 4 could be labeled largest breaches but in the paragraph that introduces Table 4, you can say that the largest breaches are predominantly associated with business associates or something to that effect instead of including it in the title.

Maya Bernstein: Also, why did you have it only one year? Is this data not reported for 21-22?

Denise Love: Online, they have all of the reported breaches by year.

Maya Bernstein: We could find the largest ones for the reporting period is what I am saying. We have a reporting period.

Steve Wagner: We need to change three to -- it is no longer Table 4.

Jamie Ferguson: And were we going to change the title of this to say largest breaches? Table 4 largest breaches.

Cathie Donaldson: I thought so.

Michael Hodgkins: We are going to make these largest breaches for the reporting period. Is that what I am hearing?

Jamie Ferguson: I think it is fine to just have the most recent largest.

Michael Hodgkins: I am indifferent. I heard somebody say that we could do it for the reporting period.

Sarah Lessem: There is no reason that we would not need to – you could still combine the multiple years into one table. You would not have to do it by table. It would be easy to organize

it and just have it by the largest breaches over the last three years and cut it off at five or cut it off at a certain number of people as opposed to having three separate tables.

Steve Wagner: We do need to change it to Table 3, right?

Naomi Michaelis: Yes. We will be changing it to Table 3. Are we going to add in 2021 and 2022?

Lenel James: We are just trying to make a message that there are large breaches. They are really big. What do the stakeholders that are included in it – business associate – what extra do you get out of adding more years?

Tammy Banks: I am fine keeping it 2023. I think our point is made and it is the most current for this report.

Cathie Donald: I agree.

Jacki Monson: But I think if we are looking at a trend, one year is not enough for a trend. My perspective would be let us include – it is just going to support the trend of what our concern is. That might be more useful.

Jamie Ferguson: I guess my thinking, Jacki, was that the previous graph showed the trend. This one shows that they are all business associates. I think they are two different points.

Maya Bernstein: You still might have that same result with 21-22 and you might drop off the health care providers, which would put a point on your – if that is correct.

Jamie Ferguson: So just look at the ten largest breaches over the last three years for Table 3. Is that right?

Lenel James: It seems like we are adding a lot of work for a trend we are not sure exists, which means if we do this, we have to get back together again and talk about what do we think about the trends we found. I am not saying that is not what we want to do but it sounds like this is gearing up for more work for the staff and more work for us to review the results to make sure before it goes final.

Jacki Monson: I think substantively – Maya, chime in here. But I think substantively, if we are aligned with what it needs to be, changing it to include those things of the reporting period is not going to require us to get back together in. We could pull the data right now in five minutes if we needed to. It is publicly available, and I think it is going to – the largest breaches of BAAs are just going to support our point and our concern about third parties.

Michael Hodgkins: Jacki, I agree with you although I have heard two different things. Are we going to include the largest breaches for each year of the three years that this report covers or just the largest breaches over three years?

Jacki Monson: I think we do the largest breaches over three years. Do the top ten. I think that is fine. I find it a little odd, as Maya commented, to only include a snapshot of 2023. This report covers more than 2023 because that was --

Michael Hodgkins: I just wanted to clarify the point. I think the top ten breaches over the three-year reporting period would be the right table to include.

Jacki Monson: Or we could change that and just be the top ten business associate breaches over the last three years to solidify the point that we want to make.

Jamie Ferguson: I like top ten breaches.

Michael Hodgkins: Let the chips fall where they may. It would be interesting to see if they are mostly business associates. They probably will be.

Sarah Lessem: I was just going to say. It is not a lot of work on staff time. At least for me, I would be happy to take that on in terms of if the data is already there. Pulling and sorting it should not take tremendous time. I know, Lenel, you brought that topic up.

Michael Hodgkins: My vote would certainly be that this table is the top ten large breaches for the reporting period. If it turns out that essentially all of them were business associates, it might be worth adding something to the paragraph that precedes this table or follows this table to note that.

Lenel James: Michael, it already notes it now. This new information should we hope will end up this comment is actually still valid.

Michael Hodgkins: It does, Lenel. I overlooked it.

Naomi Michaelis: And if the new data does not support that, we will remove it because we have just added it in. We can also take it out after we look up what the top ten are.

Valerie Watzlaf: I was just going to say too. Do you have to have all these other columns too? If our goal is to just look at the covered entity type and you are going to put them across the three years, do we need to look at type of breach, location, that kind of thing or could we say that the bulk of them were hacking IT incidents and more on network servers or something like that? It just lessens the length of the table so it is less confusing. I do not know.

Cathie Donald: Currently, there are only six listed. We would just be adding four more to the table because I thought we were saying the top ten. It would just be adding --

Valerie Watzlaf: Across three years. Right?

Cathie Donald: I thought it was total.

Naomi Michaelis: It is ten total.

Valerie Watzlaf: Oh, ten total for the three years. I am sorry. I misunderstood. Okay.

Tammy Banks: I do not know if we need to vote on it or whatever, but I would propose the top ten over the reporting period with the columns that are listed and then any adjustment to the text leave to staff.

Lenel James: I will second that motion.

Michael Hodgkins: I will third that motion.

Maya Bernstein: -- have the data for you before the end of this meeting.

Jacki Monson: I do not think we have to vote on this particular thing – we have consensus for --

Michael Hodgkins: Naomi, you already said that they would clean it up.

Jacki Monson: Okay. Let us keep moving then.

Naomi Michaelis: I just want to flag for all of us the conversation about whether we include change health care information because it did occur outside the reporting period.

Tammy Banks: And I believe before we had agreed to keep it just because we are not tone deaf just mentioning but not expanding on it.

Maya Bernstein: I gave you two other examples if you wanted to those. I gave you two other examples that are big things that happened during the reporting period.

Jacki Monson: Is move it one of them? I did not see what your examples were.

Naomi Michaelis: Hive was one of them. Maya gave us the example of hive. They are both hive related.

Maya Bernstein: But Move It is a good example too.

Michael Hodgkins: How many people remember that example versus change, which is top of line?

Tammy Banks: Change infected everyone in the chain.

Jacki Monson: Move It did a ton too.

Maya Bernstein: I was not discounting the importance of them. Just saying we have a reporting period. You want to save something for the next reporting period because you are definitely going to want to talk about this in the next report.

Tammy Banks: We just wanted to mention not dive in or make comments, which we will do in the next period.

Naomi Michaelis: How about we change the footnote to stating that the next reporting period will cover such topics as change.

Jacki Monson: I think that is fine and I think we should put a substantive example in there from the reporting period. The one Maya proposed or you could do Move It, but Change is front and center of everybody's mind today and it did impact – they are estimating one in every three Americans. But Move It was also huge and had a very large impact that we are still feeling today and that was within the reporting period.

Michael Hodgkins: I agree with Jacki's comment. As long as we are mentioning Change – referencing it, whether it is in a footnote or otherwise, that we will cover that in the next reporting period so that people do not think we are unaware of it but using an example from the reporting period.

Lenel James: Yes, Jacki, I like your approach too.

Tammy Banks: Third, as Michael would say.

Jacki Monson: Let us keep going. What is the first question here? What does this section discuss and offer recommendations about? Emerging trends and challenges for Congress and other leaders to consider for '24 and '25. I think this is our look forward and what we are seeing and anticipate for clarification. I am not sure what the question exactly means about what we are offering.

Naomi Michaelis: I cannot recall whose comment it was but we can move on.

I believe SDOs have previously been defined a few times. We will double check it.

Jacki Monson: Okay. Let us keep moving. Any comments on this?

Jamie Ferguson: One minor thing is in the box – I am sorry I missed this – where it talks about recommending ICD-10 to ICD-11 – from ICD-10 to ICD-11 as a regulatory code set, not as a HIPAA standard code set because our work is beyond the HIPAA regulations to include other regulations. Thank you.

Jacki Monson: Any other comments? Let us keep moving.

Maya Bernstein: Can I interject for a minute about the top ten breaches?

Jacki Monson: Yes.

Maya Bernstein: I just looked them up. In the top ten breaches from '21 to '23, four were providers. One was a plan. And five were business associates so half of them were business associates.

Sarah Lessem: Maya, I looked it up too and I am getting slightly different numbers. I do not know. I see five --

Maya Bernstein: By individuals affected. That is how I looked at it because that is the way we are doing it.

Sarah Lessem: Yes. By individuals affect. I see eight business associates, the top five being business associates and then the sixth --

Maya Bernstein: What is the first one that you have? What is the top one?

Sarah Lessem: HCA Healthcare. With 11 million and some.

Michael Hodgkins: I thought we agreed that we would let you guys resolve this offline.

Maya Bernstein: Okay. That is fine. I thought we could resolve it quickly, but apparently we cannot.

Lenel James: Nice try.

Jacki Monson: It still shows our trend is at least 50 percent accurate. I think that is fine.

Let us keep moving. Comments on cybersecurity? Let us keep moving.

Naomi Michaelis: We had one comment here.

Jacki Monson: I am not sure who made the comment or the context but it seems like we are looking into the future here so we are connecting the dots between these three topics, which seems appropriate but do not know the context of the comment. Whoever made it if you can share more, that would be helpful.

Steve Wagner: That was my comment. In looking at it, it touches everything. We put it under cybersecurity but then if you look at the recommendation down below a little bit, the recommendation is related to security rules. Given the recommendation, it probably belongs here.

Jacki Monson: Okay. Thank you. Let us keep going.

Denise Love: Note that there is a change health care footnote there.

Jacki Monson: Let us keep going. Comments on this? Let us keep scrolling. Any comments on this?

Maya Bernstein: Can I ask a question? Are these recommendations that are embedded in here – these are ones that the committee has already made?

Jacki Monson: They are ones that the committee has already made.

Let us keep going.

Naomi Michaelis: This is the end. You are at the appendix after this.

Jacki Monson: Does anybody have any – we are not going to go through the appendix unless there is any general feedback or comments or concerns. I will just open it up and see if there is any on the appendix or anything else that we reviewed that you would like to go back and revisit.

Valerie Watzlaf: I think a few of us thought there should be possibly a concluding paragraph. I think Tammy wrote a nice one. I do not know if --

Naomi Michaelis: This is it.

Valerie Watzlaf: That is it. Okay. Great.

Naomi Michaelis: A couple of tweaks to it.

Valerie Watzlaf: That is it? I thought it was longer but okay.

Naomi Michaelis: It always looks longer in an email.

Jacki Monson: Any comments on the appendix? On the organization, I will say that I made an executive decision because the tables were driving me crazy and how they were set up in some of the recommendations to remove some of them. I definitely would love your feedback on is this the right organization, the right content, any concerns that you have.

Tammy Banks: Can we look at the summary of the point that Michael had made just to see how we summarized that recommendation in regard to --

Jacki Monson: Which one?

Tammy Banks: Individual standards. I am not sure which one. I think we are going to have to scroll down.

Jamie Ferguson: We took that out, right?

Tammy Banks: Yes, but I did not know – Appendix A – how we had that letter summarized since we got just a bit of a time if we could just do that, then I do not have to remember later. I think it is (inaudible) data recommendations for modernization. No, it would have been this year.

Steve Wagner: Do you want to have the same consistency on the way you express dates here?

Naomi Michaelis: Yes. I am seeing that as well.

Tammy Banks: We do not mention it in the June 2023 letter and that is where it would have been. We do not mention it the same way there so we are good.

Jamie Ferguson: The August – wasn't it August of '22? Do we have that – the letter that Lorraine put in the chat? Is that in here?

Lorraine Doo: It is. I think it is the July --

Naomi Michaelis: July '22.

Lorraine Doo: Let me see what the date – I had it up on the NCVHS website a moment ago.

Tammy banks: It is more generic. It does not go into individual standards.

Jamie Ferguson: Right. I just wanted to make sure we were providing the right recommendation letter --

Lorraine Doo: It was a separate type of hearing.

Naomi Michaelis: Okay. That is resolved?

Tammy Banks: Yes.

Jacki Monson: Any other comments, items for feedback on organization content or anything?

Cathie Donald: I think it flows very well.

Jacki Monson: Maya and Sarah – we did a ton of help in that. Thank you, guys. Along with our Report to Congress writers. It has been a team effort.

Steve Wagner: Do you want to put these recommendations in date sequence? It might be easier to read or find – jump around everywhere.

Jacki Monson: I think that is a good suggestion. Anybody have any concerns with that?

Lorraine Doo: Which recommendations?

Jacki Monson: In the appendix.

Lorraine Doo: They should be in date order. It is how I track them.

Naomi Michaelis: They are in date order. It is just written in a different format.

Steve Wagner: No, March is below June in the first table.

Cathie Donald: If you scroll down --

Steve Wagner: You are right. They are.

Lorraine Doo: I think you are right that because of the way they are written, it may appear different.

Naomi Michaelis: It is also because we think that when we see September 2021, it should then be March 2022. We think of it in the opposite order for what we are actually seeing it in. It is just a little bit more confusing.

Jacki Monson: Naomi, maybe we should break right now for public comment and then we can circle back on seeing whether we have consensus.

### **Public Comment**

Naomi Michaelis: If we could put up the public comment slide. If you could please raise your hand and you will be unmuted if you have any public comments.

Ella Blue: We have one hand raised from Michael Phillips. Michael, your line is unmuted if you would like to speak.

Lenel James: Michael, if you are speaking, we do not hear you.

Cathie Donald: His screen shows his microphone is muted. I see it blip every so often like somebody is trying to do something to help him speak. I do not know.

Ella Blue: I have prompted him to unmute; otherwise, for now, we can move to other comments if anyone else in the attendee room would like to raise their hand.

Maya Bernstein: It is possible there is a technical glitch and our tech folks helping.

Ella Blue: Yes. And he has now lowered his hand so it may have been an accident.

Naomi Michaelis: Hearing nothing else, we can move on. Thank you.

### **NCVHS 2024 Report to Congress**

Jacki Monson: Thank you. Checking in, if everybody can give me a thumbs up that thinks we are in a position to vote, I would appreciate that and any other items for discussion before.

Maya Bernstein: Sarah and I are now agreed. I sent a note. Sarah and I are now agreed on the data. We have nine business associates in the top ten. I just was looking only at the archived ones and not the most recent ones but she corrected me on that.

Jacki Monson: Nine out of ten?

Maya Bernstein: Nine out of ten are business associates. One is a provider. The biggest breach is as she said with some 11 million or something. It is more than that. 115 million people or something like that. And the smallest one is 4.1 million in the top ten. The comment still stands. We can fix the data to match that to put the top ten from '21 to '23. Most of them are in fact in 2023. One of them comes earlier than that. The breaches are getting larger presumably in 2023 but even if you look over the whole three-year period. If that is okay with the committee, we will confirm what you have written there and just clean it up to make sure the data is correct in the way that you suggested with the top ten from over three years. It will look very similar. There will be some slight changes if we use the top ten. If that is acceptable to the committee, then that is what we will do in editing.

Jacki Monson: Sounds good. Do I have a motion?

Valerie Watzlaf: I will make a motion to accept the Report to Congress as adapted or --

Jamie Ferguson: As amended. Second.

Maya Bernstein: You need to say that we need to -- we allow to edit it; otherwise, we cannot change it.

Tammy Banks: I second with the amendment -- staff will update it based on our conversations.

Jacki Monson: All in favor please raise your hand.

Maya Bernstein: I see ten votes. Is that what you see, Naomi?

Naomi Michaelis: Yes. I see ten votes.

Maya Bernstein: Is Denise in there somewhere? Are there any --

Jacki Monson: Abstentions?

Maya Bernstein: Or opposed? People, please put your hands back down.

Any opposed? Jacki, do you want to ask for abstentions? I do not know if we have a vote from all the members?

Jacki Monson: Abstentions: I do not think we do. I think we are missing Angela that I did not see any vote from.

Angela Alton: I did not get my hand raised in time for the yes vote. Sorry about that.

Maya Bernstein: Thank you. We have 11 in favor.

Sarah Lessem: Angela, can you state how you vote or else put your hand up if it is a yes?

Angela Alton: It is a yes.

Sarah Lessem: Thank you.

Maya Bernstein: Congratulations.

Michael Hodgkins: Time to break out the champagne.

Jacki Monson: This has been a long journey. Thanks everybody. It is definitely a team effort and I especially want to thank Sarah and Naomi and Maya who helped us get this close to the finish line and vote and we will continue to do that until we get signature and submission so thank you very much.

I just want to thank the staff, both our IT support as well as Naomi and Shirley and others. I know it takes a village to get these organized and get us on record even if it is only for two hours. I just deeply appreciate all the efforts of everyone who worked on this, staff and committee members. Naomi, unless you have anything else, I think we are adjourned.

Naomi Michaelis: And also this is the last official meeting for Denise and for Deb so thank you very much.

Jacki Monson: Thank you, Denise and Deb. Deeply appreciate both of you.

Debra Strickland: Thank you.

Maya Bernstein: Important service to the committee. Thank you so much.

Jacki Monson: Thanks everybody for your time today and I hope you have a great rest of your day. We will see you soon.

(Whereupon the meeting adjourned at 12:35 p.m.)

