Members Present: Darryl Burnett, Judith Chernoff, Erica Martin, Paul Nagy, Audra Nixon, Jill RachBeisel, Matt Reber, Emily Greenberger, Jason Bashura

Members Excused: 

Staff: Maura Rossman, Health Officer, Antigone Vickery, Deputy Health Officer, Gloria Whittington, Administrative Assistant

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<td>Welcome and Call to Order</td>
<td>The meeting was called to order by M. Rossman at 6:00 p.m. Then turned over to M. Reber, Acting Chair</td>
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<td>Approval of Agenda</td>
<td>Motion to accept May’s BOH agenda was not voted on we went direct to committee reports.</td>
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<td>Approval of Minutes</td>
<td>Motion to accept and approve April’s minutes by J. Bashura and Second by E. Martin. Motion of approval was unanimous.</td>
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| Committee Reports             | **Nominations** - It was noted that D. Burnett will be with the board as a member until next month, June 2020. Motion for the Chairperson position was nominated by J. RachBeisel for J. Bashura to be the Chair and Second by E. Greenberger. Motion to accept J. Bashura as Chair of the B.O.H. was unanimous by all members. J. Bashura graciously accepted his new position as Chair of the B.O.H.  

There were no nominations for Vice Chair. Vice Chair steps in when the Chair can’t attend a meeting. Nomination for the Vice Chairperson position was tabled until the next board meeting to allow members to consider interest. There are three applicants interested in joining the Board. We have not heard back from the County Executive’s office to date in terms of nominations. Still waiting on approval of applications previously submitted to the County Executive’s office. | Nominate Vice Chair of BOH          |
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| Old Business | **Nominations was under Old business but discussed under Committee Reports**  
**COVID-19 Updates by M. Rossman:**  
A big announcement from the County Executive that Howard County has moved into Phase 1, where retail businesses will open up to 50% maximum capacity as of Friday at 7:00 p.m. In addition, some barbers and hair salons, manufacturing, restaurants, religious services are able to resume outside services with some restrictions – all consistent with the Governor’s executive orders. All are encouraged to practice social distancing and wear a mask. We are entering a phase which is likely to be our ‘new normal’.  
We have met certain standards in MD including HC where surge capacity (based on hospitalization ICU and ventilator beds) has increased sufficiently that hospitals would be able to handle surge of critically ill COVID patients. While we increased surge capacity, the number of hospitalizations or cases requiring hospitalization has decreased over the past few weeks that is all very good news.  
In terms of the number of cases in Maryland, they have not changed over time but all jurisdiction and the state has tried to set a metric initially a couple of months ago as part of re-opening as a matter of success. Back in January and February we had very few testing, very little minimal testing ability and those who were tested we knew was COVID positive or very sick. As time has moved forward our testing capacity across MD and HC is not where we want to be is certainly increased dramatically from where it was. With testing comes increase in cases so when we look at different metrics of where we want to be. The number of cases positive is really a reflection of how good or bad or ugly in terms of COVID, it’s more a matter of increasing our testing capacity.  
Another piece to reopening in HC and in Maryland is PPE. There has been supply chain issues from the beginning and we are beginning to see improvements which its making it easier for our primary care providers (and dentists) to reopen which is important because there are other aspects of our health beside COVID that has gone unaddressed.  
Last piece we talk about with reopening is contact-tracing and case investigation. Currently, with the reassignment of many HCHD staff and the start of hiring new staff we now have about 35 dedicated staff doing case investigations and contact tracing. In terms of the HD issuing the ok to move forward into issuing phase one, we hit a number of markers that allows us to proceed. Obviously, COVID is here with us so, if we all continue to telework (if possible), and if we all continue to social distance along with hand washing and that will be better for all of us. |
The HD is now planning for not just responding to COVID but also resuming regular activities or the new normal of activities and responsibilities of the HD. As we are hiring new staff to do COVID activities in the hopes of getting our regular staff back to their regular assignments.

**Questions Asked:**

**P. Nagy asked** now we are seeing all these un-employed workers in the state, have we given thought how we are going to give care to all the uninsured as they get granted?

**Answer:** HCHD’s Access to Care Bureau has been working on this development. We’re seeing a significant increase in Medicaid enrollment. If you have lost your job and you qualify for Medicaid you can now be enrolled in Medicaid. We are doing that virtually. Maryland is a Medicaid expansion state so if you have lost your job and lost income you can now be enrolled in Medicaid. The other option for insurance is the Exchange.

**E. Greenberger asked** on re-opening community areas and Recreation and Parks? **Answer:** Columbia Association is a private organization, they can decide based on when they’re able to open. At this point gyms, recreational public pools are not open. We will start getting guidance on camps and childcare.

**J. Bashura asked about the plan** about local rates and getting more test kits, is that a work in progress? How do we get those numbers up? **Answer:** HD until last week, we had received no test kits from the State for our community testing sites so HD reached out and partnered with Quest to get tests (which has a cost). HC is one of the few billing insurance for the test for those who have insurance. The HD is invoiced the fee for the uninsured. Our testing goal was 1000 test a week today we had appointments for about 500 at the VEIP site, we could theoretically do 2500 test a week. This is the 3rd in a row that we have not been able to fill our appointments. People are not coming to the VEIP site, at this point the kits are not the issue, it’s that the people have not scheduled an appointment with their health provider. In MD how you get a lab test is a health care provider orders you a test – is that an issue? A way to circumvent that testing site is done in Baltimore County, Anne Arundel and Prince George’s County where you do not need a doctor’s order and you do not need an appointment, or a reason for the test, one just had to show up and mass people is lining up to be tested. There is a demand for people wanting to be tested but in HC we are not filling our slots. There are issues with no-provider testing including there is no one to follow up if the test is positive. If a person gets tested without a physician’s order who then is responsible if it’s a positive test – it would default to the Public Health Department.

**Positivity Rate:** We are trying to figure out what’s the best metric or metrics to understand our success or not. Positivity rate we have used within the last few weeks. If you have a community with a positivity rate of less than 10% then you are testing a sufficient number of people and you have a positivity number that is not so high. The
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| **New Business** | last positivity rate for HC from the State was 18% and what that tells the HO is the persons tested has a 1 in 5 chances of having COVID. We like for it to be less than 1 in 10. We like more people without a high risk of suspicion maybe those contacts of people being tested but they’re not coming in.  

P. Nagly noted when elected surgery opens folks will be required to get a COVID test prior.  

**DEPARTMENT BUDGET:**  
The departments FY 21 budget has been submitted to the County Council. About 60% of our budget is from the State; 40% from the County. State MDH is giving us a “pass” on meeting our 1st quarter performance measure (July 1 – September 30) due to COVID; after that will need to be accountable to our performance measures while co-managing COVID. On the County side, we have received some new funding in FY21 to support some new efforts, We look to be in pretty good shape. In support of COVID, we have two federal grants. One grant is smaller (about $250,000); a second grant is very large called the Coronavirus Aid, Relief and Economic Security Act (CARES) grant which totals $56 million, half ($28 M) is specific for the public health response and the other half is for other costs such as businesses assistance. The funds last until December 2020. This funding will help us support all the staffing (nurses, contact tracers, etc) and supplies for our response. This is one-time money, its not long term funding for the infrastructure of public health.  

MDH has a deficit that they need to close by June 2020. We have staff working 7 days a week 12-hour days getting comp time after their regular hours. The BOH is not a fiduciary board therefore has no oversight on the budget. The County budget is not looking good either.  

**Defense Production Act – Meat Production (J. Bashura)**  

J. Bashura discussed the Defense Production Act and possible extension to the meat and poultry production (which is being impacted by COVID outbreaks in processing facilities). J. Bashura expressed concern that public health was not mentioned in these proposals. J. Bashura can answer questions on this if anyone has questions.  

A Nixon is interested in doing a fact finding on disparities, what exactly are we doing. She will reach out to Dr Rossman. |
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| **Topics for future meetings:**  
Election of Vice Chair Position for B.O.H.  
Nominations for the Board  
Health Disparities  
**REMINDER:** B.O.H. does not meet in July and August 2020. Next meeting is September 22.  
The meeting adjourned at 7:30 pm. |  |

**Next Board of Health Meeting: September 22, 2020** at 6:00 p.m. at Howard Co. Health Department 8930 Stanford, Columbia, MD 21045  
or by Skype