

COMMITTEE: GENERAL	DATE: JULY 2, 2020	LOCATION: TELECONFERENCE
<p>PRESENT: Asimos, Bortel, Barry, Boutilier, Bradley, Brandon, Brilliant, Brinkmann, Dowling, Etemovic, Gunn, Locks, López, Marchese, Nuessle, Saffran, Silverman, Timms, Vreeland Long, Weingarten</p> <p>EXCUSED: Lamorte</p> <p>VACANT: Town of Tiburon, Town of Corte Madera</p>		
RECORDER: Mandy Reyes		
NEXT MEETING: Thursday, September 3, 2020, Zoom Teleconference		

MINUTE SUMMARY	ACTION TAKEN/ RESPONSIBLE PARTY
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<p>Call to Order Chair Marchese called the meeting to order at 11:12 a.m.</p> <p>Approval of Agenda The agenda of July 2, 2020 was approved as written.</p> <p>Approval of the Minutes The minutes of June 4, 2020 were approved as written.</p> <p>Open Time for Public Expression: None</p>	
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Chair’s Report:

Chair Marchese reported on the following:

- Marchese welcomed new commissioner Everett Brandon who represents District 3 appointed by Supervisor Sears.
- The issues he wants to bring up this month have to do with the impact of this method of working and the advantages and disadvantages of remote working. A few of the disadvantages are the inability to distribute material at meetings. He would like to discuss at the next Executive Committee meeting about getting a task force to assemble material and determine how to distribute.
- There is a need to map out where the service locations such as medical offices, ambulatory care centers and surgery centers are in the county.
- We will be appointing a By-Laws committee at the next Executive committee meeting for the following year.
- Isolation, loneliness and depression seem to be on the rise due to the pandemic. Chair Marchese will be in contact with the Health and Nutrition Committee members to address the issue in whatever ways that we can.
- Chair Marchese would like to get the toolkits that have been initiated more advanced in the next two months. It’s time to go back town councils and agencies and solicit direct information.
- With regards to the calendar for the next year, Marchese has commissioned a group of people to research outdoor settings for meetings.
- Every year there is a series of initiatives that the commission embarks on. Chair Marchese would like the commission to take a hard look at initiatives that are particular to this time during the pandemic or that have always been a high priority and are now being further mitigated in terms of their progress.
- The role that Telehealth Equity Team is playing is pervasive right now. We need to pursue learning more about it ourselves.

Vice Chair’s Report:

Vice Chair López reported on the following:

- **Upholding Justice for Older Americans on this World Elder Abuse Awareness Day: A National Conversation**

Summary: On this World Elder Abuse Awareness Day (WEAAD), June 15, 2020, we are truly finding that elder abuse is a global issue with global solutions. Partners throughout the Federal government are coming together to share their innovations. Join us for a national conversation about prominent

elder justice issues, trends and resources available to promote awareness provide support and offer solutions in upholding justice for Older Americans.

Speakers: **Julie Schoen** serves as the **Deputy Director of the National Center on Elder Abuse (NCEA)**, a \$6 million federally funded initiative which focuses on information regarding policy, research, training, and resources related to the neglect and exploitation of older adults for policymakers, professionals, and the public.

Eden Ruiz-Lopez, MPA is the **Assistant Deputy Director at the National Center on Elder Abuse (NCEA)**. She provides leadership and direction for day-to-day project operations and administrative activities. She contributes to the planning, design, development and implementation of the project's objectives, procedures, budgets, processes and standards. She also coordinates with federal, state and local agencies and ensures grant compliance.

Edwin L. Walker, Esq. serves as the chief career official for the federal agency responsible for advocating on behalf of older Americans. Prior to joining the **Administration on Aging**, Mr. Walker served as the Director of the Missouri Division of Aging, responsible for administering a comprehensive set of human service programs for older persons and adults with disabilities.

Jennifer Goldberg is **Justice in Aging's Deputy Director**, based in the Washington D.C. office. As Deputy Director, Jennifer provides leadership for the National Center on Law and Elder Rights, and she is responsible for project planning, implementation and evaluation across Justice in Aging's programs. She is a nationally recognized expert on the needs of low-income older adults and has a deep knowledge of the critical role legal services programs play in meeting those needs. Jennifer has experience advocating for seniors on Medicaid, Medicare, long-term services and supports, elder justice, income security, housing, and consumer issues.

Susan C. Lynch, JD, DrPH, is **Senior Counsel for Elder Justice at the United States Department of Justice** where, over the past two decades, she has led civil healthcare fraud prosecutions against long-term care providers for failing to adequately care for their residents and for engaging in financial exploitation of our nation's vulnerable elderly. Dr. Lynch is the National Lead for the Department's Elder Justice Task Forces nationwide and is the Department's subject matter expert on nursing home and home health agency fraud.

Jenefer Duane joined the **Consumer Financial Protection Bureau** in December of 2011 where she serves as the Senior Program Analyst in the Office of Financial Protection for Older Americans. Ms. Duane leads the award-winning Money Smart for Older Adults and the Elder Fraud Prevention and

Response Network programs. She was on the team that developed the SAR Report: Issues and Trends and supports the Office's work to develop resources for financial institutions. Prior to joining the CFPB, Ms. Duane founder the non-profit Elder Financial Protection Network (EFPN) in California and served as its CEO for 10 years.

Suzanne McGovern is a **Senior Advisor in the Office of Investor Education and Advocacy at the Securities and Exchange Commission**. She is responsible for initiatives to protect Senior Investors, focus on Anti-money laundering issues and the ETF market.

Lydia E. Chévere has served as **Public Affairs Specialist** for the Social Security Administration since July 2004. As a Public Affairs Specialist, she is responsible for carrying out public information projects to improve the public's understanding of the various Social Security Programs.

Recordings - https://www.youtube.com/watch?v=N3EsWUIJ_k4

Power Point Slides - https://trea.usc.edu/wp-content/uploads/2020/06/WEAAD-Committee-Webinar_June-15th.pdf

- **Fierce Healthcare - HHS – \$15 billion to Medicaid, CHIP providers and \$10 billion to safety net hospitals**

In June, the Department of Health and Human Services (HHS) will give out \$15 billion to Medicaid and Children's Health Insurance Program (CHIP) providers and another \$10 billion to safety net hospitals after facing criticism from Congress on why these providers haven't gotten financial help.

The funding will apply to providers that have not gotten any money from a \$175 billion provider relief fund passed by Congress a few months ago. HHS has been criticized that the method for doling out the relief money relied too heavily on commercial and Medicare insurance claims.

The agency said the distribution to safety net providers will happen this week.

CMS Proposes Permanent Telehealth Changes for Home Health Agencies

The Centers for Medicare and Medicaid Services wants to make telehealth expansion a permanent part of home health under a proposed rule released by the agency in late June.

The rule will allow home health agencies to continue to use telecommunications technologies including remote patient monitoring, virtual care, and two-way audio-visual technologies to provide care to Medicare beneficiaries beyond the COVID-19 public health emergency.

The technology usage must be related to the skilled services being furnished, is outlined on the plan of care, and is tied to a specific goal indicating how such use would facilitate treatment outcomes, CMS said.

If finalized, the proposed changes would go into effect Jan. 1, 2021.

- **Justice in Ageing - Protecting Medicaid Home and Community-Based Services During COVID-19 When: Thursday, July 9, 11:00 a.m. PT/2:00 p.m. ET**

During the COVID-19 crisis, it has become clear that the ability to receive services and care at home and in the community is critical to keeping people safe and healthy and to help stop the spread of the virus. Unfortunately, however, there are multiple barriers to adequate access to Medicaid home and community-based services (HCBS).

A lack of investment in HCBS by federal and state governments, scarcity of personal protective equipment for home care workers, and state cuts to HCBS programs to address budget shortfalls threaten existing HCBS infrastructure and put the lives of millions of seniors and people with disabilities at risk. In [this webcast](#), you will hear from disability, aging, and state advocates on what actions you can take to protect and maintain access to HCBS in your state. The webcast will include:

- An overview of HCBS advocacy at the federal level;
- A summary of available funding for community-based providers to respond to COVID-19; and
- Discussion of advocacy tools to maintain HCBS infrastructure and to combat efforts to cut HCBS in state budgets.

Presenters:

Nicole Jorwic, Senior Director of Public Policy, The Arc
Amber Christ, Directing Attorney, Justice in Aging
State Advocates from Washington and Oklahoma

- **Manatt Health - Now on Demand—Telehealth and COVID-19: What’s New, What’s Next and What the Changes Mean**

A Recent Manatt Webinar Shared How COVID-19 Is Reshaping Telehealth Policies, Trends and Imperatives—Today and Into the Future—for Providers, Payers and Policymakers. Click [Here](#) to Register Free and Download a Free Copy of the Presentation.

The COVID-19 pandemic has shifted telehealth into overdrive, with virtual healthcare interactions on pace to top 1 billion by the end of 2020, according to Forrester Research. Analysts now expect general medical care telehealth visits to top 200 million this year, up from their original projection of 36 million, and coronavirus virtual visits could top 900 million.

Faced with the pandemic, providers scaled their telehealth capabilities at dizzying speeds as they looked for ways to diagnose, triage and treat patients while reducing disease spread. At the same time, previous cost and regulatory barriers crumbled as states and commercial payers introduced novel reimbursement policies and the Centers for Medicare & Medicaid Services (CMS) and other federal agencies implemented new flexibilities.

A recent Manatt webinar shared which policy changes are likely here to stay and which will end with the pandemic—and examined what the evolving telehealth environment means for providers, payers and policymakers. The program also featured key on-the-ground insights from Sylvia Romm, Chief Innovation Officer, Atlantic Health System. We don’t want you to miss any of the valuable information presented during the program. If you or anyone on your team could not attend the session—or want to view it again—click [here](#) to access the webinar free on demand and download a free copy of the presentation. Key topics include:

- A firsthand provider perspective on rapidly scaling telehealth capabilities in response to COVID-19
- Trends in telehealth adoption and utilization during the COVID-19 pandemic
- Telehealth coverage and reimbursement changes in Medicare, Medicaid and commercial coverage
- Telehealth policy changes related to cross-state licensure, fraudulent claims and the Health Insurance Portability and Accountability Act (HIPAA)
- Considerations for payers and policymakers in designing their post-COVID-19 telehealth policies
- Implications for providers in rethinking their post-COVID-19 strategic imperatives

- Gazing into the crystal ball—predictions on the post-COVID-19 telehealth landscape

If you have any questions or issues you'd like to discuss after viewing the webinar, please feel free to reach out to our Manatt presenters:

- Jared Augenstein, Director, Manatt Health, at jaugenstein@manatt.com
- Alex Dworkowitz, Partner, Manatt Health, at adworkowitz@manatt.com
- Jacqueline Marks, Manager, Manatt Health, jmarks@manatt.com

How the ACA is Helping the Older Adults Most Impacted by the COVID-19 Pandemic

Older adults are most at risk of serious illness and death from COVID-19. And, because of systemic racism in all aspects of their lives, older adults of color are becoming sick and dying at much higher rates than their representation in the population. The Affordable Care Act (ACA) is a lifeline during this pandemic. It ensures that more older adults have health insurance coverage, expands access to home and community-based services (HCBS), and prevents discrimination based on age and disability.

The ACA Expands Access to Life-Saving Health Care for Older Adults

Over 14 million people gained access to Medicaid under the ACA's expansion, including adults under age 65 who previously were ineligible. These individuals immediately had access to COVID-19 testing and healthcare, and many more who lost their jobs and income during the pandemic have newly qualified for expanded Medicaid. • Thanks to Medicaid expansion, more older adults have received diagnoses and had access to treatment. Before COVID-19, Medicaid expansion had saved the lives of over 19,000 older adults ages 55 to 64.

The ACA launched several initiatives to improve care and outcomes for low-income older adults who are dually eligible for Medicare and Medicaid, including protections against improper billing for Medicare covered services, which includes COVID-19 care and treatment.

The ACA also makes coverage more accessible for older adults who are not eligible for Medicare or Medicaid by prohibiting discrimination based on preexisting conditions, limiting how much more insurers can charge based on age, and providing premium tax credits and cost-sharing reductions to make Marketplace coverage more affordable.

Over 80% of people ages 55 to 64 have preexisting conditions, and, thanks to the ACA, insurance companies cannot discriminate against them based on those conditions. Without this protection, four

out of ten adults ages 50 to 64 could be denied health coverage because of a preexisting condition. This protection also means insurance companies cannot terminate coverage for older adults who contract COVID-19.

In 2017, the ACA's premium tax credits helped over 3 million adults ages 50 to 64 purchase health insurance.

The ACA Helps Older Adults Stay in Their Homes

Nearly all older adults report that they wish to remain at home as long as possible. This is even more important during the COVID-19 pandemic as nursing facilities become dangerous epicenters.

The ACA created the Community First Choice Option, providing personal care aide services to over 353,000 individuals, enabling them to live at home.

The ACA reauthorized the Money Follows the Person demonstration program, which has helped almost 90,000 seniors and people with disabilities voluntarily move out of institutions and back into their communities.

The ACA made it possible for an individual who needs a nursing home level of care to qualify for Medicaid HCBS while allowing their spouse to retain a modest amount of income and resources, so that married couples have the same financial protections whether care is provided in a facility or in the community.

Thanks to these initiatives, states now spend an average of 57% of their Medicaid long-term care dollars on HCBS, compared to 48% before the ACA.

The ACA Will Help Older Adults Access an Eventual COVID-19 Vaccine

The ACA eliminated beneficiary cost sharing for Medicare preventive services, including vaccines. If a COVID-19 vaccine becomes available, Medicare beneficiaries will be able to get it without cost-sharing.

The ACA ensures that health insurance on the individual and small group market covers essential health benefits, which includes preventative services such as vaccines, without cost-sharing.

The ACA Protects Older Adults from Discrimination In Health Care—A Crucial Issue During the COVID-19 Pandemic

The ACA's Section 1557 protects people from discrimination in health programs or activities based on race, color, national origin (including language ability), age, sex, and disability, and gives individuals a

new avenue to enforce their rights by filing a complaint with the U.S. Department of Health Human Services Office for Civil Rights (HHS OCR).

HHS OCR has enforced these protections to prohibit discrimination against older adults and people with disabilities during the COVID-19 pandemic, and reminded states and providers developing crisis care rationing standards that Section 1557 prohibits denying medical care “on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative ‘worth’ based on the presence or absence of disabilities or age.”

Social Determinants & Health – What has COVID19 Taught Us and Where Do We Go Now?

Tuesday, July 21, 2020, 10:00 a.m. PDT

Click [here](#) to register free.

Long before COVID-19, evidence was mounting that social determinants of health (SDOH)—the conditions in which people are born, grow, live, work and age—have a significant impact on health outcomes and healthcare costs. The pandemic has now put a glaring spotlight on the connection between SDOH and health—and the disproportionate impact that COVID-19 has had on low-income people and communities of color. At the same time, the events of recent weeks have led to new conversations across the country focused on the significant health disparities among races.

In a new webinar—the second program in Manatt’s SDOH series—a cross-sector panel explores the critical issues that COVID-19 is bringing to the forefront and how states, local governments and community-based organizations are responding. During our first SDOH webinar, Manatt Health laid the foundation for the discussion, examining how the pandemic—and its disproportionate effects based on race and income—has changed the way we think about the interconnections between race, socioeconomics, social services and healthcare. During this webinar, our panelists will address key questions, including:

- How are stakeholders experiencing the COVID-19 pandemic on the ground?
- How is the pandemic affecting SDOH policies and programs?
- How have COVID-19 and protests against systemic racism and structural barriers to advancement changed conversations, policies or considerations at the panelists’ organizations?

- What types of innovations and partnerships are vital to sustaining momentum and focus on integrating healthcare and social services to deliver “whole person” care?
- What are the next steps for moving forward as we transition to a post-pandemic environment? What changes are likely here to stay—and which will likely end with the crisis?

Even if you can't make our original airing on July 21, click [here](#) to register free now, and you'll receive a link to view the webinar on demand.

Presenter: [Cindy Mann](#), Partner, Manatt Health

Commissioner Updates:

Brilliant (City of Mill Valley):

- In Mill Valley, we have set up a community phone line to answer questions and help run errands. So far, it has not had a great response. They are working on more publicity using social media and maybe posters.

Locks (City of San Rafael):

- The Chabad of Marin is having a blood drive at 1150 Idleberry Rd on July 29 from 9 a.m. – 3 p.m.

Timms (City of Fairfax):

- Commissioner Timms spoke to Fairfax Town Council on 7.1.20 and provided an update.
- Age Friendly Fairfax Task Force had a 3-hour retreat in late June to review the progress of the 5-year plan and began taking steps for another 5-year cycle.
- Timms informed council members she's made a request to the County for a mobile COVID-19 testing unit to rotate through Fairfax once a month if possible so older adults can more easily be tested near their homes; she also encouraged local police to reinforce mask wearing by residents to protect the health of all those at higher risk.
- Age Friendly Fairfax Forum this month will feature a two-part iPhone Training on zoom July 22-23, open to all older adults in Marin, presentation by CTAP (CA Telephone Access Program).
- Timms also thanked council members for finally approving the budget for a very part-time Neighborhood Response Groups (NRG) Coordinator for 3 months so neighbors at risk during an emergency will be better connected for community support. (<https://www.nrgmarin.org> and <https://nrgmillvalley.org>)

Vreeland-Long (City of Novato):

- Commissioners Vreeland-long, Barry and Gunn are working on the Novato Age Friendly website and slowly making improvements and updates to it with their web designer.
- Vreeland-Long is seeing more involvement in Novato Villages. They are trying to understand what the needs are of this community. The volunteers are what's being asked of them. Also seeing a lot of vital programs being offered through the Zoom platform which is encouraging.

Boutilier (City of Sausalito):

- Commissioner Boutilier is happy that Sausalito has reappointed her to another term for the commission. She will be giving a presentation on the Commission of Aging at the city council meeting on August. 18.
- They have been working very diligently on the general plan update. They are going to be meeting to make sure Age Friendly language gets inserted in the general plan.
- Boutilier attended the Social Isolation Summit. Her biggest take away was a suggestion that we discontinue the term "vulnerable older adults" and use "venerable older adults".
- They are working on their Sausalito Age Friendly website.
- They will soon be working on development of their evaluation survey which the city decided they would like to have sent out to every resident over age 55 like they did 5 years ago.

Weingarten, Proxy for Lamorte (City of San Anselmo):

- There was a successful San Francisco Age-Friendly operation last month involving masks on a tree. The town had closed off the downtown to vehicular traffic, to allow restaurants to serve meals on sidewalks (social distancing applied). Age-Friendly, taking a page from Dr. Larry Brilliant's talk last month preceding the COA business meeting, attached between 30 and 40 masks on a tree with signage that indicated they were free to those who needed one. The sanitized masks, which had been donated, were enclosed in plastic. Virtually all were taken. The success of the pilot project, spearheaded by the San Anselmo Age-Friendly chair, Sara Robinson, means it'll be repeated not only on that tree but on another at the other end of San Anselmo Avenue, and perhaps on a bush between the two. Commissioner Weingarten suggested other communities might copy the idea.
- Age-Friendly has another pilot program titled Neighborhood Connections. A party held by Eileen Burke and Suellen Lamorte drew more than 50 people (socially distanced over two properties and sidewalk) and lasted two hours on a recent Sunday. The event, promoted by flyers and word of mouth, featured

music and schmoozing. Its main purpose, however, was to have participants provide contact info, identify their residences on a large parcel map and volunteer to be block captains for emergency preparedness and other crisis situations.

Saffran (City of Larkspur):

- Larry Meredith, the Chair of the Villages in Larkspur is doing a wonderful job. He is always doing things to learn the state of mind and bodies of the older adults in Larkspur. So far it seems that there is not a lot of difficulty for these older adults.

Action Item:

Chair Marchese asked for a show of hands of who would like to volunteer to be on the Nominating Committee. Those that raised their hand are Bortel, Asimos, Weingarten, and Gunn. Chair Marchese noted that these four commissioners are expected to meet amongst themselves and choose a chairman. If only three commissioners are allowed, Gunn is willing to drop off.

Committee Reports:

Health and Nutrition (Asimos):

- The Health & Nutrition committee will be meeting on July 20.
- Rhea Brown and Commissioner Asimos will attempt to recruit a representative from the Gray Panthers to speak at the upcoming meeting. They will be discussing possible topics for the upcoming year. Chair Asimos offered kudos to Commissioner Vreeland-Long for working with Ariana Myers to present at the previous meeting. It was a timely presentation.

Housing and Transportation (Bortel):

- On July 1, there were some changes for the riders on the Marin Transit program. This includes the qualification age for Catch-A-Ride went from 80 to 65.
- They have now expanded the Connect vans which are wheelchair accessible. They have lowered the price to \$3 if you are in the Marin Access program. They will pick up from Novato to Corte Madera. You can also schedule your trip via the Uber app.
- Paratransit, the Whistlestop buses, raised fares from \$2 to \$3 per ride. Their number of trips are way down.
- Housing and Transportation Committee meets on July 15 at 1 p.m. via Zoom.

The Legislative (Boutilier):

- The budget has been passed for the coming year. The committee was able to get a letter of support in for the legislative proposal for the budget. They were able to mitigate some of the deep cuts that the governor had proposed. However, there were some last-minute agreements that are showing up now in the trailer bills. There are three or four bills for the Health and Human Services sections. We don't know what these last minutes changes are and Boutilier will be following up.
- The committee has been advocating for the social security cost of living adjustment to be passed through to SSI recipients.
- In the legislative proposal, funding was restored for the programs that committee cared about including ADRC and nutrition programs.
- There are a couple of other bills, both dealing with disaster preparation. One would allow local jurisdictions to declare an emergency for PSPS power shutoffs. This would help open up the door for certain services and funding at the federal level.

Planning (Brilliant):

- No report

Equity, Advocacy and Outreach (Silverman):

- Committee met on June 11th. Attended by Dana VanGorder from Spahr Center. Final wording for the by-laws change and objectives was approved.
- The "toolkit" subcommittee to meet at a TBD.
- Next meeting is July 16th. We hope to have several more community leaders in attendance.

Ageing Action Initiative (AAI) Update

Teri Dowling as Member of the Public reported on the following:

- AAI advocated for data breakdown by 15-year cohorts, which HHS now does.
- AAI also advocated for membership to the County's reopening committee - AAI and its network including the COA is represented now by Joe O'Hehir from Whistlestop. The other members are also for profit/Chamber leadership, so we are glad to have his voice there for the many community -based orgs in Marin. Please thank your supervisors and Dr. Willis for making these changes happen.
- AAI supported Sausalito's age-friendly advocacy and they were happy to see the working group there agree to draft AF policies for Sausalito's new General Plan.

- AAI director, Linda Jackson, had a meetup with the new County staff for suicide prevention - Kara Connors. She might be a good speaker for a future meeting.
- Inform & Connect programs was on Monday at 2. The next one is on July 13, 2 pm, about summer preparedness for fires and PGE shutdowns.
- AAI is convening online this September 16 - save the date!
- We are hearing about older renters concerned about not being able to stay in their apartments and thank Chris Asimos for being a representative of older people in Marin on the county's Homeless Policy Steering Committee.

Aging and Adult Services Report:

Lee Pullen, Director, Area Agency on Aging reported on the following:

- Welcomed new commissioner Everett Brandon for City of Marin City.

Dan Steckline, Director, Long-term Care Ombudsman, reported on the following:

- Over the past three months, long-term care facilities have had infectious disease education, prevention and control, community education with a licensing agency, and communication with Marin Public Health through weekly COVID-19 Zoom Meetings with Ombudsman, Marin Public Health, Residential Care Facilities for the Elderly (RDFEs), Skilled Nursing Facilities (SNFs) and licensing.
- Over the past three months, long-term care residents have had restricted visits with essential visitors only. No visits from family, friends or Ombudsman. Only phone, virtual meetings and window visits. They have had no congregate dining or activities. Meals are in rooms and activities are solitary.
- Prolonged social isolation has caused depression, loss of appetite, and loss of will to live. Ombudsman and others are advocating for limited congregate dining, activities, and outdoor visits.
- During the month of June, things have been looking up. On June 26, California Department of Public Health (CDPH) and CCL (Community Care Licensing) guidance for phase 1 reopening included limited dining, activities, and visits – Ombudsman included. In June and July, there has been baseline testing of residents and staff and monthly testing of staff is required.
- Is Phase-1 re-opening safe? There has been an increase in the number of COVID-19 cases, an increase in hospitalizations and patients in Intensive Care Units (ICU) and RCFE and SNF residents remain vulnerable (staff to resident). Re-opening may or may not be safe depending on factors within each facility and out in the community including hospitals.

New Business and Announcements

No new business or announcements.

Adjournment: The meeting adjourned at 12:39 p.m.

The next meeting will be on September 3, 2020