

**MINUTES OF THE
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-fourth Session
March 21, 2007**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 1:39 p.m. on Wednesday, March 21, 2007, in Room 2135 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Maurice E. Washington, Chair
Senator Barbara K. Cegavske, Vice Chair
Senator Dennis Nolan
Senator Joseph J. Heck
Senator Valerie Wiener
Senator Steven A. Horsford
Senator Joyce Woodhouse

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Committee Policy Analyst
Joe McCoy, Committee Policy Analyst
Sara Partida, Committee Counsel
Shauna Kirk, Committee Secretary

OTHERS PRESENT:

Peter J. Burns, President, Burns & Associates, Incorporated, Phoenix, Arizona
Michael J. Willden, Director, Department of Health and Human Services
Michael D. Hillerby, Executive Vice President, Wingfield Nevada Group
Bill M. Welch, President, Nevada Hospital Association
Marcia Turner, Interim Vice Chancellor and Chief Operating Officer, University of Nevada Health Sciences System, System Administration Office, Nevada System of Higher Education
Helen A. Foley, PacifiCare of Nevada; Nevada Association of Health Plans

Senate Committee on Human Resources and Education
March 21, 2007
Page 2

CHAIR WASHINGTON:

We have two bills to hear today. Prior to hearing those two bills, Peter Burns will be doing a presentation of the Nevada Strategic Health Plan which is a report of the Legislative Committee on Health Care ([Exhibit C](#), original is on file in the Research Library).

PETER BURNS (President, Burns & Associates, Incorporated, Phoenix, Arizona):

I will move rather rapidly through my presentation of the Nevada Strategic Health Plan. In the interest of the topic and the amount of time we have, I will not go over every slide.

SENATOR CEGAVSKE:

Did the committee look at the partnerships that could be developed within the community?

MR. BURNS:

There was discussion related to a private school of pharmacy in the State. There are about 150 slots and about 950 applications to the school and the State. Because it is a private institution, only a limited number of Nevadans can get into it because it has a national focus. A pharmacy school was discussed and was part of their planning for the health sciences center. It got to a point where it is now at a judgment level between the Legislature and the Board of Regents as to how integral it is to the University of Nevada Health Sciences Center. The stakeholders felt we need more pharmacists, because a lot of medicine is being handled through pharmaceuticals.

SENATOR CEGAVSKE:

As a previous small-business owner, when we asked employees whether they wanted medical coverage or preferred a pay increase, they would opt for the pay increase. Some employees had a spouse with coverage. We went out as small-business owners looking for coverage and it was cost prohibitive. It is so unobtainable for a small business with less than 15 employees. We also struggle with the dental school and the slots which you referenced on page 36, [Exhibit C](#). Dentists will tell you that there are enough dentists in Nevada. Dental insurance is an extra package for employers who usually opt out because of the cost. Was that addressed?

MR. BURNS:

I recognized the controversy that surrounds dentists, the accessibility issue and whether we have enough of them. The Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS) should look at it and find if it is accessibility or a shortage problem. The product is out there. The question is why the small businesses are not getting that product. Is it because the brokers are not moving it, or the health carriers do not want it?

MICHAEL J. WILLDEN (Director, Department of Health and Human Services):

The strategic plan should have some way to monitor the progress towards implementing strategies and goals laid out in the plan. We created a spreadsheet with 39 recommendations and the 7 areas that Mr. Burns talked about. We took each of the 7 issues and broke down the 39 recommendations. We built columns for what we are doing about certain issues, what can we see in the *Executive Budget* and what are we doing internally without a budget or without a lobbying pass. The strategic plans and the spreadsheet are on the DHHS Website, and we are trying to keep it up to date in real time. We have also incorporated information from the university system. If you would like, I can give you some of the highlights in the budget that are related to this plan, or I could talk about our plans for the Division of Health Planning.

CHAIR WASHINGTON:

Just a couple of highlights would be fine.

MR. WILLDEN:

If you look at the spreadsheet that is on our Website, you will see that we built budget decision units for most of the recommendations. If a recommendation goes in the *Executive Budget*, there will be a decision unit and a number associated with that item. If the item does not make it in the Budget, it is in items for special consideration. It moves back and forth in the Budget as we make budgetary decisions. When you look at this document, you will see items are either listed as in the Budget or in items for special consideration. As that committee makes decisions, they move back and forth between these two domains. Some areas we have worked on are graduate medical education (GME). There is a proposal in the Budget to expand dollars spent on GME. Another is expanding Medicaid and the State Children's Health Insurance Program (SCHIP). You will also see some Nevada Check Up expansion. There was a lot about improving the eligibility processes and access. The 210 presumptive eligibility did not make it into the budget.

CHAIR WASHINGTON:

There is a committee bill introduction to address the 210 presumptive eligibility options.

MR. WILLDEN:

The only rate increase that made it to the *Executive Budget* was the increase for professional fee documents. There is a rate increase to move it from the Medicare 2002 to the 2007 Medicare fee schedule. Autism was discussed during this Session, and we built items for special consideration for autism that did not make it to the budget. I know there is legislation in the pipeline and a lot of discussion going on the autism issue. Permission was granted from the federal government to extend Medicaid coverage to pregnant women with the Health Insurance Flexibility and Accountability (HIFA) waiver. In December, we began enrolling pregnant women which expanded from 135 percent to 185 percent of poverty. The \$100 subsidy to employees with children or pregnant in small businesses is approved and moving forward. The *Executive Budget* takes a forecast from the start-up through the next biennium to continue that enrollment until we get roughly 2,500 to 3,000 pregnant women enrolled and about 5,000 small businesses enrolled.

The behavioral health strategy's big issues in the *Executive Budget* are for additional adult beds in Las Vegas, and additional outpatient services in Las Vegas are also included. Twelve new acute beds are forecasted for children in the Capital Improvement Plan (CIP) in Las Vegas and remodeling in the behavioral unit to add a co-occurring severely, emotionally-disturbed and drug and alcohol treatment unit. The Budget includes a mobile crisis team for children in Clark County and some initiatives on oral health, primarily for pregnant women.

SENATOR WIENER:

Do the recommendations also include wellness and prevention? I did not hear that touched upon.

MR. WILLDEN:

I do not believe we have seen funding appropriations for fitness and wellness, breast cancer, cervical cancer or prostate cancer.

SENATOR CEGAVSKE:

Can you give me a summary of what you think about the process of creating this plan?

MR. WILLDEN:

The process was a good process. The only issue is the \$594 million price tag.

SENATOR CEGAVSKE:

I wanted your stamp of approval.

MR. BURNS:

Stakeholders tried to agree that everybody either agreed with the recommendation or could live with it. If there was a significant voice in opposition to something, it was not a consensus item and was dropped from the plan.

SENATOR HORSFORD:

There were questions as to whether we move recommendations that we can afford or move recommendations we think we need to be part of the overall discussion for building a health care plan. While the price tag is large, there was a recognition by a majority of the members on the interim committee that we could not do all of the things in that plan now, but they need to be planned for and part of the discussions. They can help provide context to the discussion that the health sciences center and other groups are involved in for moving the health discussion forward. We lack basic infrastructure in our State's system to do the type of analysis needed to allow Legislators to develop good policy. There are a lot of recommendations that are costly. We do not need to act on all of them now. We need to act on them as they are appropriate. Is it possible to receive some type of report from your Department, Mr. Willden, on items that were proposed by the Department and included in the *Executive Budget* and those that were not? We need to be able to give our input and direct it to the money committees.

MR. WILLDEN:

I am happy to provide that report written or verbally now. There were no cuts to the DHHS by the Governor's administration. There are three additions. One addition is the health care provider rate increase. We had struggled with the dollars available in the budget for the provider rate increase, and we were only able to do that in the second year of the biennium. The Governor's

administration has asked that we try to do it for the full biennium. We had a priority to get foster care rate increases. Methamphetamine is also a prime concern. There are a number of items for special consideration related to alcohol and drug abuse. There is a \$17 million crossover to behavioral health. We are given a target amount, and we do our best to put things under that amount. On the first day of September, we submit a budget to the Governor. What we cannot put under that amount, we build decision units for under items for special consideration. The DHHS had over 200 items for special consideration which we could not fit under the budget cap. In September, we were asked for our top priorities, and we reduced that down to what we can afford. There are things I would have liked to have seen funded. However, the DHHS is about 31 percent of the budget. That market share moved two percentage points over the last two budget cycles. That shows the growth of health care costs in primarily the Medicaid and health care budgets.

SENATOR HORSFORD:

Will you provide me with a list of the items for special consideration in written form at a later time? I would like to keep those things in mind when making policy decisions.

MR. WILLDEN:

We can e-mail that to you.

CHAIR WASHINGTON:

We will open the hearing on Senate Bill (S.B.) 171 first.

SENATE BILL 171: Creates the Nevada Academy of Health. (BDR 40-952)

SENATOR JOSEPH J. HECK (Clark County Senatorial District No. 5):

Senate Bill 171 establishes the Nevada Academy of Health. The formation of the Nevada Academy of Health was one of five recommendations developed by Governor Guinn's Governor's Commission on Medical Education, Research and Training. I have provided a handout ([Exhibit D](#)) of the pertinent pages from the Commission's full report dealing with this specific recommendation. I will go over it briefly.

You will note there is a small fiscal note associated with the bill of approximately \$15,000 for the initial administrative support. The goal of the Commission is to have the Academy be self-sustaining, and self-funding and

having members who are committed through the process to provide the financial support for ongoing operations. When you hear about our next bill, S.B. 221, you will notice things appear to be moving in parallel. There is some overlap in some of the fiscal notes that might be associated with S.B. 221.

SENATE BILL 221: Revises provisions relating to the development and implementation of health care policy in this State. (BDR 40-307)

CHAIR WASHINGTON:

Without opening the hearing on S.B. 221, there are some similarities and overlaps. The overlaps are in the analysis which the same formation is put together and appointees with the same duties are assigned to each of these bodies.

SENATOR CEGAVSKE:

Who would be on the governing body of the Academy?

SENATOR HECK:

It would include large private insurers of vested interest. It would include certain medical academic scholars as well as institutions. It would include health care economists. Those who have a value added to looking at the data that will be collected and help to decide what the health care priorities should be.

SENATOR CEGAVSKE:

On page 3, line 29 it pays \$80 for each day's attendance for someone who is not an employee of the State or a political subdivision of the State.

SENATOR HECK:

That was placed in drafting because several commissions do provide \$80-a-day salary.

CHAIR WASHINGTON:

Again, without opening the hearing on S.B. 221, there was a recommendation that came from the Committee to emphasize the diversity and the geographical difference within the State which was not shown in your Academy. Was any reference made to that?

SENATOR HECK:

No. It was kept purposely nebulous until we could come together to decide the absolute structure.

MICHAEL D. HILLERBY (Executive Vice President, Wingfield Nevada Group):

I am a member of the Nevada Academy of Health Steering Committee and the Governor's Commission on Medical Education, Research and Training. While the Governor's Commission was meeting, we were mindful of what you were doing. We made a very specific decision, as part of the Commission, to focus on the wholesale versus retail delivery of health care. We wanted to look at that delivery side from education, research and training. We stayed out of what was happening to the retail access to care. We wanted to know how we had shortages; what the shortages were; how we were going to go about evaluating them. We want to help both the Executive and Legislative Branch work their way through the many requests you have for funding. We wanted to find a way to put a systematic method in place to evaluate those proposals and get the information to you to help the State decide where to invest taxpayer's money.

Senator Cegavske mentioned the price tag in the proposal earlier. The State clearly cannot, and should not, try to be all things. When we do make the decision to invest taxpayer's money, we ought to decide to invest it in the place where it is going to help Nevada most. In the Nevada Academy of Health, you will see both public and private agencies sitting together at a table, collectively holding each others feet to the fire, asking how we are going to evaluate this. Before the medical school and private organizations come to the State and seek public support to bring in a new program, they will have to find if it meets the needs of the communities. Does it address an area where we have a shortage in providers? How are they working in collaboration with other agencies where we have already invested our money? Before we do new things to expand, and as we expand on existing things, we want to be sure we have a process in place to evaluate the things that help you and provide some peer review.

CHAIR WASHINGTON:

The bill has an overarching theme that sounds like the Georgia plan in which they put money into the infrastructure dealing with their health care to recruit and retain the best and the brightest in the field. In section 5, the Academy is created and each public and private agency or nonprofit or for-profit organization that provides education or training for providers or conducts

medical research or clinical studies may participate have that theme within it. Was that the catalyst driving this bill?

MR. HILLERBY:

It was certainly one of the things that we talked about. An organization engaging in those kinds of activities, which runs the gamut from private medical schools or state medical schools, institutions and some of the hospitals that have significant teaching programs should be involved and bring those groups together to find out if, in fact, they could be a major part of the economic development effort as well. We looked at other states and saw the success they were having when they identified research issues and initiatives and their ability to get grants and attract the best and the brightest.

CHAIR WASHINGTON:

How did you try to bridge the gap between the Health Sciences Center and the Academy?

SENATOR HECK:

The Nevada Academy of Health is the hub of these other entities. The Academy would function as a kind of clearinghouse that looks at what is being done in the way of workforce development and what is being done in the way of clinical practice specialties availability and of specialty centers that are opening. Doing the analysis is based on the data that is available and is collected through the new office to offer a recommendation as to where to put the money when we try to utilize our limited dollars in a resource that meets identified needs.

MR. HILLERBY:

The idea is to bring those people together and help us decide what we are doing. You will hear in the next bill about how groups are going to get together and standardize how they share information. Those kinds of things would be the forum for scientists to get together and discuss our standards. What are the benchmarks? How are we going to define quality? How are we going to make sure we are meeting those standards? They can come to the Executive and the Legislative Branches and say, we have evaluated this; it has gone through a peer evaluation process, and we think that this meets the disease types that have been identified and emerging in this State. It meets an identified need, and it is not duplicative.

SENATOR HECK:

The Academy could consist of a board of directors of high-powered decision makers who represent the entities. There will be councils made up of multiple subject matters and experts who will look at specific issues, whether it is health technology transfer or minority health issues. There will be technical councils who will provide information to the Academy's board of directors who will do the final analysis and come up with a prioritized list based on needs to be presented to the Governor and Legislature.

SENATOR CEGAVSKE:

I am concerned about the section that talks of accepting grants, gifts and donations. There will be special-interests groups, with money, who want to be on the Academy's board of directors with their issues. Was that addressed?

SENATOR HECK:

It was addressed. The goal is to have no fiscal impact to the State. Those who are committed to the process would have to help fund the operation of the Academy. There are medical and research dollars available through other entities that could be funneled through the Academy to help look at some of our issues. It is one of the issues we will be working on.

SENATOR CEGAVSKE:

I do not have a fiscal note on this.

SENATOR HECK:

It is about \$15,000. The fiscal note is from the DHHS.

SENATOR CEGAVSKE:

Is that going to be coming from the gifts, grants and donations instead of the State General Fund?

SENATOR HECK:

Correct. It is the State General Fund dollars now, because there is no money in the Academy's bank account. The intent would be that we would never have to take the money for the DHHS.

SENATOR CEGAVSKE:

Is \$15,000, what you are asking for as a starter fund?

Senate Committee on Human Resources and Education
March 21, 2007
Page 11

SENATOR HECK:
Correct.

BILL M. WELCH (President, Nevada Hospital Association):

The Nevada Hospital Association does fully support S.B. 171. In my observations, it became very clear and apparent there was little coordination and little knowledge statewide of the efforts that were being made in medical research, education and training. It was also apparent there was little coordination of those efforts. It was the belief of those of us involved that if there is a standing committee, such as the Nevada Academy of Health, there would be a process that would continue to bring focus to all the facets of education, research and training on a continuing basis.

CHAIR WASHINGTON:

I will leave the hearing open on S.B. 171. The conversation will lend itself going back and forth. I will open the hearing on S.B. 221.

MARSHEILAH D. LYONS (Committee Policy Analyst):

I will discuss the highlights of what is contained in the sectional summary to S.B. 221 ([Exhibit E](#)).

CHAIR WASHINGTON:

There are some similarities and overlaps with these bills. We will hear the bills and deal with processing them separately.

MARCIA TURNER (Interim Vice Chancellor and Chief Operating Officer, University of Nevada Health Sciences System, System Administration Office, Nevada System of Higher Education):

I would like to go back to S.B. 171. The health sciences system supports the creation of the Nevada Academy of Health. Senator Heck mentioned a chart titled "Developing Programs and Building Partnerships" that we had before this Committee a few weeks ago ([Exhibit F](#)). On pages 5 and 6, it demonstrates the wheel at the top that is the Nevada Academy of Health and a wheel at the bottom which is what we are doing internally to develop our program within the Nevada System of Higher Education (NSHE).

MR. WILLDEN:

Within the DHHS, we have two health planning units. We have the *Nevada Revised Statute* (NRS) 439A and NRS 439B which are health-planning statutes.

That means there is one and one-half full-time employees (FTE) in Medicaid that work on the planning, collecting hospital costs, data, costs containment and putting out periodic reports. In addition, we have put forth a technology improvement request through the *Executive Budget* to fund the Health Division with \$2.2 million to create a medical and health data warehouse to input information and retrieve information. Also included in the Budget through Mr. Haartz's budget requests are four FTEs to help manage the data warehouse. In summary, Mr. Duarte has one and one-half FTEs working on it. Mr. Haartz has some FTE effort now. We could be getting a new data warehouse in the budget with four new FTEs. My intent is that we combine the duties in NRS 439A and 439B together in the newly created Office of Health Planning Analysis and Policy Support with or without legislation.

SENATOR HORSFORD:

Are we going to build a data system?

MR. WILLDEN:

Yes.

SENATOR HORSFORD:

Is that appropriation recommended at \$350,000?

MR. WILLDEN:

No. This section is to support a steering committee on e-health and not the creation of the platform where data is done. The appropriation of \$350,000 is to steer that long term versus the database.

SENATOR HORSFORD:

Where is the appropriation for the database itself?

MR. WILLDEN:

The appropriation for the database is included in the Budget. It is a technology improvement request in Budget account 101-1325, which is in the Department of Administration's portion.

SENATOR HORSFORD:

Will that achieve some of the goals from the electronic filing of applications for Medicaid or the SCHIP based on the design of this system?

MR. WILLDEN:

I do not think so. We do not have an appropriation to support an advisory committee so we would need to have this legislation or some other tool to deal with the advisory. If they are going to meet, there will be travel and salary expenses. The intent of the DHHS regarding the delegation clause on page 4 of S.B. 221 was to take the NRS 439A and NRS 439B functions and combine them into one Office of Health Planning. We would house it in the Health Division. Section 5 is the fiscal note discussion. There are three "pots of money." The first pot of \$1,040,000 was to add FTE into this new Office of Health Planning to do the data-analysis policy.

SENATOR CEGAVSKE:

What are your vacancies right now?

MR. WILLDEN:

In Mr. Duarte's division, the main person doing our health planning just retired. We are filling that position. The other major person that would be involved recently transferred to the university system. Interviews are being done for that now.

SENATOR CEGAVSKE:

How much extra are we talking about putting into what we currently have?

MR. WILLDEN:

Not a lot. These are some placeholder numbers. The existing FTEs could not carry the load that is contemplated in this bill.

SENATOR CEGAVSKE:

Do you need eight in just this department?

MR. WILLDEN:

That is for the Office of Health Planning, Analysis and Policy Support.

SENATOR CEGAVSKE:

Where is the other one?

MR. WILLDEN:

Mr. Burn's placeholder has \$800,000 for a Deficit Reduction Act of 2005 analysis which is section 7 of the bill.

SENATOR CEGAVSKE:

How many FTEs did you request?

MR. WILLDEN:

I did not ask for them. I believe Mr. Burns asked for about six FTEs.

MR. BURNS:

Those are a one-time shot for the Deficit Reduction Act study. We are asking for one or two FTEs for that and the balance of the funds would be used for outside consultants.

SENATOR CEGAVSKE:

If you hire two and bring them on just for this, we usually keep them for long term. Is it something that existing employees can do along with contracting out?

MR. BURNS:

I would defer to the Department for that.

MR. WILLDEN:

We could contract for that and would not need additional FTEs.

MS. LYONS:

It looks like the \$800,000 was for a one-time study contract. There was nothing involved in the deficit-reduction study or redesign for a full-time employee for that piece of it.

MR. WILLDEN:

The third fiscal note in section 5 is a placeholder for \$350,000 to support the e-health planning effort, as I mentioned earlier. That could largely be contractual as well.

CHAIR WASHINGTON:

Some of these numbers are going to be reduced because they are appropriated in the budget, and we are not actually asking for eight FTEs.

MS. TURNER:

We believe there is some overlap in the health sciences system budget. We do have a section that is under our Nevada Health and Wellness Research

initiatives. It is couched within the expansion of rural health providers, and it is \$1 million identified for the Area Health Education Centers (AHEC) functions. The downside is that part of our budget request is not currently in the *Executive Budget*.

CHAIR WASHINGTON:
Is it a separate bill?

MS. TURNER:
No. it is part of the \$73 million budget request on behalf of the health sciences system.

CHAIR WASHINGTON:
Is part of the \$1 million incorporated in the \$73 million?

MS. TURNER:
We have a similar incentives portion request in our budget request that is not in the *Executive Budget*. I think the intent of this Committee, this bill and our intent in the million-dollar portion is overlapping. I want to make sure we do not have duplicative requests.

SENATOR CEGAVSKE:
Can you define AHEC?

MS. TURNER:
It is the Area Health Education Centers in Las Vegas.

SENATOR HORSFORD:
I support an appropriation under this bill to the NSHE for the enhancement and development of health care and the education part of it that the NSHE needs to perform. We need to get the Governor's Workforce Investment Board which is charged statutorily with addressing the workforce needs also engaged around the health care sector. There is leveraging of dollars between the U.S. Department of Labor, private foundations and other groups that the NSHE may not be aware of, engaged with or directly allocated funding. I do not want to miss that opportunity. I am a proponent of sectorized approaches to workforce development in all sectors, including health care. I was the sole member on the interim committee that was not supportive of putting the workforce piece under

this division of planning; that is not the primary role we were looking for. It is getting clear the role of the health sciences system in education.

MS. TURNER:

There is a difference between what the NSHE and the health sciences center do as far as increasing our program to produce more health care professionals. Under section 6, subsection 1, paragraph (a), we are being asked to take the lead in organizing research, policy gathering, analysis and be able to help the committees make policy decisions. When it comes down to which groups are going to ask us to do studies, we would need clarification to make sure that we prepare a budget that is able to produce the reports that are necessary.

SENATOR HORSFORD:

That is the intent as I understand it, and that is more of the research and analysis. We have to balance putting a lot of our money and resources in research and analysis to make sure there is money and resources for services that will provide a trained workforce. That is where we have to bring in the stakeholder groups. There is the long- and the short-term piece to this. When I talk to hospitals and health care providers, they cannot find staff now. We can start addressing that as the studies and analyses are being done to improve that situation.

MS. TURNER:

The component for the nursing expansion and the school of medicine expansion are the immediate things you are talking about for producing more health care professionals.

CHAIR WASHINGTON:

The question for us is whether or not we develop this analysis group to address those workforce issues and Senator Horsford's concern of whether we shift the focus to the Academy and allow the Academy to develop it along with the DHHS. You have the intent and you articulated it very well.

HELEN A. FOLEY (PacifiCare of Nevada; Nevada Association of Health Plans):

Under section 8, the insurers of health care services have been left out. We can provide a lot of help with the e-health program and would like to be included.

Senate Committee on Human Resources and Education
March 21, 2007
Page 17

CHAIR WASHINGTON:

We would be happy to amend whatever bill comes to make sure you are included. We are going to process these two bills with Mr. Willden's, Ms. Turner's and your concerns, and make sure we amend it into the new bill. Mr. Welch, would you be a part of that to separate the policy from the analysis and the Academy? There will probably be two different bills with two different appropriations. We will make sure that Senator Horsford's concerns are addressed in either one of the bills. Senator Heck's concerns will be included as well since he represents the Governor's Commission on Medical Education, Research and Training.

CHAIR WASHINGTON:

This Senate Committee on Human Resources and Education is now adjourned at 3:48 p.m.

RESPECTFULLY SUBMITTED:

Shauna Kirk,
Committee Secretary

APPROVED BY:

Senator Maurice E. Washington, Chair

DATE: _____