

**Kidney Disease
Prevention and Education
Task Force**

**Virtual Meeting
January 30, 2023
10:00 – 11:00 a.m.**

Minutes

1. CALL TO ORDER - 10:03 a.m.

a. Keturah Tracy: Good morning everyone.

It's now 10:03 a.m. and I'd like to call the January 30th meeting of the Kidney Disease Prevention and Education Task Force to order. This meeting is being recorded.

I would now like to take a quick roll call before moving forward.

b. Task Force Members in Attendance:

☒ Senator Mattie Hunter, Co-Chair
☒ Representative Maurice West, Co-Chair
☒ Representative Martin McLaughlin
☐ Senator Donald DeWitte
☒ Keturah Tracy
☒ Jose Jimenez
☒ Dr. Kalyani Perumal
☒ Niva Lubin-Johnson

☒ Marion Shuck
☒ Jackie Burgess-Bishop
☒ Connie Boatman-Tate
☒ Atiba Buchanan
☐ Senator Christopher Belt
☒ Monica Fox
☒ Dr. Dinee Simpson
☐ Elizabeth Lively

c. Let it be noted that Senator Donald DeWitte, Senator Christopher Belt, and Elizabeth Lively are absent.

d. Non-Task Force Members in Attendance:

Allison Nickrent, Cara Barnett, Tyler Bohannon.

2. AGENDA

a. Keturah Tracy: On the agenda today we have the Call to Order which we have just completed, followed by public comment, a few brief opening remarks, and introductions of the Task Force and other attendees. Then we will go over the Requirements of the Task Force, as well as a few items needing clarification. We will then discuss the timeline for meeting these requirements, and from there determine meeting frequency. Finally, we will have Douglas Durando, Deputy General Counsel and Ethics Officer for IDPH, present on the Illinois Open Meetings Act.

3. PUBLIC COMMENT

a. Keturah Tracy: For your records, anyone wishing to provide public testimony would be called in the order in which they registered. They are to contact me either by phone or email and I did not receive any for this particular meeting. And then anyone interested in public comment would be able to be allowed to speak for up to 3 minutes.

4. OPENING REMARKS

- a. *Keturah Tracy:* We will now have opening remarks from Senator Mattie Hunter, Co-Chair of the Task Force.
- b. *Senator Hunter:* Hello, everyone, it was so good to see you all at the press conference for those persons who were there. And we did get some publicity from the local media but the most important thing is that you showed up and we were able to get to know one another and listen to a few people to just to hear how you feel about this entire experience. Getting ready to embark upon this, our 1st meeting of the Kidney Disease Prevention and Education Task Force, and we are to be working directly with educational institutions to create health education programs to increase awareness of and to examine chronic kidney disease, transplantation, living and deceased kidney donations and to deal with the existing disparities and the rates of those afflicted between Caucasian and minorities. So our charge actually is to develop a sustainable plan to raise awareness about early detection, promote health equity, and reduce the burden of kidney disease throughout the state and we can accomplish this charge by holding educational workshops and seminars. Listen to relevant research that is out there. Prevention screenings that promote social media campaigns, TV and radio commercials and if you care for it, we can eventually hold a hearing or two and we can do it virtually. We can hold it in person, but it's basically important that we reach as many people not only in the Chicago land area, but statewide, this is a statewide panel. And this language that I went through is in House bill 594. I believe my staff sent out the language. For the press conference, but if you are still in need of the information. Excuse me, please feel free to reach out to us and we'll get you whatever you need. So we can all be on the same page. So thank you very much, Miss Tracy. I don't know if Representative West has any comments also?
- c. *Representative Maurice West:* I do not. I just want to thank everyone for being here. My intentions are to be intentional with this working group and I just hope that we all are in as well. And I'm looking forward to working with all of you.

5. INTRODUCTIONS

- a. *Keturah Tracy:* Thank you Senator Hunter and Representative West, co-chairs for this group. Now if all task force members could please provide your name and your role on the Task Force. Representative McLaughlin, would you like to introduce yourself?
- b. *Representative McLaughlin:* I'm happy to be here today. I've got no comments. I look forward to the good work we're all going to. So thank you.
- c. *Keturah Tracy:* Okay thank you. And again, my name is Keturah Tracy. I'm with Illinois Department of Public Health and I am here for administrative support of this Task Force.
- d. *Jose Jimenez:* Good morning everybody happy Monday. I'm representing the Department of Healthcare and Family Services. As you know, we cover the Medicaid population, but in previous years we have made some great progress and closing the gap, including different programs that help cover the cost of the kidney transplants in addition to the expansion, for the non-citizens program, age 42 and up. I'm so happy to

be here and provide any support or assistance related to those programs, including the Medicaid and the managed care organizations. Thank you.

- e. *Dr. Kalyani Perumal*: Hi, everyone. Good morning. I'm Dr. Kalyani Perumal, I'm medical director for dialysis services for Cook County health system. I'm very excited to be your partner in this task force and do everything we can to curb this epidemic. And I'm looking forward to meeting and working with all of you. Thank you so much.
- f. *Niva Lubin-Johnson*: Good morning everyone, it's a pleasure to be here. I am a general internist. I was in private practice for almost 30 years, and am now semi-retired. As a general internist I have seen lots of patients with chronic kidney disease; some going on to dialysis and some, fortunately with appropriate treatment did not. I look forward to being a part of this task force and hopefully furthering education about this condition throughout the state of Illinois so that people will know if they have chronic kidney disease. A statistic I heard recently is that 90% of persons who have chronic kidney disease don't know. So I would like to make a change in that statistic. Thank you.
- g. *Marion Shuck*: Good morning everyone, I'm delighted to be here as well. My name is Marion Shuck and I am the vice president of governmental relations and external affairs at Gift of Hope organ and tissue donor network. We are the organ procurement organization that is responsible for procurement and transplantation, working with families to help them understand the process of donation and most importantly, helping the communities that we serve who are marginalized and underserved as well as our Caucasian community. Gift of Hope is number 3 in the country. We've just finished our 3rd year of record breaking in organ transplantation where we had 526 donors, and we transplanted over 4,900 organs. We're looking to break the 700 barrier for organ donors and also the 2000 barrier for organ transplant. And so we are appreciative of being on this task force to be able to be that organization that can not only help the community understand the process of donation, but to get more people transplanted by working with transplant centers and working with this task force to really do some grassroots education and outreach.
- h. *Jackie Burgess-Bishop*: Morning everyone, my name is Jackie Burgess-Bishop and I am the CEO for the National Kidney Foundation of Illinois, and this task force is aligned with, and integral to our mission, which is to improve the health and wellbeing of those at risk for or affected by kidney disease. We work through the entire continuum of prevention through education, screening, primary, secondary prevention through supporting patients, their families that are at risk and experiencing kidney disease, advising on transplant living and donation, working with a number of the members of the task force, and with our elected officials. This is so very impactful and meaningful for us. Dr. Lubin-Johnson already identified some of the key statistics as well as Senator Hunter. We're here to help change that trajectory. I was just sharing with Monica this morning, that at my particular house of worship one of our members advised me that she just was informed, she has kidney disease and she's around 50 or so with 3 children. So, what we want to do is change that trajectory in terms of slowing the progression. First education in prevention, then slowing the progression, and for those that have kidney disease, getting transplants working with our partners and providing post-transplant support. So thank you. It's an honor to be here.

- i. *Keturah Tracy*: Thank you Jackie and did you want to mention the leadership summit at this time?
- j. *Jackie Burgess-Bishop*: So as part of our national organization, we will be engaging in a leadership summit at the end of June. The purpose of the summit is slightly more narrow than our purpose as a task force, but what we are looking to do is a collective impact strategy with multiple partners and stakeholders. Because our goal is to develop and advance equitable strategies to improve testing and diagnosis in primary care. But in order to do that, it really requires that health equity focus and the engagement of multiple constituents, a number of which are represented on this task force. We may be calling out to you to see if this is a worthwhile endeavor for you. We would hope you may want to attend and possibly participate, based on your time, so we are very excited about the leadership summit again. It's expected to occur at the end of June.
- k. *Keturah Tracy*: I appreciate that. I thought the group would be interested. And I'm assuming they can reach out to you if they need more information. Is that correct?
- l. *Jackie Burgess-Bishop*: Yes and in fact, I can follow back up with you directly so you can send the information to the task force members.
- m. *Keturah Tracy*: Sounds good, thank you. That would be great. I appreciate it. Next we have Connie Boatman-Tate.
- n. *Connie Boatman-Tate*: Good morning everyone. I am the Director of the State Organ Donor Program. We partner with community organizations that are committed and dedicated to transplantation, and to increasing the registry. We recently hit 7.5 million registered donors. And we're very, very proud of that. Thanks to all of you who helped us achieve that record breaking number. And we also work to maintain the integrity and the privacy of the registry. And so we're looking forward to doing big things this year with the help of all our partners. In the meantime, we're looking forward to all that we're able to do with this task force to make an impact with regards to access. Thank you for having me.
- o. *Atiba Buchanan*: Hello. My name is Atiba Buchanan and I'm a ten-year dialysis patient. My contribution to this task force is to be able to talk to individuals and families that are either on dialysis or someone that's approaching dialysis to help them have better outcomes during dialysis. To help them live their best life while they're on dialysis. I am currently a radio talk show host in the afternoons. So I look forward to working with everyone and doing whatever I can do to help.
- p. *Monica Fox*: Good morning everyone I am the director of outreach in government relations for the National Kidney Foundation of Illinois, but I am representing patients on this committee on this task force. I am a kidney transplant patient who spent 3 years on end-stage dialysis before receiving the gift of a deceased donor kidney transplant, a directed donation, 2016, the eve of Thanksgiving. So, needless to say, Thanksgiving, 2016 was the best Thanksgiving ever and I'm happy to be working with this group of individuals who are committed to making life better for people with kidney disease here in the state of Illinois and raising more awareness about it because I didn't have the benefit of awareness. And if I had known then what I know now, my circumstances may have been different. So just happy to be on this task force.

- q. *Dr. Dineen Simpson:* Good morning everyone. My name is Dr. Dineen Simpson, but please call me Dineen. I'm happy to be serving on this group. I'm a transplant surgeon at Northwestern medicine and Northwestern Feinberg school of medicine. And in addition to providing top transplant care, which is, you know, really end of the line care for patients with kidney disease, I do have also a passion to mitigate the disparities faced by the African American community. And to that end, I created the African American transplant access program at Northwestern. Which is a program housed within the Northwestern transplant program that provides extra resources and attention to patients in need who are underserved because of their environments, social determinants of health and more. In addition to that program, which helps patients navigate the multiple steps of evaluation and listing for transplant, we also have engaged in numerous efforts to work on the other spectrum of kidney disease towards education and prevention. And I've had several grants with community members and other partners, including both Jackie and Monica with the National Kidney Foundation of Illinois to create interventions to educate the community around screening around prevention and slowing the progression. And then, ultimately with their options for treatment, which, you know, we all know the gold standard for treatment once patient's approach end stage kidney disease is transplantation. I'm so very happy to work with you all to continue those efforts and beyond.

6. REQUIREMENTS OF TASK FORCE

- a. *Keturah Tracy:* Thank you everyone for those introductions. 20 ILCS 5160, the Kidney Disease Prevention and Education Task Force Act, requires these roles be represented in the Task Force, and that this Task Force will work directly with educational institutions to create health education programs, to increase awareness of, and to examine: chronic kidney disease, transplantations, living and deceased kidney donation, and the existing disparity in the rates of those afflicted between Caucasians and minorities. However it does not specify type of educational institution, nor does it specify the audience for these programs. Therefore it will be up to us as a group to determine how we wish to interpret this act. Are the educational institutions providing guidance toward the creation of these programs? Or are these programs being offered at the educational institutions? Will we be addressing medical students? All healthcare students? Or is this something that needs to be at a fifth grade reading level? Programming will be very different depending on the audience.
- b. The Act then goes on to say that the Task Force shall develop a sustainable plan to raise awareness about early detection, promote health equity, and reduce the burden of kidney disease throughout the State, which shall include an ongoing campaign that includes health education workshops and seminars, relevant research, and preventive screenings, and that promotes social media campaigns and TV and radio commercials.
- c. Finally, after listing out the composition of the Task Force, the Act states that the Task Force shall submit its final report to the General Assembly on or before December 31, 2023 and, upon the filing of its final report, is dissolved. So there's a bit of a discrepancy between the first statement, that we are to create health education programs, and the final statement, that we are submitting a report. I would argue that, given the timeframe allowed, we would be submitting a report with recommendations for health education programs, as opposed to a

report after successful implementation of these programs. But again, that is for this Task Force to determine.

- d. *Allison Nickrent:* Sorry, perhaps Senator, any insight you have as the drafter may be helpful. I think you know, I'm the legislative liaison here at Illinois Department of Public Health. I think having this group get together and first figuring out what would an ideal program look like, is really the goal. We can't necessarily control an educational institution to insist that they take up that program, but we can definitely work on it.
- e. *Senator Hunter:* Yes, I thank you so much for the opportunity. So I'm hoping that we do all of the above that you mentioned. I know that the deadline to get a report done is December 31st, but you can recall we're very late. So, I can always ask Representative West, and the other legislators who are on this call can always pass legislation to extend the deadline to give us more time anyway. So I'm hoping that we would just stay focused if we don't have enough time. Prior to the deadline, we can pass the legislation so that we can continue to work forward and move forward and stay focused. And if there are some other areas that folks on this task force would like for us to do, or take a look at or to address then we should take all the time to get this thing done and not rush it through because so many people are getting diagnosed with kidney failure. I think that I would like to see some of our experts like Dr. Simpson and Dr. Lubin and some of the other physicians on here or other healthcare experts, or to bring somebody to the table to talk about the functioning of the liver the liver have anything to do with kidney failure. There is always complaints about the waiting list and I'm sure Marion Shuck can share with us. You all were handpicked to sit on this task force for a reason, because you all bring expertise to the table. Dr. Perumal hopefully, I'm pronouncing your name correctly. But you guys are experts. We are not. Okay, so I'm hoping that you all will have an opportunity on the agenda to make presentations. And so, once we get through, once we're educating ourselves, perhaps we can go public and start holding some public forums and to educate the community, get on the radio. Take advantage of social media - send out information on Facebook to different people, or just let folks hear what's going on and learn or read what's going on. You understand what I'm saying you know, we're talking about providing education and promoting awareness, you know, and prevention you guys and so if it means that we need to work with our hospitals and our other healthcare providers to see exactly what are they doing? How are they approaching the matters? Is there an issue that they need to address? Or are they having any problems with some policy kind of stuff. Can we unlock that bottleneck? You understand the thing, and I know that there are all kinds of issues out there because people have been bringing those issues to me, whether they are recipients of a kidney or if they are on the waiting list. If they have a loved one that has been afflicted, you know, I get information and get information from you guys as well. So let's be open and honest and fair about the situation. If you need to have a private meeting with me. So, be it, I'm available. Can you can call my cell phone? I thought I gave you all my cell phone, but if not take it down area code (773) 456-9647 and I'm not sure if all of the slots have been a filled or not. And if they're not then, if you feel that there is somebody with some expertise that you just thought about, or you feel should be on this Task

Force, let us know and perhaps we can get them appointed. Okay. So, did that help any guys as well as miss Tracy?

- f. *Dr. Kalyani Perumal*: So, I was thinking, I'm just sharing my thoughts here. I think it'd be good to have a sort of a written plan, with our goals. Each one of us has different ideas and we're already doing different things like a transplant doctor, so it'd be nice to have some sort of a roadmap. Okay. What are our main goals? It could be anything like increasing awareness, early detection or prevention. So, have something really written down so each one of us can sort of come up with different strategies to achieve that goal. So, it gives us a common roadmap for all of us to work on different things and then we can share resources. So maybe we can discuss how we can increase our awareness? You know, how can we focus on early detection? We all have some framework in our mind and different ideas. These are just my thoughts. We're all doing different things, maybe we need to sort of look at what we're all doing and pull our resources together.
- g. *Marion Shuck*: I was going to say podcasts so I think it would be a really great opportunity in the next couple of weeks. I don't know Monica's schedule, but I would be happy to add folks to the schedule. So, we can start getting the information out about the kidney disease prevention task force. Because I think if we're going to take it to the community, eventually, I think this is something where we can have some of the experts on these panels on each of our podcasts to be able to talk about it and say this is happening. And so I do like Dr. Perumal's suggestion that we pull our resources together. Monica, I'm sorry for speaking on your behalf.
- h. *Monica Fox*: Oh, no, it's a great suggestion and we definitely are happy to utilize the podcast platform and that.
- i. *Jacqueline Burgess-Bishop*: Thank you both. And Dr. Perumal Thank you as well. Just one or two thoughts in addition to our respective podcast, and we are in. We have our campaign of kidney health for life, which we can utilize information about the task for us, have speakers on and to Dr. Perumal's point. I was thinking we can look at the diversity of functions of that. In terms of aligning it or identifying it according to the various stages in terms of what are we doing? What are we are doing with prevention you know, because we have the vantage point of knowing what a number of the task force members, how they're engaging. There's a lot we don't know and want to learn. That's the purpose of the Task Force. So we can say, where are we with prevention? Where are we with screening, early detection and education and then where are we, in terms of how we all interface with diagnosis and at what stage. There are five stages of kidney disease and so we should look at some type of framework, and I think we can help with some material to lay something out. We appreciate you and Representative West and Representative McLaughlin and the other elected officials, the willingness to extend as needed. So, I just wanted to offer that and just get reactions from the task force members next. I know it's further down on the agenda, but just trying to work on having a written structure or guidelines, in addition to the podcasts and the PR.
- j. *Niva Lubin-Johnson*: Thank you Senator Hunter for recognizing my hand. I like several of the suggestions that were made, and I think there may be some synergy with all of them, but: First thing is we have some goals for this task force in the legislation. And so I

think that we start with using that and maybe for those who belong to an organization or a program, you know, use the goals and put what's in the programs that you have related to the task of this task force fit in, with the goals that are there and then maybe once we know what is there, we can expand on or get to creating what we want to do in addition to what already exists so that we are not recreating things or creating things that we don't need to have. I do like the idea of podcast to be available, but also webinars to be available. Also both live, and hopefully, they would be recorded too. I also think the idea of hopefully, at the summit in June if it is here, you know, maybe we can have a hearing at the same time. The summit is here to kind of combine a couple of things so that we can take advantage of those who will be in attendance for the summit. If it is here. I'm in Chicago or in Illinois, so, you know, those are my suggestions at this point, but I really think we need to start with the basis of this, which is the legislation that was created and the programs that already exist.

- k. *Keturah Tracy*: Okay, so, with that said, when do you think that we would want to meet again? Is there a rhythm we want to establish? Weekly? Monthly? Quarterly? What do we need to bring to the table for the next meeting?
- l. *Niva Lubin-Johnson*: So, my suggestion is probably quarterly, but also, I think maybe we should break down into some subcommittees because I think that prevention, possibly with education is one thing, but then dealing with the disparities of those who are on transplant list, or don't make it a transplant list is another subject entirely and I think that, you know, of us on, who are participating now, have areas of expertise in certain areas. So those would be my suggestions so that the subcommittees could be meeting in between the quarterly meetings and reporting. So, that would be my suggestion. We can put it out to the committee. Maybe we do need one more meeting together before we do that. So that maybe there's some time in sending those programs to Miss Tracy, so that we have a game plan of what's there already, but then kind of have an idea of maybe what we want to do in terms of breaking down into subcommittees at our next meeting.
- m. *Keturah Tracy*: Thank you I like the sound of that. We do have a requirement that actual decisions cannot be made in separate, smaller groups than the committee, so the task force as a whole needs to be making these decisions. So, I think it would make sense to meet one more time to determine the subcommittees so that we're all clear what everyone's projects are. I don't know if Douglas has made it yet, but he will need to start his presentation soon. He needed about 10 minutes so I was kind of hoping to get him started. Oh, yes. There he is. So quickly, should I send out another Doodle poll? Or do you want to just set a date and time now as a group for our next meeting?
- n. *Niva Lubin-Johnson*: So here's a question for the 2 persons who weren't available like, is this time never good for them? Or was this just, you know, a temporary thing.
- o. *Keturah Tracy*: I know one individual had a temporary issue. I don't know about the other.
- p. *Niva Lubin-Johnson*: I mean, it looks like this is a good time for the majority. Maybe we go with the 4th, you know, this is the 5th Monday, but maybe go at the 4th or 5th, Monday.

- q. *Senator Hunter*: I like that, because I would rather that we not meet during the week, but meet Monday, because we're in session Tuesday, Wednesday, Thursday. So, Monday at this time is very good for me. Um, what about the other elected officials?
- r. *Rep. Maurice West*: No, I agree with you Monday and Friday is consistently a good time for me as well because like you said, Tuesday, through Thursday, we have Session.
- s. *Keturah Tracy*: That makes sense. So the final Monday of the month. I will send that invite out after this meeting.
- t. *Senator Hunter*: I also would like to recommend that you myself, whomever else you care to join from your staff and the 2 kidney foundation folks. The 4 of us can sit down. The 5 of us can sit down and meet as soon as possible with the plan. The next meeting, that would be great, I think, because I do love the idea of us having.
- u. *Allison Nickrent*: Of course, include representative West.
- v. *Senator Hunter*: Oh, yeah, I'm sorry. Sorry yes, of course of course of course, of course, I'm multitasking you guys.

7. REVIEW OF ILLINOIS OPEN MEETINGS ACT

- a. *Keturah Tracy*: So, Douglas, if you are ready, I believe I am sharing your presentation. Does everyone see: Douglas, Toronto, Deputy General Counsel and Ethics Officer? Okay, great Thank you.
- b. *Douglas Dorando*: Good morning. Everyone my name is Douglas Dorando. I'm deputy general counsel at IDPH. I apologize that my video is not working this morning. Every time I try to turn it on today it's crashing my laptop. I was asked to talk to you for a few minutes about the open meetings act. Um, but I also wanted to touch on procedures for public records, generally for the benefit of the committee. I do understand that for a lot of you, this is going to be stuff you already know, but I think it's important that we just touch on it briefly. So there are three things that I want to sort of do this morning and give a very brief, sort of a cursory look at the open meetings act, frequently called OMA, as well as the Freedom of Information Act.

Just starting with the open meetings act: I think that the thing that is most important for everybody to understand on this is that open meetings ensure that public bodies are making decisions in public conducting open deliberation. And what that means for you is that, when we have these meetings, a meeting is not always a majority of the body itself, it's a majority of a quorum and so, for the purpose of discussing public business, there's sort of two nuances there that are important for us to understand. The first, is that, you know, anytime a majority of a quorum is gathering So, you know, again, a majority of requirement being different.

In this case, I honestly don't know the number of members of the board, but so it would be the majority of half of you, can't get together to discuss public business and those conversations can happen in any number of, you know, we can have actual in person meetings. We can have remote meetings like this, where everybody's on a Webex but even if you'd start texting your fellow board members, that can also be subject to the

open meetings act. So it's really important that you understand that text messages, phone calls, emails - anytime you hit reply all. That can lead to a violation. The other thing that's worth mentioning is that it has to be discussing public business, which means the exchanging of views or ideas related to the affairs of the public body. So, you know, a group of you are friends outside of this board and go out, you know, to have dinner, go to a Superbowl party. That doesn't mean that you guys can't do that any longer. It just means that you can't discuss public business. OMA has a number of things that are specifically required so this board will have to do. One of those is create public notice of meetings, posting those agendas 48 hours in advance. The idea is generally that we're giving the public, some sort of reasonable explanation of what it is the board is doing and going to be considering. There's a number of other formalities that are required in the statute. The minutes are taken and that recordings are made. I believe the task force itself actually has a separate statute in addition to this, that sort of specifies some additional things that you need.

But generally, what's important to understand is that the meetings have to be at times and places that are convenient and open to the public and finally that the public is given an opportunity to be heard by the body. We can establish reasonable rules through things like bylaws, placing time limits on speakers or the amount of total public participation. But that there does have to be a public comment period on the agenda. One thing that you'll frequently see folks on various boards use in their language are irrelevant repetitious and disruptive comments cannot be made. But this has to be really, very narrowly construed because we need to make sure that we are Giving the public an opportunity to address "X".

And then the other big thing that I get a lot of questions about relative to the Open Meetings Act are closed meetings or executive sessions. One thing that you, you know, this board, it's probably not going to run into any of these various situations, but it is important to understand that there are very, very few reasons that you can go into an executive session and that it's really recommended that you talk to counsel's office prior to holding together a closed session. And that's because there are specific procedures that have to be followed, but also that the purpose of that executive session is allowable within the act. So, that's what I've got an open meetings quickly. I'd like to turn my attention to why it's important. All persons are entitled to full incomplete information regarding the affairs of government, and the official acts and policies thereof. So everything is a public record - anything that relates to the transaction of public business from text messages, photographs, phone calls, blogs videos, papers created by this body, will all be subject to potentially a FOIA request. This can include, uh, you know, your personal email address your personal cell phone, your personal text messages if - this is the important - if you're discussing public business, and it's been used by received by in the possession of, or under control of any public body. So, understanding that, you know, it's, it's very important that you segregate out the public business from your personal conversation.

- b. The other thing that I just want to highlight is that it's very time-sensitive when we get Freedom of Information Act requests. We only have five days to respond. So, when we reach out to you to ask you for materials, I'll discuss here in a second, it's very important

that you communicate back to us in a timely manner. There are certain exemptions that allow us to, uh, you know, not provide literally every piece of paper or every text message that comes through and we will use those to the maximum extent possible. Sensitive public records are prevented from disclosure of personal privacy, internal operations and communications are two of the more common reasons. This includes things like draft communications that are being battered around.

If anybody gets a Freedom of Information Act request sent to them directly, they should forward that request to The DPH FOIA Officer at dph.foia@illinois.gov as I mentioned this, you know, triggers a set of deadlines that are very strict within the Freedom of Information Act. So it's really important that everybody cooperates with our, officer, and our entire legal staff who will certainly be in communication with you to try to ensure, a proper response.

- c. And then briefly, you know, I also just wanted to touch on the state officials and employee's ethics act. As you know, it's it is applicable to everybody on this Task Force. You will have to go through certain ethics and harassment training. As a result of this act understand that there are certain political activities that you can't do while conducting state business. Those are spelled out in the act as well. But the thing that I just want to briefly spend a couple of moments on are the gift bans and board members, you know, are not permitted to accept gifts from prohibited sources, meaning that folks who've got business before the board shouldn't be giving you gifts and then also board members are not needed to take anything of value in exchange for a promise to vote or act in a certain manner. This sort of traditional quid pro quo corruption idea. So, those are sort of just generally the broad brush strokes of what the three acts require. I'm more than happy to answer any questions that anybody has at this time. Otherwise my contact information is available on the screen. I'm more than happy to discuss any of this with anybody on this board.
- d. *Niva Lubin-Johnson*: Yeah, I want to how many members of the task force are there. So we know what the quorum is and what majority quorum.
- e. *Keturah Tracy*: We have sixteen.
- f. *Niva Lubin-Johnson*: Quorum would be nine and majority quorum would be five. So, no more than five can meet at a time?
- g. *Douglas Dorando*: No more than four.
- h. *Niva Lubin-Johnson*: No more than four. Okay. All right.
- i. *Keturah Tracy*: Anyone else have any questions?

8. ADJOURNMENT

- a. *Keturah Tracy*: Okay, well thank you everyone for your participation today, given that we are at the top of the hour. I request a motion to adjourn.
- b. *Niva Lubin-Johnson*: Second.
- c. *Senator Hunter*: Second.
- d. *Keturah Tracy*: Thank you so much! Alrighty, by show of hands either on camera, or using the "raise hand" feature, can you can we get a majority vote? All right looks good. Thank you everyone. And I will be sending out an invitation for the last Monday of February.