



**MARYLAND  
COMMISSION  
ON PUBLIC HEALTH**

**July 10, 2025**

**2:00 PM – 5:00 PM EDT**

**Online:** <https://cdcfoundation.zoom.us/j/96895317477>

## **MEETING MINUTES**

### Commissioners in Attendance

Ms. Camille Blake Fall  
Dr. Meena Brewster  
Senator Clarence Lam  
Dr. Matt Levy  
Dr. Boris Lushniak  
Acting Dep. Sec. Elizabeth Kromm  
Dr. Tosin Olateju  
Dr. Maura Rossman  
Mr. Allen Twigg (*at 2:45pm*)

### Commissioners Absent

Delegate Heather Bagnall  
Mr. Chris Brandt  
Dep. Sec. Alyssa Lord  
Ms. Jean Drummond  
Dr. Nicole Rochester  
Ms. Michelle Spencer

#### I. Call to Order

Presiding co-chair Dr. Boris Lushniak called the meeting to order at 2:02p; make notice about recording. He made notice about recording and other opening remarks. Dr. Lushniak called on Mr. Shane Hatchett, Commission support staff, to conduct a roll call; A quorum was established at 2:06p.

#### II. Adoption of the Agenda

Dr. Lushniak gave an overview of the agenda and asked if there was any discussion. Dr. Meena Brewster made a motion to adopt the agenda and Dr. Matt Levy seconded. The agenda was adopted as presented.

#### III. June 05, 2025 Minutes Review and Approval

Dr. Lushniak called for a motion to approve the June 05, 2025 minutes. Dr. Maura Rossman made a motion to approve the minutes and Dr. Meena Brewster seconded. The minutes were approved.

#### IV. Commission Updates

Dr. Lushniak called on Mr. Shane Hatchett to present commission updates, including initial findings from open comments

Mr. Hatchett provided several updates, beginning with the overall timeline. He noted that the commission is in the final stretch of work and will begin shifting towards drafting the

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report. The final phase of work includes responding to feedback from open comments, refining the content of recommendations, reviewing the broad substance of the report, and iterating through various sections. An update will also be provided to key informants and mandated stakeholders. The final report is required to be submitted by October 1, 2025.

Mr. Hatchett then gave updates on the open comment period. This statutorily required process allowed the members of the public to provide feedback between Monday, June 9 and Wednesday, July 9. Feedback was accepted on the Commission's website or by voicemail. Several letters also came in through the Commission's direct email. All comments were triaged, reviewed, and shared with the workgroup co-chairs. All substantive comments are required to be addressed in the final report.

A total of 35 comments were received, with 31 deemed substantive and four considered non-substantive (including one that was out of scope and three that lacked specificity). Sixteen comments came from individuals or entities with organizational affiliations. Among them, five were from local entities such as Local Health Departments (LHDs), Local Boards of Health (LBOHs), and Local Health Improvement Coalitions (LHICs), while four were from state agencies including the Maryland Department of Health (MDH), Maryland Department of Emergency Management (MDEM), and Maryland Department of Education. The remaining comments came from advocacy groups, industry stakeholders, and coalitions. The geographic distribution of comments included contributions from Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Dorchester, Frederick, Garrett, Harford, Howard, Montgomery, Prince George's, St. Mary's, Talbot County, as well as from outside Maryland.

Initial themes that emerged from the comments indicated general support for the commission's work and appreciation for its efforts, though some concerns were raised about the future of public health. There were also worries about duplication of effort and calls for greater efficiency to reduce redundancy. Several respondents expressed a desire for more specificity in the recommendation language. Outreach, communication efforts, and the use of plain language were frequently mentioned. There was also interest in identifying existing programs or initiatives that might overlap with the commission's recommendations.

The comments will help the Commission identify areas for improvement in the draft slate of recommendations and potential narrative for the final report. Commissioners were invited to reflect on the recommendations and open comments now that the slate has been available for more than a month.

Following Mr. Hatchett's remarks, Ms. Sarah Borah provided updates on the final report. The report writer will begin drafting the layout based on the finalized themes. In August,

a semi-final draft will be circulated for review by commissioners, who will also have the opportunity to note any dissenting positions if necessary. In September, the final draft will be reviewed between the 15th and 24th, with formal adoption planned for the 25th. The completed report will be submitted to the Maryland General Assembly and the Governor on October 1st.

Mr. Hatchett then provided an overview of the proposed structure of the report, which will be organized around several key themes. Commissioners provided reactions to the proposed language, which he noted would continue to be refined for the Commissioners' review. He invited the commission to share feedback on whether this framing resonates with them and to help refine the report structure during the meeting.

V. Open comments and Recommendation discussion

Presiding Chair Lushniak began by asking commissioners to provide their individual feedback on the slate of recommendations. A series of prompts were displayed on the screen to guide their reflections, including questions such as: What are your reactions now that over 30 days have passed since the last meeting? What recommendations could be consolidated to streamline the slate? What community-based activities might already be addressing these issues and could be scaled or acknowledged to avoid duplication? How would you prioritize these recommendations based on feasibility, importance, or other criteria? What themes resonate with you, and what would you hope to see in the final report?

Dr. Brewster shared that the report is headed in the right direction in terms of building public health capabilities within the government structure, but noted that several lingering questions remain, particularly from legislators and the broader public health community. While the report doesn't address every issue in depth, she acknowledged it does provide a strong foundation.

Dr. Matt Levy noted that while only 31 public comments were received, they were largely qualitative and meaningful. He emphasized that the commission should pace itself, recognizing that building public support for these initiatives will take time and sustained effort. Ms. Camille Blake Fall raised the question of associated costs and suggested highlighting the top five recommendations for year-over-year prioritization when making budget requests to legislators. Dr. Lushniak agreed that this was a topic worth further discussion. Dr. Brewster responded by stressing that narrowing down to only five recommendations at a time may not be effective, given that all 60 recommendations are important. She proposed that if prioritization were pursued, the commission would need to establish a more feasible and structured process.

Dr. Lushniak closed this portion of the meeting by underscoring the importance of transparency in the recommendation process and asked if there were any final

comments. Dr. Brewster elaborated that the recommendations emerged from detailed assessments involving local health departments (LHDs) and the Maryland Department of Health (MDH), including interviews and surveys.

Dr. Matt Levy highlighted the need to continuously track changes in the public health landscape to refine recommendations as necessary. Dr. Elizabeth Kromm echoed this sentiment, pointing out the importance of ensuring that implementation plans are realistic for agencies like LHDs and MDH. She noted that while internal communication about these efforts is strong, external communication could be improved. Dr. Lushniak affirmed these points and reiterated the national significance of the report, stating that it could serve as a model for other states and influence broader public health initiatives across the country.

Dr. Meena Brewster expressed uncertainty about whether the recommendations sufficiently address primary care and population health. Dr. Lushniak agreed this was a crucial area that warranted more attention, suggesting it should be designated as a distinct focus. Mr. Hatchett acknowledged that some had been reluctant to holistically address the primary care and population health integration language before, but the assessment findings and subsequent conversation seem to indicate a strong interest in this intersection of clinical health and public health.

Ms. Camille Blake Fall emphasized that this was a strong opportunity to expand upon health equity and primary care in a way that recognizes their interconnectedness. She advocated for embedding health equity across all themes rather than isolating it as a standalone topic.

Dr. Maura Rossman raised concerns about the tagline, noting that it might be confusing if health equity is both embedded in all themes and treated as a separate category. Dr. Amelia Arria pointed out the need to prioritize unresolved issues in the report and to address how the themes influence the recommendation structure. Dr. Olateju suggested that including a list of recommendations with legislative implementation potential could form an important thematic component of the final report.

#### VI. New Business

Dr. Boris Lushniak opened the floor for commissioners to reflect on the progress made to date. He invited them to share their thoughts, ideas, and reactions to both the recommendations and the overall process. This open discussion period was intended to give commissioners an opportunity to address any topics that had not yet been raised. However, no comments were offered during this time.

VII. Announcements

Dr. Lushniak announced that the next monthly meeting will be on Thursday, August 21st, 2025, 2:00 - 5:00 PM EDT (**hybrid** - *in-person at 9475 Lottsford Rd, Upper Marlboro with virtual option*). Dr. Meena Brewster will be the presiding co-chair.

Dr. Lushniak reminded Commissioners of the remaining 2025 meeting dates: September 11 (virtual only) and September 25 (in-person preferred, location in TBD in Annapolis)

VIII. Adjournment

Dr. Lushniak called for a motion to adjourn the meeting. Dr. Meena Brewster made the motion to adjourn the meeting and Dr. Maura Rossman seconded. The meeting was adjourned at 3:57p.