



**Maryland Advisory Council on Health and Wellness Council
Meeting Minutes
November 19, 2025, 4-6:00 PM**

Members Present

Pamela Williams
Luke Hollis
Lindsay Lotter
Darryl Heggans
Aruna Nathan
Esa Davis
Mychelle Y. Farmer
Lusi Martin-Braswell
Mary Backley
Jared Meacham
Crystal N. Bell
Sam Zisow-McClean
Jonathan Dayton
Jeffrey Duong Le
Jonas Nguh
Tara Clemons Johnson
Leigh Ann Eagle
Cameron Pollock

Members of the Public Present

Jazzmin McKay

Members Absent

Kirsten Bosak
Jennifer Eastman
Roger L. Harrell
Casey Scott
Seth S. Martin
Gary Gerstenblith
Vaple I. Robinson
Tomika Coleman
Salliann Alborn
Afton Thomas
Marsha Seidelman
Mallory Mouradjian
Pamela Xenakis
Teresa Titus-Howard
Amarachi Uzosike

MDH Staff Present

Kate Natafgi
Nkeiruka Ashiedu
Christa Thornton
Muftau Shinaba
Ilene Cervantes del Toro
Ali MacStudy
Guilmate Fuller
Tyra Hudgens (OSS)

I. Open Maryland Advisory Council on Health and Wellness

Pamela Williams from MDH called the meeting to order at 4:01 PM and welcomed attendees, noting that the Council chair would join the meeting in progress due to a schedule conflict. Kate Natafgi took attendance and noted a quorum of members was present (18 members). Pamela Williams provided an overview of the meeting agenda and reviewed the July 2025 and September 2025 meeting minutes. Jonathan Dayton motioned to approve the July meeting minutes, with Aruna Nathan seconding the



motion. The council approved the July minutes with no objections and one abstention. Mary Backley motioned to approve the September minutes, Sam Zisow-McClean seconded the motion. The council approved the minutes unanimously with no objections and one abstention.

Kate Natafqi, MDH presented a draft biennial report summarizing the Council's statutory purpose, membership, committees, meetings, and legislative activities for 2024–2025, as required to be submitted to the Secretary of Health. (Note: the full text of the report was provided to members in advance of the meeting to review.) The Council voted to approve the biennial report, with one abstention, and no objections.

II. Chronic Disease Action Plan Update

Nkeiruka Ashiedu (MDH) presented an overview of the Maryland Chronic Disease Action Plan, a comprehensive five-year roadmap designed to reduce the burden of chronic disease across the state through coordinated, prevention-focused strategies. The plan targets seven priority conditions—heart disease, hypertension, diabetes, overweight and obesity, dental caries, and periodontitis—selected based on prevalence, mortality, leadership priorities, and gaps where no existing MDH plans were in place. It focuses on four shared modifiable risk factors (alcohol use, tobacco use, physical activity, and healthy eating and nutrition) and is grounded in upstream prevention, the social ecological model, and cross-sector collaboration. The plan includes time-bound goals, objectives, and activities (short-, medium-, and long-term), aligns with other MDH efforts such as the State Health Improvement Plan, and is currently in design, with an anticipated public release in December 2025 alongside development of an evaluation framework.

Council members asked about access to the full plan and how the Council could support its implementation, particularly through evaluation and partnership-building, which MDH welcomed as a collaborative opportunity. Additional questions addressed access to presentation slides, inclusion of adolescents and young adults, and coordination with other initiatives. Ms. Ashiedu noted that early intervention, particularly through school-age strategies and partnerships with the Maryland State Department of Education, is integrated throughout the plan. Members also expressed appreciation for the inclusion of dental health as a chronic disease focus and raised a question about potential overlap with rural health transformation funding, which MDH agreed to explore further and follow up on.

III. Presentation: Legislative Session

Tyra Hudgens from the MDH Office of Support Services provided the Council with an overview of the Maryland legislative session and what it means for the Council's work during the 2026 session. She explained the structure and timeline of the General



Assembly's 90-day session (January 14–April 13), including how bills move through committees, chambers, crossover, and potential conference committees, and highlighted key deadlines when bill activity and hearings intensify. Tyra also walked through how to read first and third reader bill texts, emphasizing how amendments are displayed and how to focus on what is being added or removed. She outlined the range of positions the Council may take on legislation—no position, information, support, support with amendments, concern, or opposition—and the process for submitting written and oral testimony in compliance with the Open Meetings Act, including timelines for signing up to testify. She stressed that OSS and CCDB staff support the Council by tracking and distributing relevant bills and coordinating with the Office of Government Affairs.

Following the presentation, staff and leadership discussed the Council's anticipated legislative process for 2026, noting that last year a legislative work group met weekly to review bills and bring draft positions to the full Council for formal votes. Kate Natafgi described plans to form a similar work group this year and solicited volunteers, with several Council members expressing interest.

IV. Public Comment Period

Public comment included a question from a representative of the American Diabetes Association regarding concerns about return on investment for the Diabetes Prevention Program, particularly in light of potential Medicaid budget scrutiny. Pamela Williams noted she had not heard specific updates from Medicaid and asked whether the concern was Medicaid-related, signaling the issue may warrant future discussion as more information becomes available.

Before adjournment, Darryl Heggans from the American Diabetes Association encouraged council members to attend the upcoming State of Diabetes event, highlighting a panel discussion featuring several recognized experts and a breakout session focused on supporting caregivers. Dr. Titus-Howard acknowledged the announcement and reminded members to reach out if they had not received the event information.

V. Adjournment

With no further questions, the council formally adjourned and transitioned to committee meetings.