



AVAP – Vaccine Council Meeting
June 1, 2015 – 1:00 p.m.–3:30 p.m. (AKDT)
Location: BP Energy Center, 900 E. Benson Blvd., Anchorage, Alaska
Presiding Officer: Jay Butler, Chair

- I. **Attendance.** Participating in all or part of the meeting in person (P) were the following individuals (T) denotes individuals participating by telephone:

Council Members:

Jay Butler, MD, Chairman – DHSS, Div. of Public Health (P)
Lydia Bartholomew, MD – Aetna (T)
Derek Blomquist, Premera (T)
Fred Brown – Health Care Cost Management Corp. of AK (T)
Katie Campbell, FSA, MAAA – AK Division of Insurance (T)
Captain Gary Givens – AK Native Tribal Health Consortium (P)
Lily Lou, MD – Alaska Neonatal Associates (P)

Council Members Absent:

Jodyne Butto, MD – Anchorage Pediatric Group

Others:

Rosalyn Singleton, MD – DHSS, Physician-Epidemiology (P)
Joe McLaughlin, MD – DHSS, Chief of Epidemiology (T)
Jill Lewis – DHSS, Director (T)
Matthew Bobo – DHSS, Immun. Program Manager, Deputy (P)
Gerri Yett – DHSS, Immun. Program Manager (P)
Sarah Bailey, AIE – Alaska Division of Insurance (T)
Erika Van Flein (T)
Mike Mazan, Solutionworx (T)
Dave Nesseler-Casse (T)
David Pittman(T)
Jeri Trice (T)
Jody Daniels (T)
Dennie Castillo, Alaska Teamsters (T)

KidsVax.org®:

Fred L. Potter, Executive Director (P)
Julia S. Walter, Deputy Executive Director (P)
Thomas Philbrick (T)

II. **Summary of Actions Taken and/or Recommended**

A. Actions Taken (votes adopted)

Items under Agenda Sections 2.b. & c.:

1. To approve the April 30, 2015 Meeting Minutes as submitted.
2. To affirm Sarah Bailey as a Council member.

Item under Agenda Section 5.c:

3. To recommend to the Commissioner the form of annual report presented to the meeting and to request KidsVax to make such filing with financial numbers from 1/1/2015 through 6/15/2015 for this July 1 and for 1/1/2015 through 12/31/2015 for next July 1.

Item under Agenda Section 6.c:

4. To approve the 2016 Adult Vaccine List.

Item under Agenda Section 8.a:

5. To approve the 2016 Opt-out Policy & Procedures.

III. **Minutes**

Welcome and Introductions

At approximately 1:00 p.m., a quorum having been established, Chairman Butler called the meeting to order. Introductions were made and the Council Members were welcomed to the meeting. Mr. Potter clarified for the online and telephone participants that the meeting was being recorded.

1 Consent Calendar Items:

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3 Chairman Butler welcomed all those in attendance. He informed the Council that there would be a slight change in the order of the
4 agenda: Agenda Item 4.e., Conflict of Interest Statements, would be deferred to a later meeting. He inquired of the Council if there were
5 any other amendments to make to the agenda. Hearing none, he confirmed the agenda.
6

7 Chairman Butler then asked if there were any additions or corrections that needed to be made to the minutes from the April 30th, 2015
8 Council Meeting. Hearing none, he asked for a motion to approve the minutes. After verifying that there were no objections to approving
9 the minutes from the April 30th, 2015 Council Meeting, Chairman Butler approved them.

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11 Upon consent by the Council, it was unanimously

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13 **AFFIRMED:** To approve the April 30, 2015 Meeting Minutes as submitted.
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17 DHSS Regulations Update:

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19 Chairman Butler then called on Dr. Singleton for an update on the Alaska Department of Health and Social Services (DHSS) regulations.
20 Dr. Singleton began by explaining that these regulations were developed for DHSS and the Alaska Division of Insurance. She informed
21 the Council that a 30-day hearing has been initiated, running from April 24th, 2015 until June 3rd, 2015. An Oral Hearing was also held on
22 May 20th for the benefit of the public. Dr. Singleton noted that DHSS has received two comments on these regulations so far; the next
23 step will be to prepare an affidavit of notice for the adoption of these regulations and then respond to comments. The projected date for
24 the completion of this process is September 24th, 2015.
25

26 Dr. Singleton referenced the fifth page of her PowerPoint presentation to discuss the reimbursement policies of the Division of Insurance.
27 She requested that Ms. Campbell and/or Ms. Bailey speak to these regulations. Ms. Campbell explained that the regulation is actually
28 quite simple: it changes the minimum payment for a covered vaccination from the 80th percentile to the state vaccination rate so that
29 insurers can save by paying for vaccinations at the state rate. She clarified that this regulation applies only to insurance companies, not
30 third party administrators. Dr. Singleton thanked her for her explanation and asked for any questions from the Council or those listening.
31

32 Hearing no questions, Chairman Butler noted the pending affirmation of Sarah Bailey (Division of Insurance) as a Council member and
33 asked if there were any objections to Ms. Bailey becoming a member. There were none, and Chairman Butler affirmed Ms. Bailey as a
34 member of the Council.
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36 Upon consent by the Council, it was unanimously

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38 **AFFIRMED:** To recognize Sarah Bailey as a Council member.
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40 Dr. Lou inquired about how the regulation works for non-participating insurers who are billed a higher amount because they are in a
41 separate system. Dr. Singleton deferred to Ms. Campbell and Ms. Bailey to answer. Ms. Campbell explained that non-participating
42 insurers will pay at the state rate even if the provider bills them at a different purchase rate. Dr. Lou clarified with Dr. Singleton that this
43 regulation was only for non-participating payers and then raised the concern that this system has the potential to de-incentivize
44 participation.
45

46 Dr. Singleton encouraged the Council to return to the purpose of the amendment, which is to encourage provider participation and to
47 discourage them from privately purchasing vaccines and billing payers at a high rate. She pointed out that those who still decide to
48 purchase vaccines on their own will be doing so at a higher cost to themselves; this system thus incentivizes providers to participate. Dr.
49 Lou inquired if the regulation can be limited to only participating payers. Dr. Singleton asked Ms. Campbell and Ms. Bailey to reply. Ms.
50 Campbell clarified that the payers who are opting out at this point are not the insurance companies that this regulation applies to. The
51 insurance companies are already participating, and this regulation only applies to them. Although there is a theoretical possibility that
52 they would opt out in the next few years, it does not appear to be a significant concern. She also explained that it is difficult to incentivize
53 payers to participate because their vaccination costs are very minimal in comparison to the premium, which is simply not large enough to
54 encourage an insurer to participate.
55

56 Dr. Lou noted a potential problem with providers who are dealing with opt-out entities and might be forced to buy vaccines privately at a
57 higher cost. Ms. Campbell inquired of Dr. Singleton if any of those insurance companies who have opted out are covered by this
58 regulation. Dr. Singleton replied that the only payers who have opted out have been very small, very few, and mostly out-of-state; the
59 only large payers who have opted out are third party administrators. Dr. Lou expressed concern that this system might put patients at risk
60 because providers might be tempted to only purchase vaccines for their participating payers' patients. She clarified that this was a
61 concern for her primarily because of the potential inequity that could result from this regulation. Ms. Campbell confirmed with the Council
62 that this regulation is a function of the federal and state laws, and that an insurance law such as this cannot be enforced outside of the
63 realm of insurance. She also acknowledge the inequity that Dr. Lou referenced, tracing it back to some of the consequences of federal
64 ERISA laws.
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67 KidsVax Update – Assessments Collections:

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69 Chairman Butler thanked Dr. Singleton for her presentation and proceeded to the next item on the agenda, which was the KidsVax
70 update on assessment collections from payers and providers.
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72 Ms. Walter began by outlining the due dates for the first two quarters' assessments and advising that so far the assessment system has
73 been functioning very well. She announced that a lockbox had been set up and that this would promote increased security and internal
74 consistency. She then reviewed the steps taken since the April 30th meeting, specifically mentioning that a meeting with TRICARE had
75 not produced very much headway except to confirm that the per capita assessment methodology was working.
76

1 Ms. Walter moved to a discussion of the carrier survey that had been sent out, with the Council's approval, to obtain information
2 regarding assessment levels for adult vaccinations. She reiterated the pressing need for data and referenced the reminder that had been
3 sent to all of the carriers, encouraging their participation and asking for guidance. She also mentioned that the third party administrators
4 who have responded thus far have been unified in their concern that this process is going to take more time than expected. At this point,
5 Chairman Butler clarified that this survey reminder had not been an action item from the previous Council meeting but was a task that the
6 Special Committee had undertaken as part of its work. Mr. Brown then followed up on Ms. Walter's presentation by requesting that those
7 Council members who had influence in the third party administrators' community encourage them to respond promptly. He was hopeful
8 that if information was received by Friday, June 5th; the Special Committee would then be able to make some significant progress.
9

10 Ms. Walter reiterated that there is still a need for more information. She mentioned that she had talked personally with some of the third
11 party administrators to try to understand what their needs are and what types of implementation might be possible. Dr. Lou confirmed
12 with Ms. Walter that those who opt out can only do so in the three-year implementation period. Ms. Walter explained that there has been
13 a significant amount of misinformation regarding the assessments, particularly regarding the fact that vaccine costs have historically been
14 covered by the state. Mr. Potter clarified that dosage history is included in the survey, which is why they have employed an outside
15 analytics firm. Since these histories are by numbers and also by prices, using an outside firm is crucial because it enables all of this
16 information to be de-identified and aggregated without the risk of it being shared in the wrong context. However, he also stated that the
17 survey's fundamental request for data is based on doses, not costs. Dr. Lou thanked him for his clarification and expressed to the Council
18 that she feels it is very important to be clear with the current costs and to provide carriers with a summary analysis of what their costs
19 would be otherwise. Mr. Potter and Dr. Singleton agreed and thanked her for her comment.
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21 Assessment Methodologies Summary:

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24 Dr. Singleton suggested that it might be helpful for the Council to have Mr. Potter present the four alternative methodology options (found
25 in the meeting packet on page 4.d.). Chairman Butler clarified that a decision on the methodology would occur at the next Council
26 meeting; he then handed the floor to Mr. Potter to outline the four methodologies.
27

28 Mr. Potter invited the Council to turn to the page in the board packet titled "Methods Outline" and assured the Council that KidsVax can
29 implement any of these four options. He then briefly described the first methodology, which is the current per-capita system that was
30 implemented during the previous year. It is working well to date, and at this point there is believed to 100% compliance among payers
31 who have not opted out. Mr. Potter commended everyone, particularly the payers, for their participation.
32

33 He then addressed the fourth methodology: dosage-based assessments. He noted that this system has been implemented in the state of
34 Washington, and it has proven to be a difficult system to initiate, track, and maintain because the assessments are generated by the
35 providers. If this system were to be implemented in Alaska, all of the providers would have to adjust their billing systems to split their
36 claims into administrative claims and vaccine claims. The latter (vaccine claims) would be paid as an assessment to AVAP. Although this
37 system took a full twelve months to implement in the state of Washington, Mr. Potter expected that it might take substantially less time in
38 Alaska. He also reminded the Council that this is a very costly system to implement. In regards to the legal aspect of this methodology,
39 Mr. Potter referenced Ms. Trice, who has been aware of the implementation of this system in state of Washington. She explained that the
40 CDC has been wary of Washington's implementation of this system and has asked them to demonstrate that it does not violate vaccine
41 purchasing rules. Mr. Potter reiterated that such a system would be extremely difficult to implement by January 1st, 2016 because it
42 requires an incredible amount of provider education. The start-up of a dosage-based system would require a significant amount of work
43 and a lot of support from the payer community as well, which would be difficult to get at this point without payer mobilization. He also
44 referenced the fact that the start-up would be taking place in the middle of Alaska's vacation season and would potentially be more
45 difficult as a result.
46

47 Mr. Potter moved to a discussion of the second methodology, which is an age-specific per-capita method. This method would satisfy
48 some third party administrators' concerns regarding variable age profiles due to potentially different VFC age distributions. Dr. Lou
49 inquired if payers tend to have the same demographics over a period of several years. Mr. Potter responded that they typically do, but
50 current shifts in the insurance market have the potential to disrupt that stability. Dr. Lou also inquired about the cost of the survey in the
51 event that it is conducted a second time. Mr. Potter clarified that this survey was donated by KidsVax to the states they serve with adult
52 programs (Vermont and Alaska). KidsVax offered this because it does not yet have enough data to help inform policy decisions regarding
53 adult vaccination programs. Chairman Butler inquired if Mr. Brown had anything to add to Mr. Potter's presentation thus far. Mr. Brown
54 had no comments.
55

56 Mr. Potter then described the final methodology, which is a hybrid model that would modify the system in the state of Washington. He
57 pointed out that the third party administrators are advancing this methodology. It is a system in which assessments are generated by
58 payers' vaccine claims. It is a closed-end system because the payers are self-reporting and they know exactly what has been generated,
59 thereby giving them vaccine-specific information and eliminating their equity concern. In the state of Washington, payers were able to
60 take the burden of assessment calculation off of the providers. Mr. Potter stated that Alaska, however, is different because it has a high
61 level of public entity participation and non-individual payers who are involved in vaccine distribution (public health nurses and tribal).
62 Alaska would need to develop a way to obtain an aggregate estimate of vaccine costs based on reported vaccines, which will require
63 payers to be reporting on a consistent basis. Implementing this methodology will also require extensive payer education. Mr. Potter
64 emphasized that this method would also need financing because the state is not presently able to finance vaccines indefinitely; therefore,
65 payers who opt in will have to pay for the program and then assess enough to cover that additional cost. Overall, it is less expensive than
66 a dosage-based model but involves more risk.
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68 Chairman Butler asked the Council if there were any questions for Mr. Potter. Capt. Givens inquired if the situation in the state of
69 Washington had been resolved yet, and Mr. Potter replied that it had not. Dr. Lou expressed a concern about the risk of being disqualified
70 from the CDC discount with any of these methodologies. Mr. Potter replied that he does not believe any of the methodologies violates the
71 pharmaceutical contract. Ms. Yett pointed out that, at this point, the CDC is only pressuring the state of Washington about their
72 methodology and thus wouldn't be inclined to pursue Alaska as well. Mr. Potter and Ms. Walter expressed their view that Washington will
73 most likely be allowed to continue its program, but the CDC does not want the dosage-based method to spread to other states. Dr. Lou
74 expressed her uncertainty as to whether or not it would be wise to adopt a methodology that will most likely be met with opposition.
75 Chairman Butler pointed out that simply starting AVAP garnered warning sounds from the CDC. Capt. Givens suggested that this made it
76 clear that AVAP should not adopt a dosage-based method.

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2 Mr. Potter noted that the CDC might see the hybrid model as an alternative to a reimbursement model, which could become an issue
3 because of the anti-trust risks on the payer side. Dr. Lou inquired about the ease with which Alaska could switch from the hybrid to the
4 age-specific methodology in the instance that the hybrid methodology didn't work. Mr. Potter replied that it would be possible but it would
5 require extensive set-up. Dr. Lou expressed her sentiment that having a smooth implementation period without significant controversy is
6 important, especially for physicians who care deeply about vaccinating all of their patients. Ms. Walter agreed and reminded the Council
7 that KidsVax is open to any and all ideas, thoughts, comments, and suggestions about assessment methodology options.
8

9 Dr. Singleton then suggested scheduling the next Council meeting, which is when the methodology decision needs to be made. Based on
10 Chairman Butler's recommendations, she proposed either July 31st or any time between August 20th and August 31st. Chairman Butler
11 asked everyone to email Ms. Walter with their preferences on a date and a time. After clarifying with a few of the telephone participants,
12 Dr. Singleton confirmed the date options for the Council. Chairman Butler thanked Dr. Singleton and proposed that the Council break
13 from their deliberations for ten minutes. He clarified that the meeting would reconvene at 2:30pm AKDT, and Mr. Potter confirmed that
14 the recording would be left on during the break.
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18 **[Break]**
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21 KidsVax – Financial Report:
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23 Upon reaching a quorum, Chairman Butler proceeded to the next item on the agenda, which was the annual financial report from
24 KidsVax.
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26 Mr. Potter began by stating that state law requires a financial report to be submitted every year to the commissioner. He noted that he
27 was presenting this report to them in order to get their thoughts on its format and report policies, not specific content. The proposed
28 annual financial report would include a description of the purpose of the organization, data on the year's total program costs, and
29 recommendations on assessment methodology. Mr. Potter explained that the footnotes in the report refer to the AVAP website, where
30 financial audit statements with concrete financial data can be found. Mr. Potter then suggested that the Council adopt a calendar year
31 methodology as they move forward to ensure that there is an annual audit. KidsVax is ready to work with the Council toward this end and
32 will assist in this process if so desired.
33

34 Chairman Butler clarified that Mr. Potter was presenting the annual financial report to the Council in order to get approval for the format,
35 not the financial information. Mr. Potter affirmed. He explained that he would also like to know their thoughts about setting up a calendar-
36 year format for an annual audit. Chairman Butler opened the floor for comments or questions, then asked Mr. Potter how extensive the
37 footnotes on the website were. Mr. Potter replied that they were approximately four or five pages in length because financial statements
38 require descriptions of methodology. He also explained to the Council that several of the other states that KidsVax works with are being
39 audited by an outside entity and are finding it to be very satisfactory. The cost for such an audit would be roughly \$8,000 - \$10,000. Mr.
40 Potter also suggested that the auditor be licensed in Alaska so that the Council would have an additional level of liability protection.
41 Chairman Butler inquired if there were any other questions or comments. Hearing none, Chairman Butler asked for a motion to approve
42 the annual financial report.
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44 Upon consent by the Council, it was unanimously
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46 **VOTED:** To recommend to the Commissioner the form of annual report presented to the meeting and to request
47 KidsVax to make such filing with financial numbers from 1/1/2015 through 6/15/2015 for this July 1 and for
48 1/1/2015 through 12/31/2015 for next July 1.
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52 DHSS – 2016 Vaccine List:
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54 Chairman Butler proceeded to the next item on the agenda, which was a presentation on the adult vaccine list by Dr. Singleton.
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56 Dr. Singleton began by explaining the current 2015 system for children's vaccines, in which providers can receive all ACIP-approved
57 vaccines from the state. This applies to three categories of children:

- 58 1. VFC-eligible children (funded by the federal government)
- 59 2. Children covered by participating payers (funded by AVAP)
- 60 3. Children covered by non-participating payers (funded with residual state funds).
61

62 She then proceeded to a discussion of adult vaccinations. She explained that adults can get the Flu vaccine, the PPV23 vaccine, the
63 Td/Tdap vaccine, the Meningococcal vaccine (19-20 years), the HPV vaccine (females 19-26 and males 19-21), and the Zoster vaccine.
64 She explained that there are a number of providers who have opted in for their uninsured adults. This number includes up to 55,000
65 uninsured adults, most of whom are getting their vaccines through tribal or the public health nurses. Providers who opt in for uninsured
66 adults can receive state-supplied vaccines for participating payers, uninsured adults, non-participating payers, Medicaid-covered, and
67 Medicare-covered. Dr. Lou inquired if there was a way for providers to be equitably billed by the state at the discounted rate to cover
68 children's vaccines. Dr. Singleton replied that that topic would be a decision point later in the year, but that it is preferable to have private
69 providers purchase vaccines separately and then bill non-participating payers. She pointed out that DHSS has encouraged providers to
70 do exactly that, but they have said that it is not feasible for them since there is such a relatively small amount of vaccines for non-
71 participating payers.
72

73 Dr. Singleton then asked Mr. Bobo to continue with his report on adult vaccine usage. Mr. Bobo explained that his data was pulled from
74 VacTrAK in order to show how many adult vaccines were given in Alaska. His report gave, among other things, the projected number of
75 vaccines – based on data from 2014 – that will be administered in 2015. Mr. Bobo pointed out that some of the population data might be
76 over-represented due to incomplete reporting, then opened the floor for questions. Capt. Givens inquired about how the 2015 data was

1 annualized. Dr. Singleton responded that the projected number is based on 2014 usage rates data and was projected for 2015; it is not
2 based on 2015 data. Although there is enough data on children's vaccines to make such an estimate for children, there is very little data
3 for adult vaccines. Children are more commonly vaccinated and are therefore more commonly reported; adults are not, and the data is
4 thus quite variable and much harder to find. Chairman Butler also pointed out that some vaccines are given seasonally, so reports for a
5 certain vaccine might not have come in yet.

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7 Dr. Singleton inquired if Ms. Yett had any comments. Ms. Yett reiterated to the Council that these numbers are low estimates due to
8 reporting discrepancies. She explained that TD usage among adults is low because Medicare doesn't cover Td. Since most adults who
9 receive Td will also need Tdap, usage rates are obviously quite low. She also agreed with Ms. Yett's earlier comment that some health
10 providers haven't begun reporting yet, making these figures a low estimate.

11
12 After confirming that there were no more questions, Dr. Singleton moved on to discussing the child and adult vaccines that will be
13 available in 2016. She pointed out that the discussion is not about which vaccines should be included – AKDHSS supports all vaccines
14 that ACIP recommends – but rather about the fact that the state is unable to subsidize state-supplied vaccines for non-participating
15 payers like TRICARE and opt-out payers. She suggested that the Council discuss alternatives for non-participating payers, including
16 providers who purchase vaccines for non-participating payers. Dr. Singleton reiterated that her concern was simply that the Council was
17 aware of the difficult decisions that will come in 2016. She noted that the current issue for the Council is to decide whether there will be
18 any changes in 2016 in the vaccines offered by AVAP.

19
20 Chairman Butler referenced the list of adult vaccines in Dr. Singleton's presentation, pointing out that the list is the same as 2015 except
21 that the influenza vaccine will be added for 2016-2017. He clarified with Ms. Yett that flu is already included in this year's state supply
22 because it had to be booked ahead of time; the current decision has to do with considering the flu vaccine for 2016-2017. Chairman
23 Butler thanked her for the clarification and opened the floor for discussion.

24
25 Chairman Butler commented that since AVAP is still in the start-up phase, it would be helpful to have some stability in the program and
26 not change the vaccine list if it is currently satisfactory. This statement was met with general approval. Dr. Singleton echoed this
27 sentiment and asked if there were any comments from the online and telephone participants. Mr. Brown stated that he supported the
28 current vaccine list, as did Mr. Blomquist. Chairman Butler asked for a motion to be made to confirm the vaccine list.

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30 Upon consent by the Council, it was unanimously

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32 **VOTED:** To approve the 2016 Adult Vaccine List.

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36 Public Comment:

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38 Chairman Butler proceeded the period of public comment. He requested that the lines be opened for public comment and that comments
39 be kept as close to two minutes as possible. Dennie Castillo, representing Alaska Teamsters, stated that her organization is satisfied with
40 the current per-capita assessment system and does not favor any of the other suggested methodologies. Chairman Butler thanked her
41 for her contribution. There were no other public comments. Chairman Butler closed the public comment and handed the floor to Ms.
42 Walter to discuss the 2016 Opt-Out Procedures.

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45 Summary of 2016 Opt-Out Procedures:

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47 Ms. Walter reviewed the Council's instructions from the previous meeting for KidsVax to draft the Opt-Out Procedures. Although there
48 had been extensions given to some providers during the previous year, there will now be a strict submission date of September 30th,
49 2016 and there will not be any extensions granted beyond the deadline. Ms. Walter highlighted one other difference in the procedures.
50 She explained that an entity that has the same tax identification number will not be allowed to split its business between its third party
51 administrator business and its health insurance business. She inquired if there were any questions or comments from the Council. Dr.
52 Lou asked if opting in will be on the same timeframe as opting out. Ms. Walter replied that providers will be allowed to opt in at any time
53 providing they give advance notice. She clarified that this is in regards to the provider opt-in for uninsured adults. She also reminded the
54 Council that there will need to be a discussion on the subsidy rate at a later point, perhaps at the September 24th Rate Setting Workshop
55 or the next meeting. Chairman Butler asked if there were any more questions or comments, then asked for a motion to approve the opt-
56 out procedures.

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59 Upon consent by the Council, it was unanimously

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61 **VOTED:** To approve the 2016 Opt-out Policy & Procedures.

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64 Miscellaneous Items:

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66 Chairman Butler continued to the last item on the agenda, the Miscellaneous Items. He mentioned that all seven members were available
67 on July 31st and confirmed with the Council that the meeting should be set for that date. Mr. Potter proposed that the Special Committee
68 would bring only one methodology recommendation, and Mr. Brown agreed. Chairman Butler requested that the members hold July 31st
69 for the next meeting. Mr. Potter suggested that the meeting take place in the morning, and his proposition was met with approval by all.
70 Mr. Brown commented that it should, however, be a late morning meeting because those who are travelling will need time to get to the
71 meeting location. Mr. Potter thanked him for this comment and offered to have KidsVax provide lunch and schedule the meeting for
72 11am. Ms. Walter offered to send out an invite. There was a general consensus about these arrangements, and Chairman Butler thanked
73 everyone for being expeditious in deciding on a meeting date and time. He asked for any further comments before closing the meeting.

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75 Mr. Brown then confirmed that the Special Committee will meet on Tuesday, June 9th, and Dr. Singleton added that they would meet at
76 3pm AKDT. Dr. Lou inquired about the location for the July 31st meeting, and Mr. Bobo offered to try to reserve the current space at the

1 BP Energy Center. After confirming with Mr. Potter that KidsVax would remain in the room and keep the lines open until 3:30pm,
2 Chairman Butler asked for a motion to adjourn.

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4 Upon consent by the Council, it was unanimously

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6 **VOTED:** To adjourn the meeting at approximately 3:15pm AKDT

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10 **NOTE:** In light of the previously published agenda, the telephone line was kept open until 3:40pm to confirm that no additional public
11 comments would be forthcoming. There were none.