

**MINUTES OF THE EMERGENCY MEETING
ARKANSAS STATE BOARD OF HEALTH
MARCH 20, 2020**

MEMBERS PRESENT

Phillip Gilmore, PhD, President
Balan Nair, MD, President-Elect
Perry Amerine, OD
Marsha Boss, PD
Lane Crider, PE
Dwayne Daniels, MD
Brad Erney, DMD, PLC
Vanessa Falwell
Melissa Faulkenberry, DC
Darren Flamik, MD
Anthony Hui, MD
David Kiessling, DPM
Donald Ragland
Clay Waliski
James Zini, DO
Vanessa Falwell, ARPN
Catherine Tapp, MPH
Terry Yamauchi, MD
Susan Weinstein, DVM
Anthony Hui, MD
Stephanie Nickols

GUESTS PRESENT

Laura Shue, ADH General Counsel
Reginald Rogers, ADH Deputy General Counsel
Chuck Thompson, ADH Managing Attorney
Brian Nichols, ADH Administrative Law Judge
Kevin Ryan, JD, MA, UAMS
Tressa Williams, ADH Legal Support Specialist

EMERGENCY MEETING OF THE ARKANSAS STATE BOARD OF HEALTH

An emergency meeting of the Arkansas State Board of Health was held on Friday, March 20, 2020, via conference call in the Fifth Floor Briefing Room of the Arkansas Department of Health.

CALL TO ORDER

Dr. Phillip Gilmore called the meeting to order at approximately 2:01 p.m. and thanked the Board of Health, Department of Health and Dr. Nate Smith for doing an awesome job with the COVID-19 process.

ROLL CALL

Laura Shue, General Counsel, conducted the roll call and noted that Dr. Nate Smith would be unable to attend the meeting due to his active duty in directing the public health emergency response.

NEW BUSINESS

Governor's Emergency Order

Laura Shue, General Counsel, noted that the first Governor's emergency order was issued on March 11, 2020, declaring a public health emergency.

Reginald Rogers, Deputy General Counsel, added that this is a rapidly moving and evolving situation all across the world. It came to Arkansas later in time than other states. It has rapidly escalated as far as numbers in the past two days. ADH has been working with other partners and stakeholders at the direction of the Governor, who has directed our Secretary of Health to take certain actions and recommendations. The Governor by Proclamation activated the Arkansas Department of Health Emergency Operation Center. The idea was to inform you of some of the legal implications of where we are and your duties as Board Members from a legal perspective. The medical aspect is covered on the Department of Health's website. Mr. Rogers urged the members to refer to that website when asked questions from community members and constituents.

Mr. Rogers added the Governor has been conducting almost daily news conferences. Dr. Nate Smith and Stephanie Williams, our Chief of Staff and others are at the Governor's Office in the State Capitol for a 1:30 news conference, which you can view later. He stated we wanted to proceed with this meeting to inform you of some legal issues and your responsibilities concerning those and hopefully to get your approval for what has been going on.

Ms. Shue stated under statutory authority, 20-7-109 and 110, the State Board of Health has the authority to issue rules and regulations to assist the Department of Health in its mission. Rules were updated in 2019 regarding reportable diseases of which novel corona virus is one of the diseases listed. The Department of Health has been assisting the Secretary of Health with matters involving quarantine and have issued two orders of quarantine through the authority given for that use by that statutory authority.

Quarantine and Isolation Laws and Rules

Mr. Rogers introduced Professor Kevin Ryan. He stated that he is an eminent professor at the UAMS Boozman College of Public Health. He is a licensed attorney and very experienced in public health law and has given several Grand Rounds over the years and most recently gave one last week. He has been a consultant to us. His Dean has graciously granted that because this is all hands on deck and we want to utilize all of our experience and partners. He has already given us a lot of assistance.

We sent to you an article that one of his mentors prepared on presidential powers as well as copies of the laws. At any time that you feel that you want to get more detailed into the laws, we do have those resources.

Also, we have received calls from attorneys at state Attorney General Leslie Rutledge's Office and they have offered assistance in case we have to go to court on either issues of quarantine or isolation. Although they have not done public health law, they are experienced in habeas corpus law, which is sort of dealing with people who are detained. We have many resources also around the state and can give us good guidance.

Dr. Ryan thanked the Department for giving him the opportunity to be present. He stated that his observation is that the Department of Health is staying on top of this. He believes because of the Secretary's leadership, the Governor and the entire Department, including the Legal Department, Arkansas will fare as well and indeed better than many of our sister states.

Mr. Rogers stated there was an article in Monday's Democrat Gazette that goes back to March 16, 1920. Not making light of anything but these issues have come up in the past, we have dealt with them, we have risen to the challenge and believes the Board is ready to help fellow Arkansans and meet the challenge. Reading the article from the Arkansas Democrat Gazette dated Monday, March 16, 2020 it reads, the influenza situation is showing a slight improvement, Dr. C. W Garrison, state health officer, said yesterday. Towns where serious outbreaks have occurred reported some decrease in the number of cases. The campaign of the State Board of Health against malaria will be extended this week to at least two towns. Assistant Sanitary Engineer L.D. Morris said El Dorado was added to the list of towns undertaking prevention work last week. That is from an article from March 16, 1920. These issues are not new. They thankfully have happened infrequently but you as a Board of Health have the knowledge, experience and power to deal with it

Ms. Shue asked if there were any questions about the authority to quarantine or isolation or anything in particular about the rules regarding reportable diseases. We have had voluntary compliance initially with travelers that we were first encountering. The outbreak response folks have been working on this since January. At the last Board meeting, Dr. Smith provided a COVID update as it was moving towards the United States. In February, we started talking with travelers we were alerted to and most voluntarily quarantined for 14 days. There were a couple of people who resisted. We issued orders, they consented once they realized how much power the Department and the Secretary has, and we were able to convince them to stay home. Our outbreak response folks have been monitoring people since then.

The March numbers have increased tremendously. Testing has increased therefore the numbers have increased. The website provides day-by-day updates. As of 1:00 today, the lab confirmed cases are up to 96.

Mr. Rogers added that we have been very fortunate to have the County Health Officers and the Local Health Unit personnel and staff and local law enforcement to serve those orders. The Health Department does not have its own health police or police force. It is unfortunate. This is maybe one of those items that can be looked at hopefully in the future.

We have had good compliance and so far, it is working. However, as more people are affected by this, there could be less compliance or voluntary quarantine and isolation. We may need measures that are more aggressive. The County Health Officers have been invaluable because they know the community, sometimes they know the people involved and that local contact has been helpful. Those of you who are out in the community and people respect and know you; we might have to reach out to you for those kinds of assistance.

Dr. Anthony Hui asked what is the number of positive cases as of today reported for COVID-19. Ms. Shue stated laboratory confirmed cases at 1:00 today was 96. Mr. Rogers added that in the past two days it has jumped up from 32 or 33 to 62 and today 96. Dr. Hui asked is that because of the availability of the tests. Mr. Rogers stated that is his understanding.

Mr. Rogers stated with that, with more people and why this is so timely, it could be that we will need to have you, because everyone needs to have due process. That is where we can try to help you. It could be that we need to have a hearing before the committee that hears matters with the Board of Health or if a serious situation, we might even need the full Board of Health. Some matters we are looking at could require that we take it immediately to Circuit Court for a Circuit Judge. If someone is positive, we may need to take quicker action if they are going out into the community against our isolation orders. That is why we are trying to get you prepared. We are hopeful that will not happen but we just have to be ready.

Dr. Zini stated he is a County Health Officer and asked what role the County Health Officer performs in those two instances where quarantine was necessary?

Ms. Shue replied when the two orders were issued, on a Friday night and a Sunday in February and before the Emergency Command Center was activated, it was decided it would be best to have assistance from local law enforcement instead of sending our outbreak response team out to the communities where they were unknown. We made some phone calls to the county judges and looped in the County Health Officer. Sometimes it is a matter of trying to get everybody on the phone to serve these quickly. We had the assistance of local law enforcement who delivered the orders to their homes. Mr. Rogers added that it seems as though the local people receive that better. As a County Health Officer, that is one of the roles; having that local contact and residing in the community helps people accept this. Dr. Zini stated he understood the role but just did not know what other capacity he might be asked to help with.

Mr. Rogers stated that another item is where we house recalcitrant patients or those that are not wanting to stay where they are supposed to be and where can they be housed. We are working on some facilities here in Little Rock and other places around the state but as you can imagine that is a difficult item to fill. Some just need to wait for the 14 days to go through of quarantine and others that they are past the suspect stage and now we are seeing more and more of the positives. We are trying to have everyone stay at home because that is the most comfortable place for them. However,

what do we do with those that will not stay at home? We are trying to get prepared for that.

Dr. Perry Amerine asked for a thumbnail sketch of the legal definition of quarantine and isolation. Mr. Rogers stated that listed on the communicable rules, quarantine are those who have been exposed to the disease and isolation are those who have tested positive or are presumptively positive.

Dr. Kevin Ryan defined quarantine as there being a greater chance that the person has been exposed to someone who is positive but they have not yet themselves began showing symptoms and have not tested positive. The idea is that they are restricted from broader contact with other people and given the incubation period, in this case of COVID-19, during that time they either will or will not develop those symptoms and then either test positive or not. Isolation is a more restrictive confinement in which the person is showing symptoms, is testing positive and maybe subject to being confined until that test comes back negative or they are no longer symptomatic.

Dr. Amerine asked if quarantine would be at home and away from family members and isolation would be a similar situation? Mr. Rogers stated that it could be. Sometimes the family members are also waiting for the 14-day timeframe to pass to see if symptoms develop or if they need to be tested. But in other situations, we have family members who have had to be separated. I can say we did have a grandfather, in an out of county initial issue, one of the first cases, the grandfather picked up his son and grandchild from the airport but said he did not want them to reside with him so we had to scramble and find a location for the son and child. It just varies. There are so many permutations and differences of situations. There is not a cookie cutter fits all and we have learned that you just have to deal with it on a case-by-case basis.

Dr. Ryan added that there is a variety of levels of quarantine with increasing restriction from voluntary self-quarantine at home either individually or a family all the way up to mandated quarantine, which can be in a facility. Either a hospital facility, a law enforcement facility or hotel. The situation and circumstances of that situation will always dictate to what level the confinement occurs.

Mr. Rogers asked Dr. Ryan what does the courts look at, do they look at how we choose the least restrictive alternative? Dr. Ryan explained that while this is an emergency, both federal and state, it is always important to remember that individual rights and freedoms are still observed. Due process has been alluded to. Our right as an individual to have notice of government action and a fair hearing to appeal that action. Nevertheless, what constitutes appropriate notice varies by the situation. If my grass is too high then notice may be for me to cut my grass or a month from now we are going to fine you. In these more serious situations, that we are discussing, notice could be the law enforcement officer coming to the person's door and saying you are hereby quarantined or you are quarantined and you will be coming with us. In all those cases, every individual does have a right for an unbiased judge, adjudicator, to hear their appeal. Moreover, everything I have seen, the Health Department is affording all individuals acted upon those basic civil rights.

Mr. Rogers stated there are a few examples around the country of what is being referred to as rogue COVID-19 patients. There is a March 17 article online where a 53-year-old man in Kentucky left the hospital in Louisville against medical advice after testing positive for COVID-19 and went home on March 14. The local health department asked the man to self-quarantine but he refused. The governor of that state and the Cabinet for Health contacted the local county attorney and county judge. They got an order to force him to quarantine in his home. The judge signed that executive order forcing the family to stay inside their house, and an officer would be parked outside of the man's home until the order was lifted. Thankfully, we have not had to go to that measure but it is possible.

Dr. Ryan added that the other types of quarantine that are squarely within the Board's authority are a geographic quarantine. For example, New Rochelle, New York put that into place. The scope of your authority is appropriately and very accurately described and is very broad.

Catherine Tapp asked how the two that are under quarantine are being monitored. Are they complying with what has been served upon them and when will we have an update on those two? Ms. Shue stated this was in February and thinks they have already come off quarantine. We get updates in the Emergency Command Center at 8:30 and 4:30 every day. Folks that are voluntary either quarantined at home as a person under investigation or as a person ordered to be quarantined are monitored daily, they have to check in and our outbreak response nurse team checks their symptoms.

Dr. Marsha Boss asked if all 96 confirmed cases are in isolation. Ms. Shue replied no. Dr. Boss asked how does that work and whether they be put in isolation shortly. Mr. Rogers stated that they would be asked to self-quarantine at home. Dr. Boss asked how many people are in isolation in Arkansas. Mr. Rogers stated that there were six in the hospital. Dr. Boss asked whether people in the hospitals are isolated. Ms. Shue replied if they are in the hospital, they are in isolation.

Mr. Rogers stated there was a situation in Jefferson County where there was some exposure to healthcare workers but that was before it was known that this patient was positive. A lot of that was from the exposure to healthcare workers at Jefferson County Regional Hospital.

Mr. Rogers asked if Dr. Boss had a follow-up to her question. Dr. Boss stated no, it was explained that the only isolation cases currently are the ones that hospitalized. The rest are just under quarantine, even the positive cases are quarantined in their homes.

Ms. Shue stated there was a press release today about some other patients. It is ever changing and changes by the hour. Updates are given at 8:30 and 4:30 every day but there is a press release about some cases in the nursing homes. Mr. Rogers stated that

isolation of the positives; although they are at home, they are still what we call in isolation status.

Dr. Zini asked if there was great cooperation among all agencies if say a person was recalcitrant to follow isolation in the home, they could be monitored as prisoners are or if you have ankle bracelets and can tell electronically where they are all the time. It might be a possibility that it should occur with law enforcement. In addition, if a person is put in quarantine and they are not responsive and they are put somewhere, who fronts the cost?

Mr. Rogers stated that the electronic monitoring was brought up. Consultation is happening with the Governor's Office and their counsel and others. Since the Department of Corrections and Community Corrections have experience with, that there was some initial thought that we could reach out to them if that becomes necessary. As to cost, that is always an issue but at this point, we want to do what is best to protect Arkansans. It would be the Department of Health's cost in consultation with the Governor and then hopefully they would try to get some sort of reimbursement from the federal government. We have had times that we had to put people in hotels and that initial cost or monies would have to be paid by the Health Department.

Dr. Balan Nair stated there are 96 cases now and obviously, there is contact tracing, isolation, and quarantine. Is there a number at which it is impossible to keep up; is there a number like that for your Department?

Mr. Rogers stated the Governor has brought in the National Guard to operate a call center. Employees from other state agencies have been brought in. We have utilized other employees inside the Health Department to assist those as possible. There is an idea of using our disease intervention specialists (DIS). They are mainly trained and are experts in helping those with sexually transmitted infections or diseases. They are being readied, many of them around the state, to supplement the epidemiologists trying to do the contract tracing. All resources that are available have been put on this topic. We could still use more if these numbers keep going up because some of our people went right from dealing with the mumps outbreak at the University of Arkansas at Fayetteville and there was not much time lag and the next thing you know corona virus has hit. Some of our staff has been working non-stop since at least December.

Ms. Shue stated to that there is staff at UAMS that are currently being trained on assisting with the contact tracing. At some point, we move from aggressive containment to mitigation strategies.

Mr. Clay Waliski stated that is exactly what he wanted to lead into and ask. At what point does it make a lot more sense to try to tip around and protect higher risk areas such as nursing homes or people who are elderly who are in their own homes as opposed to playing police with every one of these cases given what has been put out about the growth of the curve and the growth COVID-19 in other areas. We are literally crashing the economy to do this. I want to know that on behalf of all of the people that I have just had to lay off at my business. At what point do things look like they are

going to return back to normal and do we take efforts to best protect people who are higher risk as opposed to basically putting everyone else in a police state?

Ms. Shue stated that the State is doing both at the same time. We are making the efforts to protect those that are higher risk and immuno-compromised at our hospitals. We have directives to the hospitals, long-term care facilities, and nursing homes. We are limiting access and screening to protect the elder and the higher risk folks at the same time as we are trying to flatten the curve.

Mr. Rogers stated that in our building that anyone over 65 is asked to go home and those that have chronic diseases that may have some immunos-problems also. It is not just to people in the community, we are also following this directive here in the Health Department. Starting Monday, everyone will have a temperature check. They already do that for anyone entering the Emergency Operations Center. As to what point, that is the Governor's decision. In our structure, the Governor is the chief of the Executive Branch and he has appointed you as State Board of Health members, and by the Board's reportable communicable disease rule, has given Secretary of Health Smith certain authority. We report to the Governor as part of the Executive Branch. It is his final decision.

Mr. Waliski stated he has been doing temperature checks for his staff for a week. It is one of these instances where I could stop every single death out there happened from a car accident by banning driving and banning cars. However, at some point, it might be more prudent to take a driver's license away from a person who has had a DUI or maybe a 95-year-old person who should not be behind the wheel as opposed to banning driving.

Dr. Boss asked of these 96, what number is under the age of 50? Mr. Rogers stated that we have been preparing and answering calls, and today's news conference was over at the State Capitol. He did not have any details today, but we can get you that from our epidemiologists.

Dr. Boss stated she would like to know that because it seems like the elderly may die but it seems like many young people are getting it too. We are talking 20, 30, 40 year olds. I would like to know in my state, how many of these 96 are 20, 30 or 40. Dr. Gilmore stated that information is on the website. Mr. Rogers stated he thought it was on the website but did not know it had been uploaded with the latest numbers. The staff are working non-stop and they are trying to get all of these stats and information out to people.

Dr. Gilmore asked if the Board needs to ratify any of the items, being discussed when questions are ceased. Mr. Rogers and Ms. Shue agreed that we are hoping that at the end of the meeting, there would be a motion to ratify all of the efforts by the Department of Health and the Secretary of Health in addressing this public health emergency.

County Health Officer Appointment for Perry County

Ms. Shue stated County Judge Toby Davis and Jennifer Simmons, the Local Health Unit Administrator in Perry County, are recommending Dr. Melissa Seme, a family medicine physician, as County Health Officer for Perry County. Dr. Dwayne Daniels moved and Dr. Anthony Hui seconded to appoint the County Health Officer for Perry County. Motion carried.

Board of Health's Role

Ms. Shue stated how appreciative the Department of Health is to the Board members in their role in communicating to their communities and constituents about the ADH website and CDC guidelines. ADH has a 1-800 number for the corona virus call center, which is being utilized daily. ADH has responded to hundreds of calls every day. We are over 6000 calls since this first began and number was first posted. We are very grateful for the National Guard and other volunteers assisting us with the call center to answer questions. The Center receives everything ranging from health questions to questions that are more appropriate for consumer protection staff at the Attorney General's Office. We try to get all of those questions answered as quickly as possible.

Mr. Rogers added that besides the individuals who may be suspected of COVID-19 or presumptively positive or positive, those rogue individuals we may have and we really appreciate all the voluntary compliance by businesses and other entities. Many churches have canceled their services. There is also voluntary compliance. The State Judiciary has canceled most in-person trials at this time except if we have to have a hearing and they have a specific exemption, if they need to deal with a proceeding involving COVID-19. They left that as one of the few things available where we could have a hearing during this time.

The federal judiciary has also suspended many trials at this time and left it up to the individual federal judge. We have a lot of voluntary compliance. Many restaurants and bars had already decided to close their dining rooms. You saw the Governor's Order yesterday. It could be that some businesses are not going to do so readily. After discussion with our Environmental Health staff, he thinks they understand the seriousness of this. Everyone is wanting to keep businesses open and to be pro-business but these are the directions we understand are necessary to flatten the curve and slow down this virus so we do not get into a situation like Italy or some of these other countries. It could be that you not just deal with a person that is rogue; it could be a business that is non-compliant. This would be the last step, coming to the Board of Health or to a circuit judge.

Dr. Daniels stated he lives in Union County and asked, besides being vigilant and taking precaution, are there any things they need to curtail in their practices?

Mr. Rogers replied that the 23 health related professions, pursuant to the Transformation Act, are now under the general purview of the Department of Health. Those various disciplines are working on directives as quickly as they can. Because

there is a state law that says, the Department of Health and the Director of Health are not to interfere with the practice of medicine and healing arts. The main thing we would like stressed in your communities is our Be Well Program, appropriate and proper hand washing, social distancing, go out for walks, enjoy our parks and trails and exercise.

Dr. Daniels asked whether the State Medical Board gives physicians direction. Mr. Rogers stated yes, we really rely on the State Medical Board for those kinds of directions.

Dr. Daniels asked what about hospitals and ambulatory care centers. Does that come from the medical board or another agency? Ms. Shue stated there are directives and guidance on the website for hospitals and healthcare professionals. The website does refer to the CDC guidance generally but also specifically when the Governor and Dr. Smith get together and decide on next steps. As soon as their authority is given for the directives and guidelines, they are posted simultaneously on the website, which is updated daily.

Dr. Boss asked about waiting rooms and whether we control the facilities themselves. Ms. Shue stated it does depend on the type of facility you are talking about. There are directives on long-term care facilities and hospitals and the screening that is required prior to entering a waiting room.

Dr. Boss asked what about an abortion clinic? Ms. Shue stated we are giving general guidance to all of the healthcare facilities and they should follow the general guidance for all healthcare facilities whether it is a Planned Parenthood facility, hospitals or long-term care facilities. We are trying to discourage anyone who is symptomatic from entering any facility, whether it is a business or a healthcare facility.

Mr. Waliski stated he could not have anyone in the dining room of his restaurant but what sense it makes whenever 50 people are lined up in a self-checkout line at a Walmart. Are we considering this?

Ms. Shue stated we are trying to encourage social distancing everywhere we go. We are social distancing right now here in the Health Department. We are social distancing in the hallway. We are social distancing when we are standing in line. We are trying to stand six feet apart and we encourage folks to do that. It is difficult to police everyone. ADH does not have the health police to follow everyone around at every location in Arkansas, so staff are keeping up with the plan, doing it step-by-step in accordance with science-based evidence, and doing the best we can.

Mr. Waliski asked what about any kind of campaign or commercials on television where the Department can do a campaign to basically to warn the older more at-risk people. Is there anything like that, because it sounds to me the best effort would be made keeping these people ring fenced and out of the general population until this thing does its thing.

Ms. Shue stated ADH is doing that, too, by getting our YouTube videos out. There have been some videos that have been recorded by the Surgeon General, Dr. Bledsoe and other staff members here at the Department of Health. UAMS also has a social media campaign. ADH is on Instagram, Facebook, television, radio, newspapers and on the internet. ADH is reaching out to people as quickly as we can. One thing that we would ask that the Board do is help with supporting that effort and helping get the word out to their communities and constituents.

Dr. Gilmore stated to Dr. Daniels that they have restricted visitors as of today to the hospital and keeping all of their health workers safe by wearing masks and such. Their cafeteria has been closed and those sorts of things. But trying to protect our health workers because they are the ones on the front line and are going to be needed the most. One of the places you might go is the UAMS website. They have some good material there about what the hospitals are doing and their guidelines as well as the Health Department's website. That may be of help to you. We have canceled all elective surgeries and most hospitals in the state have done that as well.

Dr. Daniels stated I have questions also about physical therapists because that is really hands on and I send lots of people for physical therapy and do I need to stop sending people for physical therapy is one of the questions I have? The waiting room is a concern of mine as well. We cannot social distance even in a 10,000 square foot building with the patient load that we have. I am wondering if I need to close.

Dr. Nair recommended that all non-essential medical contact should be avoided for a few weeks. If a patient has a true emergency, we have to take care of those patients. At CARTI, we have stopped all elective procedures and visits. In general, there are so many ancillary services, all that non-essential medical contact will only put our healthcare workers at risk and risk spreading it.

Dr. Faulkenberry stated she had the same question. She has heard from the massage therapists and chiropractors that are coming to talk to her as to whether they need to close or how that needs to be handled.

Mr. Rogers stated that all of those disciplines are meeting and representatives are meeting with Matt Gilmore, who has oversight over certain health-related professions and trying to draft guidance and directives for each of those. As this is rapidly evolving, we need to try to work through this and work together as a team.

Dr. Yamauchi asked if anything has been done to help the homeless. Mr. Rogers stated that it is an item of concern throughout the country and one of those challenges we have to address. Dr. Yamauchi asked if there are any programs set up right now. Mr. Rogers stated he is not aware of any specifics but that concern will be noted and ADH will follow-up to see where we are on that issue.

Ms. Shue reminded Dr. Gilmore that a motion needs to be made regarding ratifying the efforts of the Department of Health in its response to the public health emergency. Motion made by Dr. Hui and seconded by Ms. Tapp. Motion carried.

Mr. Rogers stated that by acclamation that the motion to ratify those actions passed unanimously.

Mr. Rogers thanked the Board members. He added that the Governor came to the Emergency Operations Center and that he is giving us lot of wise leadership and guidance. Everyone is working on this issue and concerned about their family and friends. He stated that the Department appreciates the Board members doing what they can in their communities.

Dr. Gilmore stated that the next regular Board meeting, April 23, would be conducted by teleconference.

Meeting adjourned at 3:00 p.m.


Phillip Gilmore, PhD, MS, MHA
President
March 20, 2020


Nathaniel Smith, MD, MPH
Secretary of Health
March 20, 2020