

Legend: X=Present; O=Absent /=No Meeting *-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
<p>Call to Order</p> <p>Roll Call</p> <p>Meeting Minutes</p> <p>Administrator's Report</p> <p>HCSAC Priorities 2024 and beyond</p>	<p>The meeting was called to order at 1:34 p.m. with T. McKeague, Chair, HCSAC presiding.</p> <p>Member and staff roll call.</p> <p>Chair asked for approval of the minutes from the meeting from November 12, 2024. Unanimous approval.</p> <p>Chair will defer approval of September 11, 2024, and September 17, 2024, minutes till next meeting.</p> <p>Public testimony. None.</p> <p>The Administrator's Report was distributed and reviewed.</p> <p>T. McKeague presented and provided an overview of the current HCSAC priorities. The council was asked if there were any questions, suggestions, or additional discussions regarding the priorities.</p> <p>R. Rowe added that we should consider rewording it to access to healthcare services instead of limiting it to physician shortages.</p> <p>Following the presentation, the group reached a consensus that the current top 3 priorities were well-received and deemed appropriate by the council members. No further amendments or adjustments were suggested.</p>	

<p>State Health Planning and Development Agency (SHPDA) Updates</p>	<p>To ensure all members, including those not in attendance, are aware of the current priorities, T. McKeague proposed that the list be included on the agenda for the next meeting and after the final review at the next HCSAC meeting that it be forwarded to the Planning and Development Committee (PDC) for review and further action. Please see the HCSAC as “Attachment A”</p> <p>Public Testimony: None received.</p> <p>J. Lewin, Administrator, SHPDA provided the following updates: We are currently in the process of onboarding for the AHEAD grant award, which we anticipate will take 5 to 7 months, including time for hiring and completing contract processing. We expect implementation to begin in January 2027. Once implemented, the AHEAD Grant will support improvements in primary care, including enhancements in behavioral health and social services. Both the State and participating providers will have the opportunity to receive funding for their involvement.</p> <p>Our primary focus will be on developing and implementing a state health equity plan aimed at improving health outcomes for disadvantaged populations. This will serve as a key example of our broader goals. Additionally, J. Lewin has outlined upcoming legislative priorities, including the prior authorization process in the insurance sector, as well as key issues related to long-term care legislation. Please see Attachment B for a list of SHPDA Priorities.</p> <p>Discussion followed and the following questions were asked, and response provided by J. Lewin:</p> <p>H. Preston-Pita asked, will the AHEAD grant prioritize larger systems first, such as hospitals and community centers? How does the plan ensure to address some of the specialized clinics.</p> <p>J. Lewin response: The AHEAD grant does not give priority to larger systems such as hospitals and community health centers over specialized clinics. Rather, it aims for a holistic approach to enhance the entire healthcare system.</p>	
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<p>Election of Officers for the July 2024-June 2025 Term</p> <p>Announcements</p> <p>Next Meeting/Agenda Items</p> <p>Adjournment</p>	<p>Additionally, the AHEAD grant plan incorporates strategies to address specialized clinics, ensuring that specialized care is integrated into the overall system improvements.</p> <p>R. Rowe asked whether the states participating in the project are working together or operating independently, and if there are national meetings.</p> <p>J. Lewin response: The states are not completely independent; they communicate regularly, holding discussions twice a week. They collaborate on solving shared challenges and each state is negotiating detailed agreements with the federal government. One state, Maryland, is advancing faster in negotiations due to its existing hospital global budgets. The federal government’s strict regulations have made negotiations challenging. The final legal agreements need to be completed by mid-2025, with work beginning in early 2025. Feedback from the participating states will be crucial for decision-making throughout this process.</p> <p>Public testimony. None.</p> <p>T. McKeague, requested to defer HCSAC board member terms to the next meeting along with nominating members from HCSAC to represent on the Planning and Development Committee (PDC) as well as the Statewide Health Coordinating Council (SHCC).</p> <p>Public testimony. None.</p> <p>None</p> <p>Next HCSAC Meeting scheduled for January 21, 2025, at 1:30 p.m.; Add approval of minutes from September 11, 2024, and September 17, 2024. HCSAC board member nomination to serve as a representative to the PDC and SHCC; Add Item 8: Nomination and election of officers for the July 2024–June 2025 term to the agenda.</p> <p>The meeting was adjourned at 2:30 p.m.</p>	
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