

Board of Governors
Regular Meeting Minutes #271
June 7, 2018

East San Gabriel Valley Japanese Community Center
 1203 W. Puente Avenue, West Covina, CA 91790



Members

Louise McCarthy, *Chair*
 Hector De La Torre, *Vice Chair*
 Mark Gamble, *Treasurer*
 G. Michael Roybal, MD, MPH, *Secretary* *
 Alvaro Ballesteros, MBA
 Stephanie Booth, MD
 Robert H. Curry

Christina R. Ghaly, MD *
 Layla Gonzalez-Delgado *
 Antonia Jimenez
 Hilda Perez
 Honorable Mark Ridley-Thomas *
 Kimberly Uyeda, MD, MPH

*Absent **Via teleconference

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Dino Kasdagly, *Chief Operating Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME Louise McCarthy <i>Chair</i>	Louise McCarthy, <i>Chair</i> , called the meeting to order at 2:06 p.m. She announced that the public may address the Board on any matter at the Public Comment section at the beginning of this meeting, and before or during the Board’s consideration of items listed on the Agenda. Guests are welcome to introduce themselves or can remain anonymous.	
APPROVAL OF MEETING AGENDA Louise McCarthy	The agenda was approved as submitted.	Approved unanimously. 8 AYES (Ballesteros, Curry, De La Torre, Gamble, Jimenez, McCarthy Perez and Uyeda)
PUBLIC COMMENT	Phyllis Coto, <i>Member</i> of RCAC 4, commented that she heard news on TV this week that is disturbing; doctors are prescribing and pharmacies are distributing medications that are not as effective as they should be, some are too strong and some are not strong enough for the situation.	
APPROVAL OF CONSENT AGENDA Louise McCarthy	PUBLIC COMMENT: Elizabeth Cooper, <i>Member of RCAC 2 and CCI Council Area 2</i> , indicated that she would like to address the issues as they are discussed. She has a concern about the Code of Conduct. She stated that as a consumer member, she is looking at the First Amendment of the Constitution, freedom of speech, due process and the 14 th Amendment, as they all impact her. She asked the Board to make sure that violations of the Code of Conduct	

APPROVED

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	<p>do not affect a member’s freedom of speech. It needs to be looked into because oftentimes members can get a negative response. She is not a lawyer, she is a lay person. If she speaks and others do not agree with what she says, as long as she is not threatening or harming anybody, it is alright. She is very concerned about that and she does feel the Governance Cmmittee needs to look into it. She has seen people cry because of letters and it is very traumatic when one is trying to do one’s job. She respectfully asked the Board and John Baackes to please take notice of the First Amendment, the California Constitution and the U.S. Constitution and the potential conflict with the Code of Conduct.</p> <ul style="list-style-type: none"> • Approve May 3, 2018 meeting minutes • Health Dialog Contract Amendment (FIN 100) • Code of Conduct (COM 100) • Conflict of Interest (COM 101) • RCAC Membership (ECA 100) • CHCAC Membership (CHC 100) 	<p>Approved unanimously. 8 AYES (Ballesteros, Curry, De La Torre, Gamble, Jimenez, McCarthy, Perez and Uyeda)</p>
CHAIRPERSON’S REPORT	<p>Chairperson McCarthy commented that she is glad to have the meeting in the San Gabriel Valley. She enjoyed her previous visit to the RCAC in this area.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p> <p>John Baackes</p>	<p>John Baackes, <i>Chief Executive Officer</i>, noted that the Annual Report for L.A. Care is available, and he reported:</p> <ul style="list-style-type: none"> • L.A. Care is involved in supporting a program with Project Angel Food through a state grant to study the impact of nutritious meals on hospital utilization, specifically for people with congestive heart failure (CHF). Recently discharged CHF patients participate in a 90-day program of nutritious meals to study the hospital readmission rate. Studies done in other states have shown improvement in utilization rates. There are six food programs throughout California; Project Angel Food is the participant in Los Angeles County. L.A. Care provided \$150,000 to be used for expenses that are not covered by the grant, such as the purchase of a new refrigerated truck and by linking the team with L.A. Care affiliated hospitals. The first beneficiary of the program is an L.A. Care member. Mr. Baackes will continue to update the Board on this program, which is an example of how L.A. Care can work to actively support integrated social services for members. • The Los Angeles County annual housing census showed a very slight decrease. Last year L.A. Care increased community grants to support the homeless housing program through Brilliant Corners. L.A. Care will provide \$20 million over five years, which will fund housing for 300 people. The program was developed in connection with the Whole Person 	

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	<p>Care Pilot, aimed at providing additional social services support for people experiencing homelessness and people coming out of jail. L.A. Care has helped place seven people.</p> <ul style="list-style-type: none"> • L.A. Care has had a much higher enrollment than was budgeted, and is about 50,000 members ahead of original budget. A levelling off is expected. • Mr. Baackes reported that Martin Luther King Jr Hospital documented a shortage of 654 primary care physicians (PCPs) and 202 Specialists just in their catchment area as of 2017. By 2020, the shortage will grow to 707 PCPs and 233 specialists. L.A. Care is proposing to set aside a portion of retained earnings to create a grant program to strengthen the safety net of providers in L.A. County. The funds would be used to assist clinics and providers in hiring safety net doctors, who would be available to L.A. Care members and vulnerable populations, and to provide medical school scholarships to create a pipeline of doctors for the future. <i>Elevating the Safety Net</i> will tie into the L.A. Care brand campaign – <i>Elevating HealthCare in Los Angeles County</i>. • Since last year L.A. Care has been watching for policies and regulations that could damage the safety net. One issue is a change in the definition of public charge. Under the draft proposed policy, the federal government could consider previously excluded health, nutrition, and other non-cash programs in public charge determinations, which would likely lead to decreased participation in Medicaid, the Children’s Health Insurance Program (CHIP), and other programs among immigrant families, including their citizen children. The changes would likely increase fear and confusion among immigrant families, leading to decreased participation in health coverage and other programs. • About 25 people participated in L.A. Care’s recent Advocacy Day, attending meetings with legislators and staff in Sacramento. Cherie Compartore, <i>Senior Director, Government Affairs</i>, will report further on this event. The delegation of L.A. Care members did a super job, and he asked for recognition of the members at the Board meeting. <p>PUBLIC COMMENT: Ms. Cooper encouraged everybody to vote. She thanked Mr. Baackes for his report. L.A. Care gives a lot of money to the homeless. It should also consider supporting tenants so they don’t become homeless. She called her legislator to express her concern about the changes in the definition of public charge. She encouraged members to speak up and to <i>vote up</i>.</p>	
STANDING COMMITTEE REPORTS		
<p>Executive Committee Louise McCarthy</p>	<p>The Executive Committee met on May 23 (<i>meeting minutes are available by contacting Board Services</i>).</p>	

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Government Affairs Update	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported on budget talks and legislative issues:</p> <ul style="list-style-type: none"> • Governor Brown released his May Revise, which did not have many significant changes from the Budget he released in January. There are some changes to use of funds from Proposition 56, including increased funding for pediatric specialty and primary care, dental care and for a physician education loan repayment program. These have not yet been approved by the Conference Committee. • There is a packet of bills brought by the State Assembly Select Committee on Universal Coverage and Health Care Delivery Systems. This committee was created in November to recommend best incremental approaches to implementing universal health coverage in California. L.A. Care is supportive of many of the bills proposed by the Senate and Assembly, although it is not clear at this time which proposed bills will move forward or if the Governor would sign any of the bills. • L.A. Care supports a bill to align the Medi-Cal share of cost thresholds for seniors with existing adult income qualifications. • The Assembly proposed to extend the Coordinated Care Initiative by one year to align the pilot program expiration with the existing Waiver. <p>She referred to a list of proposed legislation in the meeting materials (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p>PUBLIC COMMENT: Ms. Cooper asked about pending legislation regarding the California Fresh program for disabled adults. Ms. Compartore assured her there is a state budget proposal to allow California Fresh participation for people already receiving disability benefits.</p>	
Report on Elevating the Safety Net	<p>John Baackes reported that L.A. Care’s mission includes support for the safety net of health care providers, federally qualified health centers and primary care clinics, in Los Angeles County (<i>a copy of the presentation can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> ▪ MLK Hospital has documented a shortage of 654 PCPs and 202 Specialists just in their catchment area as of 2017. By 2020 it will grow to 707 PCPs and 233 specialists. ▪ A pain point for entities hiring doctors in the safety net is providing salaries competitive with Kaiser, teaching hospitals, etc. <p>He emphasized the importance of addressing a shortage of doctors and he presented a proposed solution:</p> <ul style="list-style-type: none"> ▪ L.A. Care Health Plan is proposing to set aside a portion of retained earnings to create a grant program to strengthen the safety net of providers in Los Angeles County. 	

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	<ul style="list-style-type: none"> ▪ These funds would be used to assist entities hiring safety net doctors who would be available to L.A. Care members and vulnerable populations and medical school scholarships to create a pipeline for the future. ▪ We are proposing this fund be called <i>Elevating the Safety Net</i> to tie into the L.A. Care brand campaign – <i>Elevating HealthCare in LA County</i>. <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, discussed guiding principles for the program:</p> <p>Increased Health Access:</p> <ul style="list-style-type: none"> • Expand the pool of providers serving Medi-Cal beneficiaries in L.A. County. • Emphasize support to geographic areas in L.A. County with disproportionate health care provider needs. • Focus on primary care providers, including mid-levels, and in high demand specialties. <p><i>(Member Booth joined the meeting.)</i></p> <p>Equity and Cultural Competence:</p> <ul style="list-style-type: none"> • Promote equity in grant programs to better address the needs of the underserved/vulnerable members of L.A. County and reduce health disparities. • Increase the number of health care providers that can speak the languages and understand the cultures of L.A. County’s diverse communities. <p>Economic Opportunity:</p> <ul style="list-style-type: none"> • Reduce financial burdens on health care professionals, enabling them to serve underserved and vulnerable communities of their choice. • Promote educational opportunities in health care, with a focus on L.A. County residents, where appropriate and feasible. <p>Premier Health Care Workforce:</p> <ul style="list-style-type: none"> • Attract and retain the best and most promising health care professionals to create a premier provider network. <p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, discussed three elements to be developed this year and elements to be developed in the future.</p> <ol style="list-style-type: none"> 1. Eight Medical school scholarships as approved by the Board at its April meeting 2. Primary care physician recruitment and retention (salary subsidies) 3. Medical school loan repayment <p>And future elements:</p>	

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	<ol style="list-style-type: none"> 1. Residency program grants 2. Salary subsidies for specialty care 3. Specialty care medical school loan repayment 4. Salary subsidies for mid-level providers 5. Science, Technology, Engineering and Mathematics (STEM) students <p>Mr. Baackes reported on planned first year activities, which include:</p> <ul style="list-style-type: none"> • Executive Committee will oversee this program. • Executive Committee has dedicated \$31 million in unassigned funds. • Initial funding of \$10 million • Public announcement in July <p>PUBLIC COMMENT: Maggie Belton, <i>Member, RCAC 3</i>, commented that in her experience the doctors who receive the scholarships will not serve in the safety net. She is uncomfortable with the statistics and methodology as it is written. She is not happy that money will be given to physicians to learn and then exit to higher paying positions. She is concerned that the consumers were not asked to contribute to development of this program. She is not happy with using millions of dollars to support this program.</p> <p>Member Booth stated that she is completely alongside Ms. Belton and her concerns. She thinks it is difficult for medical students to make a commitment to remain with the safety net. She interacts with medical students and there are some who want to serve the safety net community. Students she is aware of are politically active, interested in population health and are interested in returning to their communities.</p> <p>Ms. Belton indicated that she believes Member Booth. She asked that that consumers are a part of the selection committee to look at the people that are being considered. She noted that L.A. Care’s mission includes taking care of those who couldn’t take care of themselves. People at the bottom should be given the opportunity to provide input.</p> <p>Chairperson thanked Ms. Belton for her comments and indicated all input will be considered.</p> <p>PUBLIC COMMENT: Lemmon McMillan, MD, <i>Hawthorne Clinic</i>, applauded the Board for this program. He encouraged the Board to get input from the community – from all safety net doctors and members.</p> <p>Mr. Baackes stated that all practices in the safety net are eligible to apply for the funds.</p>	

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	<p>Chairperson McCarthy stated that it is early in development of the program and there are many details yet to be determined. There will be briefings with more information, including engaging with the community.</p> <p>Mr. Baackes noted that an announcement event will be followed by community events.</p> <p>PUBLIC COMMENT: Ms. Cooper, applauded Ms. Belton and the doctor for their comments. As a person who grew up in the south, she hopes a good faith effort is made to include diversity and cultural sensitivity in the background of the program participants.</p> <p>Mr. Baackes noted that the guiding principles include building cultural sensitivity and all the students are minority students.</p> <p>Dr. Seidman noted that UCLA School of Medicine is a leader in diversity. Charles Drew University School of Medicine was established to address a need for diversity. He asked for open minds and awareness of the recruitment of a diverse array of students.</p> <p>PUBLIC COMMENT: Nesima Istrefi, <i>Chair, CCI Council Area 4</i>, asked about the experience of doctors serving L.A. Care members.</p> <p>Chairperson McCarthy stressed that this program is to participate in the scholastic process and will not change the way that physicians are trained or when they can interact with patients.</p> <p>Ms. Belton commented that something falls through the cracks when people designing the system do not listen to the people who will be affected by the program. She again stressed that the consumers should be involved in the selection of participants in the program.</p> <p>Chairperson McCarthy thanked those who commented on this matter.</p>	
Finance & Budget Committee	<p>The F&B Committee met on May 23 (<i>meeting minutes are available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • The Committee approved a motion authorizing staff to purchase call recording software products from NICE Systems, Inc. that does not require Board approval. • The Committee reviewed the Health Dialog Contract amendment that was approved on today's consent agenda. 	
Motion Approved on Consent Agenda	<p><u>Motion FIN 100.0618*</u> To approve additional funds in the amount of \$878,198 for the Nurse Advice Line contract with Health Dialog for the period of September 2018 to January 2019.</p>	Approved unanimously on the Consent Agenda. 8 AYES
Approval of Financial Report	<p>Mr. Baackes reported the highlights of the Financial Reports for FY 2017-18 for the fiscal year to date April 2018. (<i>A copy of the reports or presentation can be obtained by contacting Board Services</i>).</p>	

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	<ul style="list-style-type: none"> • Enrollment for April is 60,000 higher than the original budget and a little higher than the 4 +8 months reforecast. • April financial results show an overall loss in revenue of \$10 million. • Medical expenses are \$75 million higher than forecast., further detail will be reported at a future meeting. • The CalMediConnect is showing a loss in revenue due to a retroactive change in rates. Staff will be asking for a review and correction in the rate. • The overall medical cost ratio (MCR) is slightly higher than forecast. Other financial ratios are in line with forecast. • Tangible Net Equity (TNE) and unassigned reserves are sufficient with a 30-day cash reserve. <p><u>Motion FIN 101.0618</u> To accept the Financial Report for the period ended April 2018, as submitted.</p>	<p>Approved unanimously. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gamble, Jimenez, McCarthy Perez and Uyeda)</p>
Monthly Investment Transaction Report	<p>Mr. Baackes referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report can be obtained by contacting Board Services).</i> As of April 30, 2018, L.A. Care’s investment market value was \$1.1 billion.</p> <ul style="list-style-type: none"> • \$0.9B managed by Payden & Rygel and New England Asset Management (NEAM) • \$64M in Local Agency Investment Fund • \$102M in Los Angeles County Pooled Investment Fund 	
Compliance & Quality Committee		
Motions approved on Consent Agenda	<p><u>Motion COM 100.0618*</u> To approve L.A. Care’s Code of Conduct, as submitted.</p> <p><u>Motion COM 101.0618*</u> To approve and adopt the L.A. County Board of Supervisors’ proposed revisions to the Conflict of Interest Code of L.A. Care Health Plan, as attached.</p>	<p>Approved unanimously on the Consent Agenda. 8 AYES</p>
Committee Report	<p>Member Uyeda reported that the Committee met on May 15. <i>(meeting minutes are available by contacting Board Services).</i></p> <p>The Committee received a report from Thomas Mapp, <i>Chief Compliance Officer.</i></p> <ul style="list-style-type: none"> • A senior management cross-functional workgroup met on May 1 and began recommending enhancements and revisions to the oversight program. 	

APPROVED

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	<ul style="list-style-type: none"> • The Compliance department has developed an abbreviated list of Key Performance Indicators (KPIs) based on regulatory audit findings. Compliance will request remediation action plans for the deficient areas. Business units presented these plans to the May Internal Compliance Committee meeting. • L.A. Care received the California Department of Managed Health Care (DMHC) preliminary report and is preparing corrective action plans and impact analyses in response. There were a total of 14 findings with 4 repeat findings from the 2013 DMHC Financial Audit. <p>The Committee discussed the Disease Management 2017 Annual Evaluation and 2018 Program Description.</p> <ul style="list-style-type: none"> • L.A. Care’s Disease Management program is part of a population health management strategy which considers the whole person in planning appropriate services and care. • Disease management focuses on emerging disease and the prevention of disease-related exacerbation and complications using evidence-based treatment guidelines and patient monitoring and education tools. The disease management program has been successful in helping patients improve their health status. • L.A. Care offers three no-cost disease management programs: <ul style="list-style-type: none"> ○ L.A. Cares About Asthma ○ L.A. Cares About Diabetes ○ L.A. Cares About Your Heart <p>Disease Management programs will be discussed again at the August 16 C&Q meeting.</p> <p>The Committee received and reviewed the Code of Conduct which was approved earlier today on the consent agenda.</p>	
ADVISORY COMMITTEE REPORT		
<p>Executive Community Advisory Committee (ECAC)</p> <p>Hilda Perez Layla Gonzalez-Delgado</p>	<p><u>Motion ECA 100.0618*</u></p> <p>To approve the following Regional Community Advisory Committee members as reviewed by the Executive Community Advisory Committee (ECAC), during its May 9, 2018 meeting:</p> <ul style="list-style-type: none"> • Maria Teresa T. Rabaja, Consumer, RCAC 1 • Hanane Wehbe, Consumer, RCAC 2 • Amalia Palomares, Consumer, RCAC 5 • Rita Sisowath, Consumer, RCAC 9 • Tanya King, Consumer, RCAC 11 	<p>Approved unanimously on the Consent Agenda. 8 AYES</p>

APPROVED

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	<p>ECAC met on May 9.</p> <ul style="list-style-type: none"> • Mr. Baackes updated ECAC members on changes to L.A. Care’s provider networks that allow more engagement with providers that bring value to the members. • Member Brenda White, <i>Chair</i>, CCI Area 3, shared that there have been issues with transportation in CCI Area 3. This is causing members to arrive late to their appointments. She encouraged L.A. Care to look into this matter as it is hindering members from getting medical services in a timely manner. <p>Member Perez had the pleasure of attending a meeting of the CCI Council, Area 1 on June 5.</p> <ul style="list-style-type: none"> • She announced that CCI Council Member Beverly Caples had unfortunately passed away. • Demetria Saffore was elected chair for that council. • Ms. Saffore shared that there is a lot of doctor shopping in her area being done by individuals with drug addiction. When physicians do not refill a prescription, some call to place a grievance. She encouraged staff to look into grievances to assure they are valid. • CCI 2 had two different organizations make presentations so members could select their 2018 work plan partner. Members chose AVCC to collaborate on the link between oral health and diabetes. Jesse Novarro had a presentation to educate the members on the work plan to educate the community. • There are still shortages of providers in the Antelope Valley, despite the new FRC in Palmdale. Mr. Baackes responded that L.A. Care is working on recruiting physicians. <p>Dr. Booth commented that health care disparities is an enormous issue for L.A. Care to address. She would like to learn more, and asked for a list of best resources.</p> <p>PUBLIC COMMENT: Wilma Ballew asked if someone says something wrong, what rights do the volunteers have and how an issue can be addressed; how does a volunteer know what is right? There is a problem if the standards are not applied consistently and fairly. She would like consistent application of the rules, especially when it comes to reprimands. Volunteers are humans too, and they need support.</p> <p>Ms. Coto stated that for the last 10-15 years she has been looking for a support group to join or 800 number to call to get advice regarding diabetes. She asked if L.A. Care could sponsor a program and let everybody know about it.</p> <p>Dr. Seidman responded that L.A. Care offers several resources for diabetes and he will get information to her. There is also a 24-hour nurse advice line available to all L.A. Care members.</p>	

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<p>Children’s Health Consultant Advisory Committee</p> <p>Kimberly Uyeda, MD</p>	<p>Member Uyeda reported that the members of the Children’s Health Consultant Advisory Committee met on May 15 (<i>meeting minutes are available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed and approved new CHCAC members, Linda M. Aragon, MPH, representing Los Angeles County, and Rosina Franco, MD, representing Los Angeles Unified School District (LAUSD). A motion was approved on the consent agenda earlier today. • Paola Valdivia, <i>Manager, Safety Net Initiatives</i>, and Damian Carroll, <i>Vision To Learn, National Director and Chief of Staff</i>, presented information about Vision To Learn: <ul style="list-style-type: none"> ○ Vision To Learn provides eye exams and eyeglasses to students with no out-of-pocket charge ○ Mobile vision clinics provide services at school sites in low-income communities ○ 74,827 students were given eye exams in L.A. County since its inception, and 58,676 received glasses ○ Vision To Learn serves schools with a high population of Title I students, which is a population also participating predominantly in Medi-Cal • The Committee discussed proposed legislation, Assembly Bill 11 for Early and Periodic Screening, Diagnosis, and Treatment Program screening services. Committee members all agreed that screening services are critical for preventive care in children up to three years of age. The Committee approved a motion to recommend that L.A. Care to support AB-11. <p><u>Motion CHC 101.0618</u> To recommend Support of Assembly Bill 11 - Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), to require developmental screening services for children ages 0 to 3 years.</p> <p>Support for state legislation that parallels federal law is important in case the federal law is changed.</p> <p>Dr. Seidman noted that recommendations of the American Academy of Pediatrics is to use validated screening tools for developmental delay. They are guidelines and do not dictate practice. Dr. Seidman thinks it is important to set the use of validated screening tools in state law. It imposes more work on providers seeing children although all practitioners he spoke with support this.</p> <p>Member Booth appreciates why it is important to repeat the law at the state level. She does not know many doctors who would not support this, but she also does not know many who have time to do this. She would like to identify areas that include what pediatricians really want to do and what there is time to do to provide needed care.</p>	<p>The Board did not take action on this motion.</p>

APPROVED

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	<p>Member Uyeda indicated that the committee made a motion to take a support position. Dr. Seidman reported that the CHCAC is an advisory committee, and the issue arose organically within the committee. The topic is of great interest to the committee. The motion is a recommendation to the board to consider taking a support position, which Ms. Compartore has indicated is already potentially in place through the legislative support guidelines that were approved last year.</p> <p><u>Motion CHC 100.0618*</u> To approve the nominations of the following as members of the Children’s Health Consultant Advisory Committee (CHCAC), effective August 21, 2018:</p> <ul style="list-style-type: none"> • Linda M. Aragon, MPH, representing Los Angeles County • Rosina Franco, MD, representing Los Angeles Unified School District (LAUSD) Adolescent Health Seat 	<p>Approved unanimously on the Consent Agenda. 8 AYES</p>
<p>ADJOURN TO CLOSED SESSION</p> <p>Louise McCarthy</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. A report is not expected in open session. The Board adjourned to closed session at 3:43 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines, Technology <i>Estimated date of public disclosure: June 2020</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 Twenty Three cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION (Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act) <i>Myers v. Local Initiative Health Authority for Los Angeles et al (BC676024)</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9</p>	

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	One case	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:38 p.m. There was no report on action taken during the closed session.	
ADJOURNMENT	The meeting was adjourned at 4:40 p.m.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Liaison*
Jennifer Carabali, *Board Liaison*

APPROVED BY: _____
Louise McCarthy, *Chair*

Date Signed _____

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APPROVED BY: 
Louise McCarthy, *Chair*

Date Signed _____

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