Delaware Health Care Commission
Thursday, September 6, 2012 9:00 a.m.
Department of Transportation
Administration Building
First Floor, Farmington/Felton Room
800 Bay Road, Dover

Meeting Minutes

Commission Members Present: Bettina Riveros, Chair; Theodore W. Becker, Jr; Thomas J. Cook, Secretary of Finance; Rita Landgraf, Secretary, Delaware Health and Social Services; Kathleen S. Matt, PhD; and Dennis Rochford

Commission Members Absent: A. Richard Heffron; Janice E. Nevin, MD; Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families; and Karen Weldin Stewart, Insurance Commissioner; and Fred Townsend

Staff Attending: Jill Rogers, Executive Director and Marlyn Marvel, Community Relations Officer

CALL TO ORDER
The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair.

APPROVAL OF JUNE 7, 2012 MINUTES

Action
Ted Becker made a motion to approve the June 7, 2012 minutes. Rita Landgraf seconded the motion. There was a voice vote. Motion carried.

AFFORDABLE CARE ACT
Alicia Holmes gave a presentation on the Essential Health Benefits and Qualified Health Plans Selection Process. It included a review of the tasks and timeline through January 2014 and the recommendations of the Delaware Health Care Reform Steering Committee.

A copy of the presentation is posted on the Delaware Health Care Commission's website at http://dhss.delaware.gov/dhss/dhcc/presentations.html.

Updated Health Benefit Exchange governance Proposal
In late 2011, the Federal government released new options for States to consider in establishing a Health Benefit Exchange. These new options allowed states to enter into a partnership with the Federal Government. States in a partnership could choose to retain Plan Management functions, Consumer Assistance functions, or both. The Federal government would administer all other functionality, most notably the large technical infrastructure to support Exchange operations.

Prior to the release of these new options, the Health Care Commission carried a motion to recommend a State-based Exchange for Delaware. At the time of this

vote, the alternatives were to cede all functionality to the Federally-Facilitated Exchange or find other States with which to create a regional Exchange. Of these options, the most viable choice was to pursue a State-based model.

Following the release of the Partnership model, Delaware re-assessed the financial viability of all available options and determined that the State-Federal Partnership is the most appropriate choice.

Action

Rita Landgraf made a motion to amend the Health Care Commission's prior motion presented in the spring of 2011 to reflect the change from a State based Exchange model to a Federal partnership model where Delaware retains control of plan management and consumer assistance. Ted Becker seconded the motion. There was a voice vote. Motion carried.

Essential Health Benefits Recommendation

The Health Care Reform Steering Committee recommended that, based on stakeholder feedback received, the Blue Cross Blue Shield Small Group Exclusive Provider Organization plan option should be Delaware's benchmark plan for the individual and small group market in 2014 and 2015.

This recommendation will be supplemented to provide Essential Health Benefit categories such as pediatric dental/vision and habilitative services once final guidance has been issued by the United States Department of Health and Human Services on supplement options.

Questions and Comments

Why is requiring Early Periodic Screening, Diagnosis, and Treatment (EPSDT) not going to be considered over the next two years? Is it because of the cost?

Ms. Holmes responded that it has to do with focusing on the services that are already offered with the benchmark options. As far as a direct transfer of the Medicaid definition of EPSDT into these plans, benefits cannot be extracted from other public programs and placed into the benchmark options.

Secretary Landgraf added that within that two year time period there could be that discussion for future addition.

Concern was expressed that families who can get this coverage under Medicaid but not under the insurance that will be required of all citizens to have, will be better off lowering their income so they can get Medicaid. That is not what the Affordable Care Act is all about.

Ms. Riveros noted that Delaware is are guided by the provisions that it has. She understands those concerns and thinks it will be important to revisit the Department of Health and Human Services following this period and this selection for the next time around and see what the options are.

Action
Dr. Kathleen Matt made a motion that the Health Care Commission approve the Delaware Health Care Reform Steering Committee recommendation establishing the Blue Cross Blue Shield Exclusive Provider Organization Small Group option as the Essential Health Benefits (EHB) Benchmark Plan for Delaware, based on the public comments received by the Health Care Commission. The benchmark will define the baseline benefits for all individual and small group plans effective January 1, 2014, and will be supplemented to cover additional EHB categories on receipt of final federal guidance. Ted Becker seconded the motion. There was a voice vote. Motion carried.

Active Purchaser versus Open Market Recommendation
The Health Care Reform Steering Committee recommended that Delaware purse a certification process for the Health Benefits Exchange.

- Certification standards will likely include provisions that go beyond the federal minimum to ensure that Delaware's insurance market is protected from adverse selection while contributing to the achievement of the State's health care goals.
- Final recommendations on certification standards will be presented during the October Health Care Commission meeting.

Action
Ted Becker made a motion that the Health Care Commission approve the Delaware Health Care Reform Steering Committee recommendation establishing that qualified health plans will be evaluated for inclusion in the Health Insurance Exchange through a robust certification process. Rita Landgraf seconded the motion. There was a voice vote. Motion carried.

WORKFORCE DEVELOPMENT

Workgroup Update
Ms. Riveros said that workforce development has been a central theme. The Affordable Care Act is focused on expanding access through the Exchange and the expansion of Medicaid, but another key component of access is making sure there is an adequate workforce to deliver the care.

Ms. Rogers said the goal is to come back to the Health Care Commission at the January meeting with a full report and recommendations of the Healthcare Workforce Development Work Group around what should happen in Delaware.

The work done to date has been around the data collection to understand what Delaware currently has in terms of health care workforce and what the population looks like. There has also been data collection around the programs that the Commission has had in place historically to address workforce: the Delaware Institute of Medical Education and Research (DIMER), the Delaware Institute of Dental Education and Research (DIDER), and the Loan Repayment Program. The data will help answer questions about the purpose and effectiveness of the programs.

Workgroups are also being assembled around a couple of emerging issues. One being, how does Delaware promote education in the health care workforce? A workgroup will look at the programs that Delaware has in place, how effective they are and what needs be done to supplement or support them differently. A workgroup will also look at how Delaware recruits providers from other states.

There will be creative thinking around scope of practice and whether the climate in Delaware allows all of its health care professionals to work at the top of their license and contribute all that they are able to contribute to make the health care team an effective one.

The Commission will invite broad participation around those three general areas to understand and develop recommendations between now and December as to what specifically needs to happen in Delaware and what needs to be done differently in order to be ready to provide care to the population that Delaware will have. The Commission has issued a variety of reports over the years about what should happen in Delaware and others have weighed in about what needs to happen around health care workforce. All of those recommendations and reports will be considered as this set of recommendations is developed.

Ms. Riveros encouraged everyone to participate in these work groups. This is a critical area and the work cannot be done without everyone's support and participation.

Ms. Rogers said, of particular importance and especially exciting are two mental health initiatives. Delaware is in the final stages of connecting with Johns Hopkins University's School of Psychiatry to video conference their grand rounds on a weekly basis into Delaware's state facilities where its mental health providers are and it is hoped with expansion beyond that. Delaware is also in the process of potentially developing a fellowship program with Johns Hopkins University. Delaware is in the early stages of those discussions but very hopeful about the possibility of developing a fellowship where it would have continuing contact with Johns Hopkins and supplement its mental health workforce.

Questions and Comments

Are nurse practitioners and physician assistants being addressed?

Yes, the full range of health care providers is being addressed.

MENTAL HEALTH

Centers for Disease Control (CDC) Youth Suicide Report

Ms. Riveros said there is a very challenging situation in Delaware with respect to a number of youth suicides this year. Delaware Health and Social Services, the Department of Services for Children, Youth and Their Families, and the Division of Public Health have been working collaboratively with the Department of Education

and others to respond and look forward to see what can be done in order to address this critical issue.

There was a collective presentation on Delaware's response to youth suicide.

Epidemiological Assistance Addressing Youth Suicidal Behavior

Paul Silverman, DrPH, Associate Deputy Director, Division of Public Health gave a presentation on Epidemiological assistance addressing youth suicidal behavior in southern and central Delaware. A copy of the presentation is posted on the Delaware Health Care Commission's website at http://dhss.delaware.gov/dhss/dhcc/presentations.html.

Questions and Comments

Secretary Landgraf noted that this was not identified as a cluster.

Eileen Sparling, of the University of Delaware, asked if the CDC looked at disability status in its analysis. Dr. Silverman said he does not believe they did.

Ms. Sparling said that National Youth Risk Behavior Surveillance System (YRBS) data indicates that students with disabilities are twice as likely to report feeling sad and hopeless, twice as likely to consider suicide and three times as likely to attempt suicide. She suggested that Delaware focus on that group as it moves forward with looking at intervention. They are also at risk for bullying.

Secretary Landgraf said that the CDC identified those that had been diagnosed with a mental health condition as the highest risk factor.

A public observer said that a year ago his son's friend committed suicide by hanging. It was a tragic situation not just for their family but for his immediate friends. At that time the United Way was walking through a process, specifically looking at developing assets that young people have in order to make healthy choices and do well in school. He encouraged the CDC and those who are moving forward with this plan of trying to pull something through to look at the developmental asset research that has been done and how valuable that is in terms of helping a parent like himself who had to walk his son and his friends through this process and it has taken years for them to really understand the significance of what had happened in their lives and to be able to have them focus on the positive aspects of their life, the assets that they have, and then to look at where they may not have an asset, where parents and the community can work to develop those assets. He encouraged that this be taken into consideration because oftentimes focus is placed on the needs, problems and deficits of young people instead of looking at their skills, gifts and dreams. Focusing on their skills, gifts and dreams will produce a positive minded young person who is able to endure situations as they move forward.

Bryce Hewlett, of the Delaware Consumer Recovery Coalition, asked with regard to the graph that indicated 63 percent of the people had a mental health diagnosis, if

there was any break out of what those diagnoses are. Mental health is very broad and diverse. Referring to people as having a mental health diagnosis is not specific enough.

Dr. Silverman is not aware of a break down by the CDC.

Mary Kate McLaughlin said that a final report is expected with more detailed information. This was a preliminary report.

Traci Bolander, PsyD, President of the Delaware Psychological Association, reported that the Delaware Psychological Association is holding a conference on Advancements in the Treatment of Suicidal Youth and Young Adults on October 12 and 13, 2012. Details may be viewed on the Delaware Psychological Association's website http://www.depsych.org. Information will also be posted on the Health Care Commission's website http://dhss.delaware.gov/dhcc/.

Dr. Joann Fields asked what constitutes a cluster, if this was not a cluster.

Dr. Silverman responded that this is semantics. There is a kind of cluster in which there are pacts where the children will get together and as a group decision they will decide to commit suicide. There are clusters in which there is knowledge among the decedents of others who have committed suicide and without a specific cause. Then there might be clusters which are rooted in a specific cause, like bullying. From a strictly statistical sense this is a cluster. It was an occurrence in a small geographic area, an unfortunate event that would not normally be expected.

Secretary Landgraf said that the CDC Preliminary Report on Teen Suicide Deaths is posted on the Department of Health and Social Services website http://dhss.delaware.gov/dhss/.

Ms. Rogers said an additional point is that one of the opportunities here is in the Youth Risk Behavior Survey (YRBS) data and understanding the prevention that can happen in advance. It is important to understand the data and what young people are revealing through the YRBS and act on it in a very specific way to begin to understand how to prevent these kinds of things. It is encouraging that there are tools to use going forward.

<u>Department of Services for Children, Youth and Their Families Response</u>
Robert Dunleavy and Malia Boone, of the Division of Prevention and Behavioral Health Services gave a presentation on the Department of Services for Children, Youth and Their Families response to assist with suicide prevention. A copy of the presentation is posted on the Delaware Health Care Commission's website at http://dhss.delaware.gov/dhss/dhcc/presentations.html.

Questions and Comments
Dennis Rochford asked, given the difficulty of transportation and the funding issue just discussed, if consideration has been given to bringing community based or faith based organizations into the school where the kids already are.

Mr. Dunleavy responded without a doubt, and they have also talked with people and worked with ministers and religious organizations to try to do that. Some of the programming that was rolled out as far as awareness training for parents and community members was held in church facilities. Spirituality for many families can be a source of strength and support.

Ms. Boone said they are mainly in the middle schools currently because that was the initial focus of the grant, but there is some work being done to try to get into the high schools as well. Statistics show that many more kids in the last five or six years have been making suicide attempts as young as middle school, ten to fourteen year olds. That was the initial thought in getting in the middle schools to get to these kids early to make sure they know what to do to seek out the help that they need and recognize the problems that are happening right in front of them with their friends.

This program is based on research that says we know kids do not talk to adults. We know they do not trust adults a lot of times so we are really going in and having a discussion with students about that. We tell them that we know there are legitimately some adults they cannot trust and we understand that. We asked them what the qualities of someone who is helpful are and who those people are in their life so we can get them in contact with them just in case there is ever a time that they need help or their friend needs help. We have seen a lot of kids already bringing their friends to the guidance office at school, or to their parents and their parents are coming in and expressing concerns to the school. So we know that this does work. There are still some kids who say they do not know if they can trust adults, and it is just an ongoing conversation but it is really helpful. It is toughest to reach the parents. The schools hold conferences for the parents, but very few parents show up.

Is there a hypothesis as to whether there is denial or fear?

Mr. Dunleavy said they actually show a video called "not my kid". The attitude is "my kid is a little healthier." "My kid will not do that." It is the inability to entertain the idea that "my child might be so distraught that they would want to end their life."

How does what is happening in Delaware compare with what is happening nationwide?

Mr. Dunleavy said there have been other states and other school districts that have experienced a large number of youth suicides. Polytech had four children, and part of that is that Polytech also draws from various school districts. There have been other high schools in the country that have had three and four suicides. Suicide is

still not incredibly common, but it is not rare either. Delaware is catching up now with the national statistics, but it is not above. This is a nationwide problem that is increasing for everyone. The key is awareness among all of the people involved and providing opportunities for youth to pursue a healthier environment.

Suicide Prevention and School Response

Linda C. Wolfe, RN, Director of School Support Services, Delaware Department of Education, gave a presentation on suicide prevention and school response. A copy of the presentation is posted on the Delaware Health Care Commission's website at http://dhss.delaware.gov/dhss/dhcc/presentations.html.

Ms. Riveros thanked Ms. Wolfe for providing information and an important critical framework to provide a piece of the solution as Delaware deals with its response to this crisis in a cluster of suicides which requires a strong collaborative response across the entire community.

Collaboration with Johns Hopkins to Expand Mental Health Services

Delaware reached out to Johns Hopkins to address integration of mental health services, the lack of resources and capacity in the State and expanding the workforce.

Jim Lafferty introduced Dr. Karen Swartz, a psychiatrist from Johns Hopkins and the Director of the Mood Disorder Consultation Clinic which is well known throughout the nation. In 1999, she developed the Adolescent Depression Awareness Program (ADAP). Dr. Swartz described the program to Delaware's school superintendents at their monthly meeting and it looks like there will be 100% participation from the school districts to adopt this program.

Dr. Swartz applauded Delaware for responding with action rather than just being overwhelmed because being overwhelmed is not particularly helpful. A community needs to take action. She began her work in this area when there was a series of suicides in Baltimore. The truth is that ill children and young adults do not have brains that are working properly. A stress or crisis hitting a brain that is not working properly can lead to tragic circumstances where if someone were well, they would put it into perspective. The idea of ADAP is to have people know enough about depression to get treatment early so they do not reach that vulnerable stage where with one or two things going the wrong way they are in really dangerous water.

ADAP is very complimentary to the other excellent efforts Delaware is doing because it is a universal education program. It is meant to bring high quality depression education into every health class for high school students, the same way they need to know that cigarettes lead to lung cancer. It teaches that depression is a treatable medical illness, it addresses stigma, and it hopefully allows students, teachers and others to have enough information to recognize signs much earlier.

Blue Cross Blue Shield Highmark is supporting the implementation of the program in Kent and Sussex Counties. The Mental Health Association and the New Castle County School District applied for and received a federal grant to bring the program to schools in New Castle County that would like to participate. The program will be available at no cost to the schools through these two grants for every high school in Delaware.

OTHER BUSINESS

Center for Medicare and Medicaid Innovation (CMMI) Grant Application
The CMMI was established by the Affordable Care Act. Christiana Care received a CMMI grant to create a patient centered data home with a focus on heart disease. A.I. DuPont Nemours received a grant focused on treating asthma and the Medicaid and youth population. There has been an infusion of close to $14 million to Delaware in those innovation grants. They are important initiatives and critical to transforming how health care is delivered. The innovation will lead to better quality of care, improved health and reduced costs.

CMMI recently announced a state innovation grant opportunity. This is funding for model design and model testing assistance. The Commission staff is aggressively working on Delaware's application. A stakeholder meeting was held to brainstorm around Delaware applying for a state innovation grant to design new models to transform Delaware's health care delivery and payment system. This is an initiative that is applied for from the Office of the Governor. It tests the hypothesis of the Centers for Medicare and Medicaid Services (CMS) partnering with states to test the hypothesis that such important delivery system reforms can be accelerated and made more effective as CMS and states work together to test and evaluate new payment and delivery system models. The Innovation Center is funding states to design those models to develop a state health care innovation plan in a six month period. This is followed by the opportunity to apply for model testing in May.

The grants are competitive. The model design grants will be awarded to 25 states, $1 to $3 million per state. States may also apply for model testing funds, which are $20 to $60 million per state. Five states will be awarded those this fall. It was determined that, since Delaware does not have its model designed at this time, the six month ramp up period is needed in order to have the opportunity to apply for the model testing funds next spring.

Letters of support and participation are needed from Delaware's key stakeholders, providers, hospitals, health associations, community health centers, federally qualified health centers, community organizations, the League of Women Voters and others. People wishing to send letters of support were asked to contact Jill Rogers at the Health Care Commission.

Questions and Comments
When do you envision having a draft of the proposal ready? Fairly soon.

Jonathan Kirch said that Delaware needs more of a competitive edge than just saying that all Delawareans will be impacted.

Ms. Riveros said that Delaware has a lot more than that. It does not have its models designed yet. The commitment of the stakeholder community is needed. There are accounts on health promotion and disease prevention. There is a strong health information technology (IT) infrastructure with a commitment to expand the data and analytics foundation that will support care coordination and the ability to assess the outcomes that are required in order to support incentive payments, bundled payments, etc. If Delaware is going to apply for model testing, it will need to have all of those models worked out.

Ms. Rogers noted that Delaware's competitive edge is going to be the commitment and the active participation of its stakeholders. If it can demonstrate during this six month process that everyone is participating and willing to contribute to developing the plan and truly implementing it that is what will put Delaware over the top.

Ms. Riveros added that the Governor's Council on Health Promotion and Disease Prevention is another key element that provides a public health base for this grant application. Another key element is all the work that has been done around patient centered medical homes. Delaware now has a collaborative of all the medical home organizations that are working together and that dove tails perfectly with the work to be done around defining the metrics and new models and how Delaware delivers and pays for care.

Secretary Landgraf added that the collaborative is very broad based, including private sector, private insurance, self insured and the public sector. A variety of design instruments are currently going on in the state. This will provide an opportunity to actually analyze those designs and promote for the second level of funding.

Wayne Smith clarified that hospitals are very supportive of experimentation and looking at new design elements, but not in favor of bundled payments.

<u>Health Resources Board and Health Care Commission Statutes</u>
Ms. Riveros reported that legislation passed on June 30, 2012 as a result of the Sunset Committee process for the Health Care Commission and Health Resources Board.

The Health Care Commission is updating its statutory charge, clarifying that it is to be the collaborating force and public forum for integration of state, local and federal health care reform efforts focused on quality, access and care, and working together with other partners, including the Delaware Health Information Network (DHIN).

Secretary Landgraf said that the Commission has also been integrated with the Health Resources Board to provide a balance between public policy and

implementation and operation. Ms. Riveros added that this is a more structural and official alignment to be more efficient.

The statutes will be distributed at the October Health Care Commission meeting.

Specialty-Tier Drugs

The Commission submitted a report to the General Assembly last spring on Specialty-Tier Drugs to provide background on the issue and the impact of a potential fourth tier. Senator Margaret Rose Henry requested that Ms. Riveros and Ms. Rogers attend her Senate hearing on the issue, and she has asked them to come back in January to further explore the issue. The Commission will revisit the issue later in the fall.

State Loan Repayment Applicants

In October the Health Care Commission will review the recommendations from the Loan Repayment Committee and DIMER and DIDER Boards of Directors. Ms. Rogers noted that when the Loan Repayment Committee met on Tuesday they reviewed a record number of applications for loan repayment funds. Fifteen applications were submitted for loan repayment. There is the potential for all of the funds to be allocated in the first quarter of the fiscal year. The staff is looking at other potential sources of funding that may be able to be used to supplement, but it may be necessary to think about how to get an increase in loan repayment funds if the evaluation being done by Tom Ferry finds that the loan repayment program is working.

Secretary Landgraf noted that the Division of Public Health is sponsoring a workforce development symposium and along with that is an advertising campaign relative to workforce development. The Office of the Governor is sponsoring that as well, promoting the first state to recruit physicians and health care practitioners. There is a segment on the Loan Repayment Program. If there has just been an increase in applications with relatively contained advertising, this is going to open that up even more.

PUBLIC COMMENT

Rebecca Kidner spoke on behalf of Delta Dental of Delaware, a nonprofit dental benefit system that covers about 106,000 lives in Delaware. In follow up on the discussion about the Essential Health Benefits package, as the Commission moves forward it is going to be making a choice about that supplemental coverage and specifically pediatric dental coverage. Her understanding is that the Health and Social Services bulletin that came out provided that states could choose their state CHIP program as the benchmark or the federal VIP program which is the federal employees dental and vision insurance plans. She asked that the Commission look carefully at using the CHIP program if the choice is between the CHIP program and the Federal VIP program. One of the reasons is that it will enable people as they become eligible for one plan or another to move smoothly between the two and the two programs have different coverage so if the benchmark was the CHIP plan then they could move smoothly and the continuity of care would be better. The other thing is that the federal program was designed for adults and children together so it

includes some services that really are not pediatric specific like implants, and yet drives the cost of the care of the plan up; however, it does not include some of the things that are very pediatric specific which the CHIP program does include and some of those things are specific instructions about oral hygiene and the pulp vitality test which shows specifically how much damage the decay can do. The CHIP program also covers accidental injury whereas the federal program does not. The CHIP program is really more pediatric specific and would be the better choice in this situation.

Joann Hasse, of the League of Women Voters, said in response to the discussion on mental health issues, she was in the legislature the day of the debate of a bill where they had to change the funding mechanism for the wellness centers to conform to a federal requirement that if a child being seen in an wellness center is covered by private insurance that insurance must be billed before Medicaid could be billed for that service. It led to a giant discussion of what parents have signed about whether their children can use the wellness center. All of the things that are being offered are great, except if there is a family, sometimes a very dysfunctional family that says they do not want their child going to a wellness center. They can go if they need a football physical or if they have a cut finger, but they do not want their child to be in a system for anything to do with mental health. The bill was sidelined for about a year and then resurfaced. Finally they crafted a bill that would deal specifically with the issue at hand which is to address the reimbursement system. Care needs to be taken in the evaluation of what is being offered to realize that maybe some basic education is needed on how to go about doing this. The families that may need it the most may not be willing to let their children access those services.

Secretary Landgraf responded that the legislators seemed to have the most anxiety, relative to the school based wellness centers that are through the Division of Public Health, in the area of reproductive health more than in the area of mental health. There is an obligation under the HIPPA law that students can access the wellness centers without their parents' permission for mental health.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on October 4, 2012 at the Department of Transportation Administration Building, First Floor, Farmington/Felton Conference Room, 800 Bay Road, Dover.

ADJOURN

The meeting adjourned at 12:00 p.m.

GUESTS

Michelle Amadio	Delaware Hospice
Amelia Auner	Planned Parenthood
Janet Bailey	Hewlett Packard
Traci bolander, PsyD	Delaware Psychological Association
Judy Chaconas	Division of Public Health
Colleen Cohan	United Healthcare
Crystal English	DHSS/DMMA
Lynn Fahey	Brandywine Counseling
Thomas Ferry	Star-Med LLC
Dr. JoAnn Fields	Family Practice Physician
Cythia Ganc	DPCI
Debbie Hamilton	Cozen
Michele Haranin	DEOA
Joann Hasse	League of Women Voters
Chery Heiks	Cozen
Alicia Holmes	Public Consulting Group
Barbara Jackson	Hewlett Packard
K. Janvien	Delaware Technical Community College
Gary Johnson	
Tyrone Jones	Astra Zeneca
Rebecca Kidner	RBKidner PA
Jim Lafferty	Mental Health Association
Brenda Lakeman	Office of Management and Budget
Jan Lee	Delaware Health Information Network
Don Licorish	Highmark Delaware
Ruth Lytle-Barnaby	Planned Parenthood of Delaware
Susan Lloyd	Delaware Hospice
Lolita Lopez	Westside Family Healthcare
Pat Maichle	DD Council
Kim Marsh	United Healthcare
Kathryn McKonzil	Komen
George Meldrum	Nemours Foundation
Louis Memmolo	WBG
Sarah Noonan	Westside Family Healthcare
Ann Phillips	DE Family Voices
Brian Papp	Senator Carper's Office
Brian Posey	AARP
Paula Roy	Roy Associates
Christine Schultz	Parkowski, Guerke and Swayze
Marj Shannon	Division of Public Health
Debra S. Shears	
Kim Siegel	Autism Delaware
Jason Sinclair	Bayhealth
Michele Sloan	Office of Management and Budget
Wayne Smith	Delaware Hospital Association
Eileen Sparling	Center for Disabilities Studies, University of DE
Mark Thompson	Medical Society of Delaware
Jamie Wolfe	Center for Disabilities Studies, University of DE