

**ADVISORY COMMITTEE ON INTERDISCIPLINARY,  
COMMUNITY-BASED LINKAGES (ACICBL)**

*Meeting Minutes*

January 20-21, 2022

**Committee Members Present**

Sandra Pope, MSW (Chair)

Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP

Elizabeth Bush, MS, MA

Katherine Erwin, DDS, MPA, MSCR

Roxanne Fahrenwald, MD, FAAFP

Donna Marie Fick, PhD, RN, GCNS-BC, FGSA, FAAN

Teri Kennedy, PhD, MSW, ACSW, FGSA, FNAP

Kevin A. Osten-Garner, PsyD, LCP

Naushira Pandya, MD, CMD-FACP

Jennifer Peraza, PsyD, ABPP

Sara Sherer, PhD

Thomas A. Teasdale, DrPH, FGSA, FAGHE

Mary Worstell, MPH

**Health Resources and Services Administration Staff in Attendance**

Shane Rogers, Designated Federal Official

Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Subject Matter Expert, Deputy Director,  
Division of Medicine and Dentistry

Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME

## **Welcome Remarks**

*Shane Rogers, Designated Federal Official (DFO), ACICBL*

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:00 a.m. on January 20, 2022. The Health Resources and Services Administration (HRSA) facilitated the meeting through a virtual platform. Shane Rogers, the Designated Federal Officer, welcomed Committee members, presenters, and members of the public.

Ms. Zuleika Bouzeid provided instructions for participating in the virtual meeting. Mr. Shane Rogers thanked HRSA staff for carrying out the logistical work for the meeting. He explained that the Committee's purpose is to provide advice and recommendations to the Secretary of Health and Human Services and Congress about policy and program development pertaining to programs authorized by the Public Health Service Act, Title VII, Part D. Dr. Joan Weiss also welcomed participants. Mr. Rogers then turned the meeting over to Ms. Pope.

## **Agenda Review / Introductions**

*Sandra Y. Pope, MSW, Chair, ACICBL*

Ms. Sandra Pope welcomed participants and reviewed the agenda. She took roll call and then introduced the HRSA Administrator, Ms. Carole Johnson.

## **HRSA Welcome**

*Carole Johnson, Administrator, HRSA*

Ms. Johnson said she was honored to be the agency's new administrator. She previously worked for HRSA in workforce-related issues. She also worked on the Domestic Policy Council at the White House and was the state Human Services Commissioner in New Jersey. In that position,

she directed the state's Medicaid program, aging programs, mental health and substance abuse disorder treatment programs, as well as food assistance and disability services.

The pandemic created various challenges for both community health workers and leaders across the country and placed a spotlight on the critical health care workforce needs. Stakeholders are working together to leverage existing programs in this area as well as new programs and opportunities being discussed by the president and Congress.

At HRSA, nearly 90 percent of its budget is awarded through grants to nearly 3,000 awardees, which together reach millions of Americans through a variety of resources and programs. More than \$6 billion has been allocated to community health centers as part of the COVID response, which provides some leverage opportunities, and the ability to think creatively about the workforce, community linkages, and building a holistic system.

Ms. Johnson added that the Committee's work has helped to inform the agency in certain specialized areas and also roll out the department's workforce and strategic plan. The Committee has also helped HRSA to assess how the agency addresses equity, distribution, and diversity with respect to provider recruitment and faculty development. She thanked the Committee for its past work and said she was confident the Committee's combined expertise will help support HRSA in addressing complex, challenging health care issues in the future.

### **Presentation: BHW Updates**

*Luis Padilla, MD, Associate Administrator for Health Workforce, HRSA*

Dr. Luis Padilla provided an overview of the Bureau of Health Workforce (BHW), its funding, programs, and the road ahead. For FY22, government-wide priorities will continue to include a response to COVID-19 and health equity. For BHW, priorities will include behavioral health and community health.

The American Rescue Plan Act has added \$1.55 billion in supplemental funding to HRSA. A total of \$104 million of this allocation has been dedicated to develop programs to address workforce resiliency. More specifically, HRSA is funding three new opportunities in this area:

1) Promoting Resilience and Mental Health among Health Professional Workforce, 2) the Health and Public Safety Workforce Resiliency Training Program, and 3) the Health and Public Safety Workforce Resiliency Technical Assistance Center. Awards for these opportunities will help impact an organization's culture as well as provide evidence-informed planning and training in health profession activities in order to reduce burnout, suicide, and promote resiliency among the workforce.

In addition, the Act has allowed for the allocation of \$100 million to HRSA's State Loan Repayment Program and \$330 million to the Teaching Health Center Graduate Medical Education (THCGME) program. Some of the funding for the teaching health centers will support the development of new accredited primary care residency programs across the nation. BHW has also developed programs to expand access to care, training initiatives, and other programs. Loan repayment programs served 22,760 qualified clinicians working in areas of the U.S. with limited access to care. Thirty-four percent of these clinicians practice in rural communities and 53 percent practice in HRSA-funded health centers.

The Readiness to Train Assessment Tool was developed last year to assess where community health centers are in their training trajectory. The tool examines barriers in eight domains related to increasing capacity to education and training. Thus far, HRSA has received 8,239 responses, which is equivalent to a 73 percent response rate. This is a significant response, especially during the pandemic. Results will help to develop the appropriate workforce action plans. The road ahead for the agency includes advancing health equity and provider diversity, adding flexibility to training requirements, expanding care teams, and encouraging careers in public health.

### *Discussion*

Ms. Pope said that the matching funds requirement for the Area Health Education Centers (AHEC) program causes hardship for some organizations. She asked if there was a way to address this. Dr. Padilla said it would require changing the legislation and added that the ACICBL could certainly make a recommendation stating that cost-sharing is a challenge to some programs.

Dr. Teri Kennedy asked about the comment Dr. Padilla made regarding flexibility in training requirements. Dr. Padilla said that during the pandemic, many awardees in the training space slowed down or halted their activities altogether. However, what was learned is that one cannot depend completely on face-to-face trainings and telehealth was useful to train the health workforce.

Dr. Roxanne Fahrenwald said she hoped that in the future BHW would not only work to expand the workforce but also invite back a number of people (in the tens of thousands) who have left the workforce because of burnout or other reasons. She said she would like to see some outreach to try to encourage people to return to the field. Dr. Padilla said the workforce challenge has to be addressed at various points, including supporting those who are currently in the field. It is also important to shore up the resiliency piece, otherwise there will be a widening gap, but various strategies are needed.

### **NOFO Updates: Health and Public Safety Workforce Resiliency Training Program and Health and Public Safety Workforce Resiliency Technical Assistance Center**

*Alexandra Shebelski, MPA, Deputy Director, Division of Nursing and Public Health, Bureau of Health Workforce, HRSA*

Ms. Alexandra Shebelski provided an overview of the programs under HRSA's Division of Nursing and Public Health. The division has an annual budget of \$225 million and provides administration/oversight of nursing, behavioral health, and public health workforce programs. The Division leads the Bureau's opioid activities/investments and manages the National Advisory Council on Nurse Education and Practice (NACNEP), with the director of the division serving as the NACNEP Chair.

The Division also provides awards to academic institutions, clinical facilities, and community partners through various funding mechanisms. The Division currently supports six programs under its behavioral and public health branch: 1) Graduate Psychology Education (GPE) program, 2) Behavioral Health Workforce Education and Training (BWHET) program, 3) Regional Public Health Training Centers (RPHTC), 4) Behavioral Health Workforce

Development Technical Assistance and Evaluation center (BHWD-TAE), 5) Health and Public Safety Workforce Resiliency Training Program (HPSWRTP), and 6) Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWR TAC).

The GPE focuses on preparing doctoral level students to provide behavioral health care while BWHET develops and expands training opportunities to improve the supply and distribution of the behavioral health workforce for professionals and paraprofessionals. RPHTC strengthens the technical, scientific, and leadership competencies of public health workforce and BHWD-TAE aims to build an educational interconnected health infrastructure to improve behavioral health teaching and develop research tools.

The HPSWRTP and HPSWR TAC are two new investments that focus on resiliency. HPSWRTP focuses on reducing and addressing burnout, suicide, mental health conditions and substance use, and also promotes resiliency among certain health care students and professionals. HPSWR TAC will provide tailored training and technical assistance to HPSWRTP recipients and the Promoting Resiliency and Mental Health among Health Professional Workforce programs. The HPSWRTP and HPSWR TAC have a project period of January 1, 2022 to December 31, 2024.

### **Presentation: Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) – 2022 Plans**

*Sandra M. Snyder, DO, Chair, ACTPCMD*

Dr. Sandra Snyder provided an overview of the ACTPCMD, including its structure as well as a discussion on past and future reports. Authorized in 1998, the Committee consists of 17 members and provides advice to the Secretary and Congress on policy, program development, and other matters of significance concerning medicine and dentistry activities authorized under Title VII, sections 747 and 748, of the Public Health Service Act.

The Committee's work covers the following areas: primary care; behavioral care; physician assistants; residency training; rural training; pre- and post-doctoral training; general, pediatric

and public health dentistry; the dental faculty loan repayment program; and other programs. The Committee has just concluded its 18<sup>th</sup> report which focuses on improving access to care in underserved rural communities. The Committee is planning to develop two reports for 2022. The upcoming 19<sup>th</sup> Report topics are still under consideration, while the planned 20<sup>th</sup> Report will focus on dental therapy.

The CARES Act was signed into law in March 2021 and charges the Department of Health and Human Services (HHS) to develop a comprehensive, coordinated plan with respect to health care workforce development programming. In November 2020, the Committee submitted a letter with recommendations to the Secretary, HHS, on the CARES Act. The Committee's recommendations covered the following areas: increasing clinician supply; promoting equitable distribution of clinicians; improving provider quality; and data and surveillance.

### *Discussion*

Dr. Fick said that a focus on developmental disabilities is important, as the pandemic has highlighted various issues around special health care needs. She asked Dr. Snyder what training needs had been found in that area. Dr. Snyder replied that the pediatric realm has a lot of resources, but once children age into adulthood there is a lack of resources and training to care for adults with intellectual and developmental disabilities.

Dr. Kennedy said her very first career pathway was to be a dental hygienist. She suggested that there may be some synergy between the two committees that could be considered in the future. She added that disease often starts in the mouth and asked Dr. Snyder if this is a topic they may consider down the road. Dr. Snyder said the ACTPCMD's 18<sup>th</sup> report focused on the integration of primary care, oral health, and behavioral health. She agreed it could be an important topic to focus on.

Dr. Erwin said that, as a dentist, she was happy about the ACTPCMD putting a larger focus on dentistry. At Morehouse School of Medicine they have incorporated oral care training for second-year medical students, because underserved populations do not always have dental benefits and may not have an opportunity to see a dentist. Many times it is the physician that spots oral cancer or other oral issues.

Dr. Peraza said she heard that a prior report included behavioral health in collaboration with primary care and dentistry. She said she would appreciate hearing more about the work done and any plans or recommendations that may come out of the group in the future. Dr. Snyder said that in their rural health report they focused on the integration of behavioral health, oral health, and primary care.

### **NOFO Update: Promoting Resilience and Mental Health among the Health Professional Workforce**

*Cynthia Harne MSW, LCSW-C, Chief, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA*

Ms. Cynthia Harne delivered a presentation on the 2021 American Rescue Plan Act and the funding allocated to promote resiliency among the health care workforce. Through the Act, HRSA was provided with \$104 million to develop three new initiatives related to resiliency: 1) Promoting Resilience and Mental Health Among Health Professional Workforce, 2) the Health and Public Safety Workforce Resiliency Training Program, and 3) the Health and Public Safety Workforce Resiliency Technical Assistance Center.

The purpose of the program Promoting Resilience and Mental Health Among Health Professional Workforce is to “provide support to entities providing health care, health care providers associations, and Federally Qualified Health Centers (FQHCs) to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and the health workforce.”

The Notice of Funding Opportunity for this program was released in January 2021 and 10 grants were just awarded totaling \$29.5 million. The project period is January 2022 to December 2024. Grant recipients include FQHCs, a primary care association, a behavioral health provider, and health care systems/academic health care centers.

The pandemic had a significant impact on the health care workforce not only professionally but also by impacting the workforce’s emotional and physical health. The hope is that this and other

resiliency programs will help address the issue of resilience and the need for clinicians to bounce back from what they are facing in a COVID-19 environment.

### *Discussion*

Dr. Kevin Osten-Garner asked Ms. Harne if she knew when grantees would be reporting out on strategies and interventions. Ms. Harne replied that the technical assistance center should be up and running fairly soon. However, grantees were just recently awarded (January 2022).

Ms. Elizabeth Bush asked if there are ways to encourage collaboration among applicants. There were some applicants that did not win the award and she wondered if there were ways for them to know who is applying as well as ways to work together in a submission rather than submitting separate applications. Ms. Harne said that information on sites that were awarded will be online along with the award amount, an abstract, and contact information for the project director. Unfortunately information on unfunded applicants is not publicly available. Also, the technical assistance center will be public-facing.

Dr. Fick asked if long-term care facilities were included in the resiliency funding. Ms. Harne replied that there are no long-term care facilities in the Division of Medicine program, but she did not know about facilities in the nursing program.

Dr. Nicole Brandt said she is part of Johns Hopkins University and was thinking that there might be a way to align the work of academic centers with long-term care efforts. She said she would reach out to partners in geriatrics to support the new announcement. Ms. Harne said they have regular meetings with these grantees and she would be happy to take back any information to them.

### **NOFO Update: Area Health Education Centers**

*CAPT Jacqueline Rodrigue, MSW, Acting Director, Division of Health Careers and Financial Support, Bureau of Health Workforce, HRSA*

CAPT Jaqueline Rodrigue's presentation focused on the Area Health Education Centers (AHEC) program. The program's purpose is to develop and enhance education and training

networks within communities, academic institutions, and community-based organizations. Eligible entities include public or nonprofit private accredited schools of allopathic medicine or osteopathic medicine, or a consortium of such schools. In states and territories in which no AHEC Program is in operation (or there is not an accredited school of medicine), an accredited school of nursing would be eligible for funding.

There currently are 48 AHEC programs, located in 46 states and the District of Columbia. In all, these programs encompass 261 AHECs. AHEC participants practice in 4,686 sites nationwide in medically underserved communities, primary care settings, and rural areas. The AHEC program has developed innovative, evidence-based provider resiliency activities and offers continuing education activities, webinars, and resource pages to connect clinicians and health professional students to resiliency activities.

Through its provider resiliency training, AHEC will provide awards for recipients to further develop behavioral health and paraprofessional training to address clinician burnout and improve provider resiliency. The centers will focus on innovative, evidence-based provider resiliency efforts to better address the needs of individuals with mental health and substance use disorders and prevent and mitigate burnout among students, trainees, residents, and providers in the health profession.

### *Discussion*

Dr. Naushira Pandya asked if an application could be centered around a disease state, for example, a chronic condition with interprofessional education, behavioral health, and resiliency around that condition. Would that comprise a suitable application? Ms. Rodrigue said that any questions regarding new applications would be better suited for submission through the application's email box.

Ms. Bush said that, as more alumni come in from their scholar program, she would appreciate hearing CAPT Rodrigue's vision for how other AHEC alumni could support each other. Her institution wants to make sure it can keep supporting them along their path as they further their careers. CAPT Rodrigue said their goal is to continue to build that alumni group, and also make

sure that program participants are benefiting from the other programs, such as HRSA's loan repayment and scholarship programs, if they decide to go back to school.

### **Presentation: Tragedy Spurs Attention: Clinician Well-being and Resilience, a Story of the Decade Past**

*Lois M. Nora, MD, JD, MBA, Professor of Neurology, President Emeritus, and Dean of Medicine Emeritus, Northeast Ohio Medical University*

Dr. Lois Nora delivered a presentation on clinician resilience and well-being. She presented the personal stories of clinicians who have experienced burnout. One of them—the tragic death of Gregory Feldman, MD, who was impacted by burnout—led physicians in various leadership positions to mobilize resources and institutions to address the issue. The National Academy of Medicine formed a collaborative to address clinician well-being and resilience. The collaborative included educational organizations, regulatory agencies, special societies, insurers, health systems, and other key organizations.

Through a series of steering committee meetings and work groups, the collaborative developed an initial model on the factors that affect clinician well-being and resilience. The model published in 2018 by the National Academy of Medicine showed that—although the focus is often on the individual—external systems factors that impact clinician well-being and resilience far outweigh individual factors. In other words, while the clinician can certainly address personal factors to increase resiliency, it is important that other parties be responsible for addressing external factors such as socio-cultural factors, the learning/practice environment, organizational factors, and the regulatory, business, and payer environment. The National Academy of Medicine has developed an updated conceptual model. The updated model also highlights external factors, which outweigh and are more substantial than individual mediating factors, underscoring once again the importance of a systems approach to solutions.

Another result of the convening of organizations was the development of the [clinician well-being knowledge hub](#), which incorporates research articles, thematic overviews, case studies, reports, and other resources. The National Academies has also published a consensus study

report titled [Taking Action Against Clinician Burnout: A Systems Approach](#). The report explores the “extent, consequences, and contributing factors of clinician burnout and provides a framework for a systems approach to clinician burnout and professional well-being.”

Dr. Nora offered the following recommendations to the Committee:

- Keep the patient at the center of it all
- Pay continued attention to systems issues
- Have a dual focus on mind and heart
- Take a broad approach (e.g., clinicians, rather than a specific profession)
- Re-build joy in practice; reinforce what brings clinicians to their work
- Focus attention on trainees as well as practitioners
- Consider what the ACICBL can uniquely do
- Leverage what is available
- Support leadership for systems change

### *Discussion*

Dr. Kennedy asked if Dr. Nora knew of any promising practices for system-level changes. She also asked her about loss of public trust and incivility towards clinicians and if she knew of any strategies that could help support well-being and resilience. Dr. Nora suggested Dr. Bernadette Melnyk, who is the Chief Wellness Officer at Ohio State University, regarding system changes. Also, the American Board of Internal Medicine Foundation has initiated a multi-year focus on increasing trust in the professions. Daniel Wolfson is the Executive Vice President of the Foundation.

Dr. Thomas Teasdale said he is working on grants where a substantive portion of the federal funding is reserved for serving providers in suicide prevention, substance use, and behavioral health issues. He added that providers sometimes have a hard time asking for help. Dr. Nora said the Federation of State Medical Boards, which oversees physician licensing in the U.S., has looked at licensing rules and recommended changes, such as moving away from asking “Have you ever had any mental health issues?” or other similar questions that can make some professionals nervous about reaching out and getting help to “Do you have any current issues that could negatively influence patient care?” In other words, not asking questions that are not helpful and may have the unintended consequence of keeping practitioners from seeking mental health assistance because they are afraid it will be reported and place their license at risk.

### **Presentation: Recruiting and Retaining Health Care Professionals for Rural Areas – Wisconsin’s Experience**

*George Quinn, Executive Director, Wisconsin Council on Medical Education and Workforce*

Mr. George Quinn’s presentation focused on Wisconsin’s efforts in recruiting and retaining health care professionals. Many of these efforts were spearheaded by the Wisconsin Council on Medical Education and Workforce (WCMEW). WCMEW’s mission is to ensure that the state’s health care workforce meets the needs of Wisconsin citizens. The Council has been successful in bringing together a wide range of health care workforce stakeholders to develop policies, inform the public, and create education programs. Council members include associations, health systems, and academic institutions.

While the state is mostly rural from a geographical standpoint, only 16 percent of the population lives in rural areas, with the rest concentrated in urban areas. There are health care professionals in both rural and urban areas, but not enough professionals to match the population in rural areas (with the exception of licensed Nurse Practitioners).

To address the appropriate supply of clinicians for the state, WCMEW has taken a multi-prong approach that includes the development of workforce reports; data gathering and analysis; hosting forums and conferences; and undertaking policy initiatives. These efforts have resulted

in a variety of recommendations, some of which have been put into practice. For example, in 2006, the University of Wisconsin School of Medicine and Public Health created two programs –one focusing on urban areas, called Training in Urban Medicine and Public Health, and the other named Wisconsin Academy for Rural Medicine. Both programs target potential students showing a desire and propensity to practice in underserved areas. Since 2008, the programs have graduated 234 students.

In 2015, the legislature enacted a grant program, administered by the Wisconsin Department of Health Services that provides start-up funds to hospitals that are either starting or expanding graduate medical education programs in underserved areas. Currently, 37 programs are graduating over 100 physicians per year.

WCMEW offered the following recommendations to the Committee:

- Provide incentives for states to create organizations like WCMEW
- Sponsor annual conferences where state-level experiences can be shared
- Provide funding for studies of the impact of technology and team-based care on the health care workforce
- Provide funding for collaboratives that create training programs for advanced practice clinicians
- Create an innovation center that would serve as a resource for organizations studying collaborative, community-based clinical education and training

### *Discussion*

Dr. Pandya said that the presentation showed a significant increase in the state's Advanced Practice Nurses over the years. She asked if the advanced practice programs were funded privately or through state-funded programs. Mr. Quinn said there is a very robust set of education and training programs in Wisconsin for advanced practice nurses across the state. There are health care organizations that provide professional tracks if a nurse wants to become an advanced practice nurse, and they provide some funding. Taking time out from your

profession to obtain a masters or PhD was not incentivized before, but now there is a program in Wisconsin that was passed into legislation and provides incentives in the form of either stipends or loan forgiveness for nurses who wish to obtain a higher license that would enable them to become faculty.

## **Discussion: 21<sup>st</sup> Report Recommendations**

*Sandra Y. Pope, MSW, Chair, ACICBL*

Following the presentations, the Committee brainstormed and considered potential topics for inclusion in its 21<sup>st</sup> Report. A variety of topics were discussed, but those listed below were recurring themes during the discussion.

### **Fostering Trust**

- Foster public trust on the public health system, which was impacted as a result of the pandemic (due to misinformation, inconsistent information, overpromising, etc.)\*
- Build trust between the health care workforce and the institutions they serve
- Rebuild broken communication
- Create public trust with certain populations that did not trust the system even before the pandemic (e.g., present strategies to address this issue)

### **Burnout and Resilience**

- Address clinician burnout and resilience (at a system's level)
- Address clinician churn rate, attrition, and retention during the pandemic (e.g. churn in long-term care)
- Change organizational culture

### **Equity and Related Topics**

- Address diversity, equity, inclusion, cultural issues, and access

### **Build/Strengthen the American Health Care Workforce**

- Develop a career ladder/pipeline for community health care workers committed to the care of vulnerable populations (e.g., older adults)
- Support training of health care workforce to care for adults with intellectual and developmental disabilities as well as special health care needs
- Support parents of children with special health needs
- Train and prepare preceptors

Participants agreed that some of the topics above had already been addressed in prior reports but could be expanded and addressed from alternative angles in future reports.

\* Other words suggested to replace “foster” included strengthen, build, rebuild, renew, and create.

### **Business Meeting and Public Comment**

*Shane Rogers, DFO, ACICBL*

The next steps will be for the working group to develop recommendations for the Committee’s review during the next meeting. The Committee’s joint letter supporting telehealth drafted in August is currently being reviewed by the other four BHW committees. It was well received and is expected to be finalized before the Committee’s next meeting. A SharePoint site has been developed for the Committee’s use. All members have access to the SharePoint site, which is primarily designed to be used for the development of the 21<sup>st</sup> report. Dr. Joan Weiss reminded participants about the [Bureau of Health Workforce All Grantee and Stakeholder](#)

[Virtual Meeting](#), planned for April 5-6, 2022. The meeting will address various topics including the COVID-19 response, behavioral community health, telehealth, health equity/diversity, and other topics. All are welcome.

### **Public Comment**

*Shane Rogers, DFO, ACICBL*

Ms. Barbara Hart, Executive Director of The Bronx Health Link, Inc., commented on the importance and impact of peer advocates in public health. She also noted the need to train health care professional on implicit bias and structural racism.

### **Wrap-Up, Next Steps, and Closing Remarks**

Sandra Y. Pope, MSW, Chair, ACICBL

Ms. Pope thanked Committee members for their input and spirit of collaboration. Members provided various resources as well as a wealth of information that will help in finalizing their recommendations. She also thanked all HRSA staff for putting the meeting together as well as Shane Rogers, the DFO, and Dr. Joan Weiss, Subject Matter Expert, for all their help. The next meeting will be held on April 18, 2022. Mr. Rogers adjourned the meeting at 3:14 p.m. ET.