

STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

Jonathan French Labor Co-Chair

Heather Perreault Management Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

Thursday, November 17th, 2022 @ 8:30am Microsoft Teams Meeting

<u>Commission Members in Attendance</u>: Olivia Alford, Diane Bailey, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Laurie Doucette, Jonathan French, Kelly John, Rebekah Koroski, Lew Miller, Robert Omiecinski, Heather Perreault, Angela Porter, Shonna Poulin–Gutierrez, Kim Vigue & Frank Wiltuck (Total = 16)

<u>Commission Members Absent</u>: Lynn Clark, Peter Marcellino, Heidi Pugliese, Joanne Rawlings–Sekunda, Jeremy Roberts <u>Vacant Seat(s)</u>: 5

<u>Others Present</u>: Nathan Morse, Roberta Dupont, Paige Lamarre, Emma–Lee St.Germain, Emily Charlton, Devon French, Doris Pietroski – Employee Health & Wellness; Breena Bissell – Bureau of Human Resources/DAFS; Sabrina DeGuzman-Simmons & Kevin Fenton – Aetna; Lisa Lagios, Stephanie Pike, Becky Craigue & Kristine Ossenfort – Anthem Blue Cross and Blue Shield; Libby Arbour & Connor Huggins – MCD Global Health; Lisa Nolan, Peter Hayes & Trevor Putnoky – Healthcare Purchasers Alliance; Emily Kovalesky – Maine Health; Lynn Hadley, Matt Stone & Judy Paslaski – MedImpact; Marie Bridges – Northeast Delta Dental; Amy Deschene – Lockton; MaryAnne Turowski – Legislature; Laura Robert – Sunlife

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:32am)	Jonathan French called the meeting to order.	
II. Introductions		
III. Review & Approval of Minutes (October 20 th , 2022)		<i>Lois Baxter</i> made motion to accept the October 20th, 2022, minutes; <i>Diane Bailey</i> seconded the motion. Motion passed.
	IV. Recurring Monthly Business	
a. Highlights - Employee Health & Wellness - <i>Shonna Poulin-</i> <i>Gutierrez</i>	Information contained in written reports; highlights and discussion noted below: Medical Highlights – November: • <u>Anthem</u> : Anthem top 5 in-network facility providers by paid amount include: • Maine Medical Center • MaineGeneral Medical Center • Northern Light	



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

Jonathan French Labor Co-Chair

 Brigham and Women's Hospital 	
 Maine Heart Center 	
There have been 24 additional high-cost claimants compared to last month's	
dashboard – 8 of which hit the $100K$ + threshold. There have been 259	
claimants accounting for \$47.3M in spend.	
<u>State of Maine Aetna Medicare Advantage</u> : Aetna Medicare Advantage top 5	
providers include:	
Maine Medical Center	
MaineGeneral Medical Center	
 Northern Light Central Maine Medical Center 	
 LincolnHealth 	
Medical highlights include a 19.3% decrease in the number of high-cost	
claimants since out last report.	
Dental Highlights – November:	
 <u>Network Utilization</u>: Network utilization for Delta Dental Premier was 48.8%. 	
For out-of-network, utilization was 11.30% and for State of Maine PPO,	
utilization was 39.9%.	
Pharmacy Highlights – November:	
 <u>KPI Summary – State of Maine September 2022</u>: Prescription count fir 	
members, both active and retiree, totaled 63,739 for the month of September	
with a total cost of \$17.6M. The plan paid, per member, per month, \$214.54	
with generic prescription usage of 81.3% and generic substitutions at 96.3%.	
Wellages Lighlights Nevember	
Wellness Highlights – November:	
 <u>2023 Health Premium Credit Program Status Update</u>: As of November 3, 2022, there have been 851 self-entered flu shots. There were 201 "my numbers: 	
participants, 1,111 dental visits, and 328 well-being visits. 2,925 participants	
completed their questionnaire and 2,678 completed the Preventative Health	
Resource video and quiz.	
 Health Navigation Appointments: There are currently 71 upcoming Health 	
Navigation events and 20 that have been completed. To date, there have been	
115 participants completing appointments and 91 more scheduled to	



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Jonathan French Labor Co-Chair

	 participate. 540 Health navigation appointments have been scheduled through April 2023. Vaccination Clinics: As of November 3rd, 2022 – the total number of vaccination clinics that have been completed has been 77. Two clinics took place on 11/8 and 11/9 – and those numbers do not reflect in this month's totals. There have been 1,311 COVID-19 Bivalent Boosters administered and 2,026 flu shots administered. LivingResources Program: ComPsych recently notified the State of Maine that they have identified and vetted one additional provider with the assistance of their Senior Clinical Director. This provider, Wally Fraser, M.Ed., M.A., LCPC, CCS, has not been added to the State of Maine listing for in-network providers (for ComPsych), and will be added to the First Responder Network providers (for ComPsych), and will be added to the First Responder Network providing support services to Direct Support Professional/State Police Wellness Program. Communication Highlights – November: Health and Wellness Check Up Series: Employee Health & Wellness held their second quarterly live "Health & Wellness Check-Up Series" on October 12th, 2022. There were 186 employees who joined to learn about Flex Spending Account (FSA) Open Enrollment and vaccination clinics. Marie Bridges presented on the Northeast Delta Dental Plan. Communications to promote the live event included a statewide email, a constant contact, and social media promotions. Home Mailers: Hinge Health promotion mailer was distributed to all State of Maine plan members in mid-October. The Fall newsletter was mailed to homes of the State of Maine employee plan members in late October as well. Constant Contact: Two constant contact messages were distributed in the month of October. The first was distributed to promote the Employee Health & Wellness Live Check-Up Series with a 34% open rate and the second was distributed to promote Breast Cancer Awareness Month with a 42% open	
	currently reviewing our bidding and request for proposal process.	
b. Committee Update	Information contained in written report; highlights and discussion noted below:	



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

Jonathan French Labor Co-Chair

	 Financial Update – <i>Frank Wiltuck</i> <u>Reserve Calculation</u>: The reserve calculation remains relatively static. <u>Operating Statement</u>: If you look at the annual revenues over expenditures, we have expenditures exceeding revenues by roughly \$44M. That is primarily the result of 3 months of health premium holiday, which to our expectations would run roughly \$15M per month reduction. Three months of premium holiday has generated, expenses over revenues, \$44M. <u>Balance Sheet</u>: There is an unappropriated surplus of \$94M. If you compare that to last months unappropriated surplus, that amount was \$109M, which results in a monthly reduction in unappropriated surplus of \$15M. That being said, we are experiencing the intended effect of our health premium holiday. 	
a. Plan Experience Summary: Active Medical & Dental – Lockton – <i>Amy Deschaines</i>	 Highlights and discussion noted below: <u>State of Maine Health Insurance Admin Payments</u>: For policy year July 2022 	<i>Jonathan French</i> asks: Do we have any updated on the rebate situation with MedImpact?
	 through June 2023, not every fee is due monthly. You will see some \$0.00 in this spreadsheet. Patient-Centered Outcomes Research Institute (PCORI) fee that is due on an annual basis (by July) so we will show up at the end of this plan year. The year-to-date total for all these fees and admin payments for the vendors is \$3.5M. <u>State of Maine Experience Detail</u>: Self-funded medical through September 2022 – this cost report is intended to bring together all the claims and fees that are paid under the State of Maine plan. This gives us insight on how we are stacking up against the budget and working rates. The current plan year claims through September, we can see that our plan is running at 102.3% of the budget. There is a deficit of \$1.4M-but this does not include the premium holiday figures. There were no stop loss reimbursements to date. We still do not have the pharmacy rebate payments. <u>State of Maine Experience Detail (Reflects Premium Holiday)</u>: Self-funded medical through September 2022, reflecting the premium holiday, the impact on the plan shows that the value of the premium holiday is around \$40M. There is still a significant surplus. When you see next months report, where we are capturing the month of October, when the health premium holiday was extended, it should bring down that surplus. <u>Dental Experience Report</u>: For the first 3 months of the plan, we are running at 89% of the plan giving us a surplus of that \$225K. You can see the month of 	<i>Amy Deschaines</i> responds: We are very close to signing the last pieces of the contract with MedImpact, and Lockton also has a conversation scheduled with MedImpact on Friday to talk about the timing of the release of those rebates. I think we are sitting on close to \$10M in rebates. From the cost report perspective that might skew things. <i>Judy Paslaski</i> from MedImpact states: We are very close to releasing that rebate shortly. We still have 5 issues to resolve.



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	August ran slightly over budget, so there is a small deficit there. We did hold the working rates flat for the July 1, 2022, renewal. We did make some enhancements to the dental plan coverages so the fact that everything is running well is very positive.	
b. State of Maine Health Plan: Medical Updates - Anthem - <i>Lisa Lagios</i>	 Highlights and discussion noted below: <u>Financials and Demographics</u>: For the 12-month reporting period of October 2021, through September 2022, the membership decreased by 2.6%. The average contract size was 1.8 with a 52% female and 48% male demographic with an average employee age of 50 years. Employees consume 66.5% of plan costs with a per member per month of \$657.72. <u>Plan Year to Date</u>: The plan year to date shows current period medical spend is down -1.5% form the prior period. The total population claims year to date came to \$42.8M, averaging \$559.78 per member per month. <u>Settings of Care Insights</u>: Acute admission per 1,000 increased by 25% from the prior period, while costs per admission decreased by 33%. Utilization in the Emergency Department increased by 14%, while 12% of Emergency Department visits resulted in an inpatient admission. <u>Clinical Insights</u>: For the top 10 target program conditions, employees account for 68% of the total paid claims. Compared to the prior period, per member per month increased by 8% and is 50% higher than the benchmark for the total targeted conditions. Prevalence of obesity increased by 2% as well as diabetes prevalence, which increased by 3%. <u>Emergency Department</u>: The emergency department saw 5,245 total visits with the average cost per visit reaching \$2,303.00. Of those 5,245 visits, 2,020 were avoidable with an average cost per avoidable visit of \$1,541.66. <u>High-Cost Claimants Detail</u>: Compared to last months dashboard, there were 24 additional high-cost claimants, with 8 additional claimants that hit the \$100K threshold. 259 claimants accounted for \$47.3M in spend with the top conditions continuing to be Neoplasms-Malignant, Circulatory System, Musculoskeletal System, and Digestive System. <u>Preventative Screenings</u>: Screenings and Immunizations had the greatest differences from the Anthem Benchmark for well adult and well adolescent visits. 	Jonathan French asks: I have a question regarding the screenings. I noticed the benchmark changed in a prior report – and seeing just how much difference there was in terms of the benchmark for cancer screenings compared to what we have in terms of our performance with my understanding that cancer is generally higher in the Northeast as well – is that correct? <i>Stephanie Pike</i> responds: Yes, cancer prevalence is higher in the Northeast. I would just remind you that there is one state account within that benchmark that heavily incentivizes, their members to obtain cancer screenings and wellness visits and that state account is like no other. <i>Jonathan French</i> asks: Since starting that program have they seen a general decrease in the spend they are seeing for cancer in general? <i>Stephanie Pike</i> responds: I can look into that for you. The theory is if you are screening and have early intervention there are lower costs



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

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	 <u>Paid Claims Distribution</u>: There are 2,315 total unique members who have not filed a claim during the period represented in this report while 47.6% of members had less than \$1K in medical plan paid benefits coverage in the current period. <u>Engagement Summary</u>: There are currently 25,516 members with claims totaling \$168.9K. Per member per month that is \$551.61. During the period represented there were 306 new members enrolled with 226 members engaged. <u>Top In-Network Facility Providers</u>: Currently, Maine Medical Center is the top in-patient provider with a paid amount of \$7.7M. The top outpatient provider is MaineGeneral Medical Center with a paid amount of \$16.9M. <u>Top Emergency Room Provider by Paid Amount</u>: The top emergency room provider by paid amount is MaineGeneral Medical Center with 1,089 emergency room visits and claims totaling \$2.1M. <u>COVID-19 Results as of November 7, 2022</u>: COVID-19 results as of November 7, 2022, indicate that there were 16,568 unique claims, 47,428 labs processed, and 4,048 COVID-19 positive cases. There were 226 inpatient admissions with an average length of stay being 6.9 days. Total cost for COVID-19 cases reached \$15M. <u>High Level – Administrative Fees & Claims</u>: Administrative fees for medical as of September 2022 were \$405.9K while medical claims reached \$12.9M. 	because the stages of cancer are lower.
c. State of Maine Health Plan: Pharmacy Update – Judy Paslaski, Matt Stone & Lynn Hadley	 Highlights and discussion noted below: Financial Overview: <u>Performance Overview</u>: Performance review, reported from July 1, 2022, to September 30, 2022, saw a total prescription cost of \$17.6M with the plan paying a total of \$16.8M, per member per month -\$214.54. The total prescription count for this period was 63,739. <u>Specialty Overview</u>: The specialty plan paid at 55.1%, higher than the benchmark of 54%. Non-specialty plan paid out at 44.9%. <u>State of Maine Key Performance Indicators – Quarter 3, 2022 vs. Quarter 3, 2021</u>: Prescription count in 2022 to date totals 63,739, and prescription count for all of 2021 totaled 62,279 – this is a plan change of 1,460 and plan trend of 2.3%. Total cost plan changes between 2021 and 2022 increased by 25% or 3.5M. 	



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

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Clinical Overview:
<u>Top Therapeutic Classes:</u>
 The top therapeutic classes by plan paid per member per month were the following:
1. Inflammatory Disease – Utilizer Count: 1,564
 Diabetes – Utilizer Count: 1,648
3. Neoplastic Disease – Utilizer Count: 204
 Top Therapeutic Classes by Prescription Count are as follows:
1. Cardiovascular Disease – Hypertension – Utilizer Count: 4,927
2. Behavioral Health – Antidepressants – Utilizer Count: 4,456
3. Behavioral Health – Other – Utilizer Count: 2,098
 Inflammatory Disease – Top Therapeutic Classes include:
 Humira(CF) Pen – Utilizer Count: 64 Enbrel Sureclick – Utilizer Count: 19
3. Humira Pen – Utilizer Count: 15
 Diabetes – Top Therapeutic Classes include: 1 Trulight – Utilizer County 276
1. Trulicity – Utilizer Count: 276
2. Ozempic – Utilizer Count: 179
3. Rybelsus – Utilizer Count: 42
• <u>Top Drug Entitles</u> : The top drug entities for this reporting period include Stalars with a total plan paid of 0.6% Upping(CE) pap with a total plan paid of
Stelara with a total plan paid of 9.6%, Humira(CF) Pen with a total plan paid of
8.0% & Trulicity with a total plan paid of 4.4%.
 Formulary Management Maintenance: The lifecycle of formulary management
begins with monitoring the clinical pipeline. We need to understand where a
new medication fits within the guidelines with prior authorizations so we can
be sure it is clinically appropriate.
<u>Network Distribution</u> : For the State of Maine, we have a richer discounts and hotter pricing for drugs used in the OO day front. Discounts are greatest for
better pricing for drugs used in the 90-day front. Discounts are greatest for those who have their drugs mailed. Mail may not be an ideal option for
everyone. The 90-day front is healthy, and discounts are greater and might be
what we want to push for. We will be discussing with Shonna Poulin-Gutierrez
and Lockton to see if there is any appetite for that. From a co-pay perspective,
members pay very little. The State of Maine cost-share is under 4%, Book of
Business is 9%.



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

Jonathan French Labor Co-Chair

	 <u>Top Retail Chains</u>: The top retail chains for this reporting period were Walgreens, plan paid 31.04%, Hannaford Food & Drug, plan paid 24.79%, and CVS, plan paid 13.51%. <u>Generic Drug Spend</u>: While average generic drugs have remained stable or decreased, some generic prices have skyrocketed recently. HCG Choice helps reduce high-cost generic drug spend by up-tiering high-cost generics and facilitating the switch to clinically appropriate, lower cost alternatives. 	
d. Medicare Advantage Plan: Aetna - Sabrina DeGuzman- Simmons	 Highlights and discussion noted below: Your Member Demographics: Total members as of November 2022 was 9,046 with the average age being 75. Demographics show 51% of these individuals are female and 49% are male. Performance Highlights: There was a decrease in inpatient admits per 1,000 by 1%, but a 6.7% increase in office visits per 1,000 members and a 5.6% increase in ambulatory surgeries. Primary and Specialist Physician's Office Visit Utilization – Plans A & B: The top primary physician visit by diagnosis was Unspecified Morbidity with 576.6 visits per 1000 and \$150.00 paid per visit. The top specialist physician visit by specialty was Dermatology with 300 visits per 1,000 and \$51.00 paid per visit. Telemedicine – Plans A & B: The amount paid for telemedicine visits decreased by 43.2% with current claims totaling \$472.7K. The top diagnosis group by visit was for Depression with 940 visits and \$99.00 paid per visit. Diagnosis Categories: The top diagnosis category as of November 2022 is Cardiac with \$13M total paid. How Are Our Programs Performing Cost-Wise: The total pharmacy paid amount increased by 15.3% as well as ambulatory paid which increased by 4.7%. How Your Members Are Utilizing Services: There was a decrease in acute admission by 1% while office visits increased by 21.8%. Impact of High-Cost Claimants (\$75K+1): There as been a decrease in claimants above the \$75K+ threshold. Prior year there were 150. This year there are 121. There has been an increase in catastrophic claimants by 10.9% with claims totaling \$8K. Top Medical Catastrophic Claims: The top medical catastrophic claim as of November 2022 is Infectious Disease with a total medical paid of \$223K. 	Diane Bailey asks: How many hundred are left on the Anthem plan that could be moved over to Aetna? Shonna Poulin-Gutierrez responds: The number does continue to go down. I could certainly look that up for you and give you an exact count. We have made great gains since we started that transition a few years back. Diane Bailey responds: If there are several hundred, I would like to highlight that in our next newsletter.



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		• <u>Top Provider</u> : The top provider as of November 2022 was Maine Medical Center with 602 claimants and a paid amount of \$4.2M.	
e.	State of Maine Dental Plan: Northeast Delta Dental - Marie Bridges	 Highlights and discussion noted below: <u>Utilization Summary</u>: For the reporting period of November 1, 2021, to October 31, 2022, total claims paid came to \$6.8M. Average enrollment decreased by - 1.41%, totaling 13,060 new members. The total number of claims also decreased by -3.56% - totaling 48,984 claims submitted at an average claim cost of \$139.29. <u>Claims Comparison Report</u>: Claims total for the reporting period totaled \$6.8M with an average total of employees reaching 13,060 (includes Ancillary subscribers) and an average cost, per employee per month of \$43.53. <u>Claims Utilization</u>: Claims received from Subscribers, Souses & Dependents for this reporting period totaled \$6.8M which include 97,565 paid procedures. <u>Experience with Member Counts</u>: The group total and average subscriber counts for this reporting period show that of the 13,060 subscribers, there were 48,984 claims billed at \$7.4M with clams paid totaling \$6.8M. <u>Network Utilization and Savings Report</u>: Total number of claims reached 48,984, with \$6.8M paid out with the total network discount at 42.2% or \$7.4M. <u>Oral Wellness & Utilization Summary</u>: There were 12,925 oral evaluations for this reporting period. 8,253 completed the Health Through Oral Wellness (HOW) Clinical Risk Assessment and of that figure 7,536 qualified for the program. <u>Oral Health Overview</u>: There are 22,071 members enrolled continuously for this reporting period – of that figure, 38% were low risk, and 11% were high risk. 30% of members had received no care at all. <u>Member Oral Health Trends</u>: The total count of members has decreased every year since 2019. Currently there are 22,071 members with 8,422 being low risk and 2,391 being high risk. <u>No Care Members</u>: 6,718 members did not receive dental care while on the plan with. Most were the subscribers themselves (3,380 members), in the age bracket of 36-64 years of age (3,510 members). The 4-year trend indicates "no care visits" are	



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

Jonathan French Labor Co-Chair

	 dentist. 65% or 4378 members had no cares at all. 748 members were new enrollees. <u>H.O.W. Clinical Risk Assessments</u>: H.O.W. clinical risk assessments include additional cleanings – up to four. Typically, you receive two cleanings a year. You can also receive sealants for adults are or additional fluoride or fluoride varnishes for people susceptible to cavities. <u>HOW Qualified Members Receiving Enhanced Benefits</u>: Not everyone who qualifies uses the advanced benefits. Once you qualify for benefits you never lose them. <u>Assessments, Risk and Severity</u>: There have been 8,253 oral health risk assessments happen every year. The gum disease risk score has gone down considerable since 2019.
	VI. EDUCATION
a. Explanation of Committees – <i>Heather Perreault</i>	 Highlights and discussion noted below: <u>Standing Committees</u>: <i>Appeals Committee:</i> The first standing committee is the Appeals Committee and this group reviews appeals related to the health premium credit program. It meets a couple of times a year and does not have a huge amount of activity. It is usually in the late summer or fall. After the health premium credit qualification period ends, people can submit an appeal if they were unable to complete their program activities on time. Employee Health and Wellness staff will review those appeals first, then I will bring a list of these appeals to the committee with the recommendations of the staff. There is one Management seat open for that. <i>The Legislative Affairs Committee:</i> This committee is only active during the legislative session. They evaluate proposed bills to determine the potential impact on the state employee health, wellness, and dental plans. In general, the commission does not take policy positions, although our bylaws do allow it if there is a consensus through a commission vote. We do tend to focus on being a nonpartisan group-focusing on the health and wellbeing of our members. There are currently no vacancies on that committee.



a.

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Jonathan French Labor Co-Chair

	 <i>The Plan Design Committee:</i> The Plan Design Committee is the one that reviews the types of information that we hear from some of our vendor updates when there are plan changes, proposed or best practices that need review for the improvement of the plan. This group tends to meet early to mid-winter. Their recommendations must be to the commission by early April to allow time for the commission to review and vote on the proposed plan changes which must be in place in time for the open enrollment period in May. There are typically 3 meetings with this committee, and it requires a bit more of a time commitment than some of the other groups. There are 2 management seats open currently. <i>The Wellness Committee:</i> This committee evaluates programs to help address some of the significant wellness issues and high incident illnesses that are brought to our attention in the Health Commission meetings by providers like Anthem and Aetna. There is 1 seat open on that committee: This committee provides financial information beyond the claims experience-looking that the health of the fund to give the commission members a better understanding of the health of the fund and where we are with that. This committee is not currently meeting actively; however, we do hope to start meeting again. There is 1 labor seat open on this committee. 	
	 meetings by providers like Anthem and Aetna. There is 1 seat open on that committee now for management. <u>AD HOC Committees</u>: 	
	beyond the claims experience-looking that the health of the fund to give the commission members a better understanding of the health of the fund and where we are with that. This committee is not currently meeting actively; however, we do hope to start meeting again. There is 1 labor seat open on this committee.	
	VII. SEMI-ANNUAL UPDATES	
	• No items brought to the commission.	
	VIII. OTHER BUSINESS	
Cancelling December Meeting	Information contained in written report; highlights and discussion noted below:	



STATE OF MAINE STATE EMPLOYEE HEALTH COMMISSION 61 State House Station Augusta, ME 04333-0061

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	 The December meeting has been canceled. Our next meeting will be in January of next year. 	
b. Open Discussion	 Information contained in written report; highlights and discussion noted below: <i>Heather Perreault</i> states: As of October, all state agencies were required to have transitioned from the COVID emergency work protocols to a post emergency hybrid environment. Per the remote meeting policy, we adopted back in February, as required by statute, we are no longer going to be in an emergency so we will not be able to have our meeting solely remote. We will go back to having a physical location starting in January of 2023 with hybrid options. <i>Roberta Dupont</i> states: I have confirmed a space (103 A & B) for 2023-I am looking at other spaces as well with newer technology. Marquardt and Deering might also be an option, as they have better technology. 	
	 Shonna Poulin-Gutierrez states: We are looking for the potential for the Plan Design Committee to meet. So, I would ask those plan members to hold the December meeting date at this time and we will follow up with a communication confirming the next meeting date. 	
	IX. REQUEST MOTION TO ADJOURN	
c. X. Adjourn Meeting (11:28pm)		<i>Frank Wiltuck</i> made a motion to adjourn; <i>Lois Baxter</i> seconded the motion. Motion passed.

2022 meeting schedule available at www.maine.gov/bhr/oeh