

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
NOVEMBER 12, 2015
MINUTES**

APPROVED
2/11/16

COMMISSIONERS

Crystal D. Crawford, J.D., Chairperson**
Waleed W. Shindy M.D., M.P.H., Vice-Chair**
Michelle Anne Bholat, M.D., M.P.H.*
Patrick Dowling, M.D., M.P.H.*
Jean G. Champommier, Ph.D.*

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director**

Sara S. Guizar, Staff Liaison*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISORS

Cynthia Harding, Interim Director**
Carrie Brumfield, Chief of Staff**

***Present **Excused ***Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>I.</u> <u>Call to Order/ Approval of Minutes</u>	<i>The meeting was called to order at approximately 10:35 a.m. by Commissioner Bholat at the Central Public Health Center.</i> <i>Introduction of Commissioners and guests.</i> <i>The approval of minutes was postponed until the next regularly scheduled meeting due to a lack of quorum.</i>	<i>Information only.</i>
<u>II.</u> <u>Public Health Report</u>	<i>The Public Health Report was distributed to the Commissioners. Commissioners were encouraged to review the PH report accordingly.</i>	

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<p>III. <u>Presentation:</u> <u>Division of HIV/STD</u> <u>Overview</u></p>	<p><i>Mario Perez, Director DHSP Programs presented on DHSP (HIV STD) Overview.</i></p> <p>Mr. Perez stated there is significant disparity in HIV AIDS funding compare to STD funding. He indicated that Los Angeles County (LAC) has the highest number of reported STDs in the Country.</p> <p>DHSP Overview</p> <ul style="list-style-type: none"> • Division of HIV and STD Programs (Office of AIDS Programs and Policy, STD Program, HIV Epidemiology Program): <ul style="list-style-type: none"> ○ Review LAC HIV and STD Disease Burden Data and Disease Burden Maps – Total STD Burden (66,000 cases) ○ Review LAC STD and HIV Cascades/Response to HIV and STDs ○ Review National STD Focus Areas/HIV-AIDS Strategy Goals ○ Focus on Syphilis and Gonorrhea ○ Chlamydia - 48,000 cases <p>DHSP Program Revenue 2014-2015</p> <ul style="list-style-type: none"> • CDC \$23.5 million: <ul style="list-style-type: none"> ○ STD AAPPS/Flagship Agreement (A, B, C) ○ HIV Case and Incidence Surveillance ○ Medical Monitoring Project (MMP) ○ National HIV Behavioral Surveillance (NHBS) • HRSA \$40 million: <ul style="list-style-type: none"> ○ Ryan White - Part A ○ Ryan White - Part A Minority AIDS Initiative • CDPH/State OA \$14.3 million: <ul style="list-style-type: none"> ○ HIV Surveillance/HIV Care Base Program ○ Ryan White Part B - Minority AIDS Initiative ○ AIDS Drugs Assistance Program Enrollment • NCC \$25.8 million: <ul style="list-style-type: none"> ○ NCC STDP/NCC HIV • Other \$2.1 million: <ul style="list-style-type: none"> ○ California HIV/AIDS Research Program (CHRP) Patient Centered Medical Homes 	

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	<ul style="list-style-type: none"> ○ CHRP PATH/NIH Jails Initiatives ○ SAMHSA (IBHPC)/SAMHSA HIV Set-Aside <p>New and Existing Sexually Transmitted Infections</p> <ul style="list-style-type: none"> ● Estimated number by Gender (Total 110,197,000): <ul style="list-style-type: none"> ○ Males – 50,627,400 ○ Females – 59,569,500 <p>New Sexually Transmitted Infections (Young People Ages 15-24 Represent 50% of All STIs)</p> <ul style="list-style-type: none"> ● Estimated number by age group (Total 19,738,800): <ul style="list-style-type: none"> ○ Ages 15 – 24 and Ages 25+ <p>In California 60% of Reported STDs Among Youth</p> <ul style="list-style-type: none"> ● Reported STDs – Chlamydia, Gonorrhea, and early Syphilis: <ul style="list-style-type: none"> ○ 0-14 year olds (1%) / 15-19 year olds (22%) ○ 20-24 year olds (37%) / 25+ year olds (40%) <p>STDs Among Young Americans</p> <ul style="list-style-type: none"> ● Young people account for a Substantial Proportion of New STIs: <ul style="list-style-type: none"> ○ Ages 15-24 make up just 27% of the sexually active population ○ Consequences particularly severe in young women ○ Undiagnosed STIs cause – 24,000 women to become infertile each year <p>Reported STD and HIV/AIDS Cases Los Angeles County (LAC), 2013</p> <ul style="list-style-type: none"> ● An estimate of 66,000 STD and HIV/AIDS cases were reported in LAC in 2013: <ul style="list-style-type: none"> ○ Chlamydia – 72.6% (3 out of 4 cases) ○ Gonorrhea – 18.8% (1 out of 5 cases) ○ Syphilis - 5.6% (Number of Syphilis cases are Quantified Syphilis Continuum) ○ HIV/AIDS – 2.7% ○ Congenital – (Number of Congenital cases have increased) 	

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	<ul style="list-style-type: none"> • An increase in Syphilis mostly in gay men (About 3,800 cases): <ul style="list-style-type: none"> ○ Mostly women of color are being diagnosed with Syphilis in LAC <p>Mr. Perez stated there is a small proportion of HIV cases compared to past years. He stated about 1,850 cases of HIV infections decreased from the high 6,000 HIV cases in the 90s.</p> <p>Annual Diagnoses of Stage 3 AIDS and HIV Infection and Deaths of People Living with HIV – LAC 2002-2013</p> <ul style="list-style-type: none"> • Last mortality report for LAC: <ul style="list-style-type: none"> ○ 225 people died of HIV related complications ○ Report of deaths dramatically decreased in 2014 <p>Los Angeles County</p> <ul style="list-style-type: none"> • Most populous County in the U.S.: <ul style="list-style-type: none"> ○ Greater population than 42 individual states ○ 88 incorporated cities and many unincorporated areas ○ Among the most racially/ethnically diverse jurisdictions in U.S. ○ Urban, suburban, and rural areas ○ Divided by the San Gabriel and Santa Monica mountain ranges <p>Total Cases by Census Tract and Service Planning Area (SPA) – (2014)</p> <ul style="list-style-type: none"> • Continue the ability to improve Chlamydia, Gonorrhea, and Syphilis cases: <ul style="list-style-type: none"> ○ Chlamydia, Gonorrhea, and Syphilis cases by Census Tract ○ Chlamydia, Gonorrhea, and Syphilis cases per 100,1000 people ○ Work with Community Partners to target high impact zip codes • Last mortality report for LAC (2014): <ul style="list-style-type: none"> ○ Low number of people died of HIV related complications <p>Chlamydia, Gonorrhea, Primary & Secondary (P&S) Syphilis and HIV Cases – LA County</p> <ul style="list-style-type: none"> • Diagnosed and Rates for Selected U.S. Urban Areas (2012): <ul style="list-style-type: none"> ○ Lower rates in LAC compared to other parts of the Country ○ Chlamydia – 48,461/Gonorrhea – 11,425 	

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	<ul style="list-style-type: none"> ○ P&S Syphilis – 878/HIV – 1,911 <p>HIV/STD Co-morbidity Among HIV Cases Reported for Partner Services (LAC 2012)</p> <ul style="list-style-type: none"> • Larger rates of co-morbidity in HIV and other STDs: <ul style="list-style-type: none"> ○ Between 60% of gay men with HIV ○ Larger rates of STDs in African Americans ○ Countywide approach to create a Patient Delivery Partner Therapy for all young women: <ul style="list-style-type: none"> - Provide young women with treatment packs for their partners <p>Transmission Category</p> <ul style="list-style-type: none"> • Persons Living with HIV/AIDS: <ul style="list-style-type: none"> ○ Male (41,806)/Female (5,342) <p>Transmission Category for Persons Diagnosed with HIV</p> <ul style="list-style-type: none"> • By Sex at Birth in LAC – 2012: <ul style="list-style-type: none"> ○ Male (1,730)/Female (181) <p>Estimated Number of Persons Living with HIV and AIDS</p> <ul style="list-style-type: none"> • In LAC at End of 2013: <ul style="list-style-type: none"> ○ Estimate – 60,050 persons living with HIV (including AIDS) <ul style="list-style-type: none"> - 9,500 of the 60,050 people are unaware ○ CDC estimate - 15.8% of persons with HIV are unaware of their infection ○ Cases of bi-sexual men transmitting HIV and Syphilis to their female partners are increasingly growing (most unaware of the risk) <p>Mr. Perez indicated there is a youth edification of the HIV epidemic:</p> <ul style="list-style-type: none"> • A major proportion of new HIV cases mostly in individuals age 29 and younger • It remains a challenge in getting young people into care consistently 	

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	<ul style="list-style-type: none"> • Youth Linkage programs are currently available at: <ul style="list-style-type: none"> ○ Children’s Hospital and Altamed <p>Mr. Perez stated DHSP together with Children’s Hospital and Altamed will meet to discuss a better approach in using the Youth Linkage programs.</p> <p>Rates of HIV Diagnoses Among Adult/Adolescent Men by Race/Ethnicity</p> <ul style="list-style-type: none"> • Rates per 100,000 in LAC - 2006-2013: <ul style="list-style-type: none"> ○ African-American (140)/Hispanic/Latino ((60) ○ White (55)/Asian/PI (20) <p>Cases of Chlamydia, Gonorrhea, P&S Syphilis, and HIV</p> <ul style="list-style-type: none"> • Diagnosed and Rates for Selected US Urban Areas - 2012: <ul style="list-style-type: none"> ○ Los Angeles County, CA <p>DHSP Testing, Linkage, Care, and Treatment Framework and Programs</p> <ul style="list-style-type: none"> • HIV Testing: <ul style="list-style-type: none"> ○ High Risk Persons ○ HIV Positive/HIV Negative Customized Prevention Programs (PEP/PrEP) ○ Linkage to Care Programs (Linked to care) <p>DHSP Programs – Project Engage Navigation Programs LRP Program</p> <ul style="list-style-type: none"> • CBO Programs: <ul style="list-style-type: none"> ○ Re-Engaged Care/Retained in Care • Medical Care Coordination (MCC) Program: <ul style="list-style-type: none"> ○ Adherent to ART Medication ○ Suppressed VL and Reduced Transmission <p>Los Angeles County Conceptual Model for the Continuum of HIV Services</p> <ul style="list-style-type: none"> • No HIV, Low Risk: <ul style="list-style-type: none"> ○ Social marketing, Capacity building, Routine HIV testing • High Risk for HIV: 	

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	<ul style="list-style-type: none"> ○ Targeted & Routine HIV Testing, Risk Reduction Activities ○ Social Marketing, Syringe Exchange Programs ○ Biomedical Prevention (PEP/PrEP), Partner Services ○ STI Screening and Treatment ● HIV+ Unaware: <ul style="list-style-type: none"> ○ Targeted & Routine HIV Testing/Social Marketing/Partner Services ● HIV+ Aware, But Not in Care: <ul style="list-style-type: none"> ○ Outreach/Social Marketing ○ Linkage to Care Programs (Project Engage, Navigation Program) ○ Mental health and substance use programs ○ Ancillary support services ● PLWHA Linked to Care/PLWHA Retained in Care: <ul style="list-style-type: none"> ○ Medical Care Coordination/STI screening and treatment ○ HIV medical care and ART/Treatment adherence ○ Ancillary services/Partner Services ○ Mental health and substance use programs ○ Risk Reduction Activities/Social marketing <p>Proportion of MSM, MSW and Women Testing Positive for Chlamydia, Gonorrhea and P&S Syphilis – Percentage Rates</p> <ul style="list-style-type: none"> ● LAC STD Clinics (2013): <ul style="list-style-type: none"> ○ 20,856 persons were tested for Chlamydia <ul style="list-style-type: none"> – Higher rates of Chlamydia were diagnosed by PH clinics ○ 20,911 were tested for Gonorrhea (18% rate) ○ 18,830 were tested for P&S Syphilis (Low % rate for Syphilis) <p>LAC Gonorrhea Cases - (2012)</p> <ul style="list-style-type: none"> ● Reported, Evaluated, Treated, Assigned, Interviewed, and Identified a Partner: <ul style="list-style-type: none"> ○ 11,454 cases of Gonorrhea were reported to LAC ○ Reports include 19% by county-run clinics & hospitals ○ 80% reported by other providers <p>Sexual Partners of Gonorrhea Cases in LAC</p>	

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	<ul style="list-style-type: none"> • Partners identified by index cases as of July 2013: <ul style="list-style-type: none"> ○ Identified Reported – (2,093) ○ Partner Located – (1,669)/Partner Treated – (558) <p>Syphilis Cases in LAC</p> <ul style="list-style-type: none"> • Persons diagnosed with Syphilis as of July 2013: <ul style="list-style-type: none"> ○ 3,105 Reported <p>Sexual Partners of Syphilis in LAC</p> <ul style="list-style-type: none"> • Partners identified by index cases as of July 2013: <ul style="list-style-type: none"> ○ 1,559 Reported <p>Comparison of HIV Care Continuum using HIV Surveillance and Medical Monitoring Project (MMP)</p> <ul style="list-style-type: none"> • US vs LAC, 2009/2010: <ul style="list-style-type: none"> ○ US – 1,500,000/LAC – 60,000 <p>LAC HIV Cascade for Persons Diagnosed and Living with HIV and Persons Unaware of HIV Infection in (2013)</p> <ul style="list-style-type: none"> • Includes persons reported with a new HIV diagnosis in 2013 and living in LAC as 12/31/14: <ul style="list-style-type: none"> ○ Diagnoses – (1,844)/Persons Living with HIV – (53,321) <p>Mr. Perez stated about 50% of people living with HIV in LAC are virally suppressed. Mr. Perez stated DHSP is trying to meet viral suppression goals on how to engage with partners having a larger population of Medicaid enrollees:</p> <ul style="list-style-type: none"> • About 75% in the Ryan White population • Lower than 50% for Non-Ryan White systems <ul style="list-style-type: none"> ○ Medicare/Medicaid/Private Insurance <p>HIV Care Continuum by Gender - LAC 2013</p> <ul style="list-style-type: none"> • Data for 2013 are provisional (Numbers based on Lab data) <ul style="list-style-type: none"> ○ Dominator includes 1,617 men, 200 women, and 27 transgender persons who were reported with a new HIV diagnosis in 2013 and living in LAC as of 12/31/13 	

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	<ul style="list-style-type: none"> ○ Male – (46,667), Female – (5,947), Transgender – (707) <p>HIV Care Continuum by Age – Living in LAC as of 12/31/13</p> <ul style="list-style-type: none"> ● Data for 2013 include persons reported with a new HIV diagnosis: <ul style="list-style-type: none"> ○ Ages 18-29 (679) - 500 people w/HIV in this age group ○ Ages 30-49 (916) ○ Ages 50+ (259) - Better than average <p>HIV Care Continuum by Race/Ethnicity, LAC 2013</p> <ul style="list-style-type: none"> ● Persons Living with HIV: <ul style="list-style-type: none"> ○ African Americans – 11,052, Latino – 21,964, White – 17,387 ○ Asian/PI – 1,737, AI/NA – 287 (very low numbers) ○ Four stages (At 90% per the National HIV Strategy) <ul style="list-style-type: none"> - 90% Diagnosed/90% Linked to Care - 90% Retained in Care/90% Virally Suppressed (at 66%) <p>Commissioner Champommier asked if percentages mentioned are geared towards goals.</p> <p>Mr. Perez stated percentages are self-components.</p> <p>Mr. Perez stated the Board of Supervisors passed a motion to immediately expand PrEP access. He mentioned the two clinics that started PrEP in LAC are Ruth Temple and North Hollywood (NH) PH Clinics.</p> <ul style="list-style-type: none"> ● There is much more utilization at NH than the Ruth Temple clinic: <ul style="list-style-type: none"> ○ Long side relationship between DHSP and the LGBT Center in Hollywood ○ PEP available at the Oasis clinic in South LA ○ Full enrollment in Hollywood compared to South LA <ul style="list-style-type: none"> - Try to diversify access points in South LA <p>Commissioner Dowling stated one of the disparities is poverty.</p> <p>Mr. Perez indicated poverty is one of several disparities including heart disease.</p>	

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	<ul style="list-style-type: none"> • Approximately 1,850 new HIV infections annually and 60,050 persons living with HIV in LAC: <ul style="list-style-type: none"> ○ 9,500 persons in LAC were unaware of their HIV infection • It is estimated that 66% of newly-diagnosed HIV+ persons link to care in 3 months, 69% within 6 months and 71% within 12 months: <ul style="list-style-type: none"> ○ Most success for people to get diagnosed (First 90-days) <p>HIV Progress</p> <ul style="list-style-type: none"> • 47% of HIV+ persons are retained in care with 2 Viral Loads (VL) at least 3 months apart: <ul style="list-style-type: none"> ○ 56% had at least 1 VL in the previous 12 months in 2011 • Only 45% of total Persons Living with HIV (PLWH), including those unaware of their HIV infection, had suppressed VL in 2011 • Among patients in the Ryan White HIV care system in LAC: <ul style="list-style-type: none"> ○ 87% were retained in care/75% had suppressed VLs in 2010 <p>National STD Focus Areas</p> <ul style="list-style-type: none"> • Focus on Gonorrhea and Syphilis • Focus on MSM, young people, and African-Americans • Improve diagnosis, treatment and partner notification rates: <ul style="list-style-type: none"> ○ More capacity needed in communities lacking sexual health programs <p>National HIV/STD Strategy (NHAS) - Updated to 2020</p> <ul style="list-style-type: none"> • Anchored by Goals Tied to Incidence, Access to Care, and Disparities: <ul style="list-style-type: none"> ○ Calls for continued Coordinated National Response ○ Includes 11 Steps and 37 Actions • Five Major Changes: <ul style="list-style-type: none"> ○ Expanded Prevention Toolkit <ul style="list-style-type: none"> - PrEP and TasP ○ ACA Transforms Health Care Access <ul style="list-style-type: none"> - Affordable, quality health coverage 	

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	<ul style="list-style-type: none"> - No denial of coverage for pre-existing conditions - Preventive services, covered w/o copay o Recommended HIV Testing and Treatment <ul style="list-style-type: none"> - Routine Screening for 15 to 65 year olds - Updated records for labs to detect infections earlier - Recommended treatment for all PLWH o Improving HIV Care Continuum <ul style="list-style-type: none"> - Diagnosis, Linkage, Retention, Prescription, Viral Suppression o Research unlocking new knowledge and tools <ul style="list-style-type: none"> - Starting HIV treatment earlier - New HIV testing technologies - New medication with fewer side effects, less frequent dosing, lower risk of drug resistance <p>Looking Forward</p> <ul style="list-style-type: none"> • Mr. Perez stated that DHSP is trying to work with Washington in making the Ryan White Program cost effective and eligible for people at high risk in the future years. <p>Commissioner Dowling asked how DHSP deals with hypertension. He stated it is becoming a chronic disease with about 35% control of hypertension in the Country, with diabetes among that range. Commissioner Dowling stated local pharmacies are open 24 hours a day, 7 days per week. He asked about the possibility of offering STD screenings at these local pharmacies. Commissioner Dowling also stated young people do not want to get medical care. He stated young people access medical care through cell phones and that young people do not like to spend long hours at a medical clinic.</p> <p>Mr. Perez stated DHSP is trying to work with these chronic diseases. He also stated that currently, STD screenings are not available at local pharmacies but it is something that needs to be explored.</p> <p>Commissioner Bholat reminded Mr. Perez about reporting back to the Commission on information regarding Youth Providers.</p>	

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	<p>Mr. Perez stated he will report back to the PH Commission in 90 days for a follow-up discussion on Youth Serving Providers.</p> <p>Commissioner Bholat commented on Commissioner Dowling’s point. She stated regardless of what health care systems young people have, whether is public or private, having strategic community partners in place, young people/young adults are not waiting to get medical care. She asked Mr. Perez for detailed information on the Ryan White Program.</p> <p>Mr. Perez stated that RWP dollars are set up in multiple parts:</p> <ul style="list-style-type: none"> • Part A - All dollars are divided in 50 cities and counties throughout the Country • Part B - Dollars go to all U.S. States • Part C - Dollars go to several 100 clinics directly from HERSA, including 12 in LA • Part D - Dollars go to several programs across the Country that serve women and children • Part F – Dollars go to Dental Programs <p>Mr. Perez indicated DHSP has a very sophisticated HIV surveillance system, electronic interphases, but compliance for HIV reporting is off the charts. He stated there is no active and passive surveillance systems in place for the STD system when there are more reported STDs per year than HIV.</p> <p>Commissioner Bholat asked who the top ten STD case reporters were.</p> <p>Mr. Perez indicated that the top ten STD case reporters are: DHS and PH Clinics, Kaiser, LGBT Center, highs in the Private Sector, APLA, AHF (DHSP currently interfaces with AHF, LGBT Center, and APLA and places in Long Beach). He indicated the need for DHSP to modernize the STD surveillance system and be</p>	

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	<p>more efficient with duplicate cases. Mr. Perez also stated the need to get rid of paper-based systems.</p> <p>Commissioner Bholat stated it is important for DPH to include key partners to strategize and come up with a plan to get these problems accomplished.</p> <p>Commissioner Bholat thanked Mr. Perez for his continued approach in getting things accomplished.</p> <p>Commissioner Bholat thanked Mr. Perez for the excellent presentation.</p>	
<u>IV.</u> <u>New Business</u>	<p>Commissioner Bholat called for a New Business discussion at the next PHC meeting of December 2015:</p> <ul style="list-style-type: none"> • Discuss scheduling of future IAB meetings 	
<u>V.</u> <u>Adjourn</u>	<p>A motion to adjourn the meeting was made by Commissioner Bholat. It was seconded by Commissioner Dowling. All Commissioners were in favor.</p> <p><i>The meeting adjourned at 11:38 AM</i></p>	