**NPC Agenda:**



**NPC Members:**

Alma Lee- AFGE (Not present) Denise Biaggi-Ayer- LMR (Co-Chair)

Mary-Jean Burke- AFGE (acting Co-Chair)

Bill Wetmore- AFGE

Irma Westmoreland- NNOC/NNU

Joe Henry- NNOC/NNU Jeffrey Shapiro-NFFE (virtual)

Kevin Mitchell- NFFE (virtual) Claudia Moore-NAGE

Mark Bailey- NAGE David Palmer-SEIU (Not Present)

David Perry-VHA

Doris Gruntmeir -OGC (Not present) Terri Beer-NCA

Michael Stephens-VBA (virtual)

Christine Polnak- SEIU

Linda Parker-Cooks-AFGE/VBA

James Leahy-VCS (Not present)

Robert Sheena-VBA (Not present)

Michael Stephens VBA (virtual)

Scott Riggs-representing VBA

George Cannizzaro-NCA

Gia Chemsian-OGC Sarah Porter-OIT (Not present)

Michael Salazar-OIT (Not present)

James Zeveski-VHA

David Perry-VHA

CoTrina McCants-representing OIT

Mary Ellen Anastas – representing VCS

**August 15, 2023**

Meeting began at 10:00 a.m. ET

Denise Biaggi-Ayer, Executive Director LMR (Co-Chair Management) and MJ Burke acting as Union Co-Chair in Alma Lee’s absence. Meeting held in Washington, DC at 810 Vermont Avenue in room C-7. After introductions, the extra time was used to discuss the next meeting. Currently it is scheduled for October 24-26, 2023. Locations were discussed and LMR will check on feasibility of East Orange, NJ, Tampa, FL and Spokane, WA.

Denise and MJ welcomed everyone. Several people joined in virtually, including Jeff Shapiro, Kevin Mitchell, Linda Parks-Cooke, Michael Stephens.

**Nursing Service Updates – VHA**

* Karen Ott, Director for Policy, Legislation and Professional Standards, Office of Nursing Services

Karen – VHA’s Vision Statement was reviewed. Currently in Year 2 of the 10-year nursing workforce strategic plan. Optimizing and informing practice, strengthening workforce, remaining lifelong learning and career development, and inspire an industry leading culture. There are 12 workstreams within the 6 priorities. Irma asked about where the union is involved in any of these workstreams and in particular the strengthening the workforce, because she is not involved at all and having BUEs on committees is not the same as having the union on the committees. Irma asked about where the unions can get involved in these strategic goals and workflows. Karen stated that she will take that back to leadership, that labor is ready, willing and able to be involved in the Strengthening the Workforce goal. Bill asked about BU employees present at work groups, why that isn’t a formal discussion. Denise will speak afterward to Karen. Irma and MJ asked about certifications and access to funding for these certifications, which are position specific and mgmt. specific, and why have that at the local level, which are options that give rise to arbitrary and capricious activity. Karen responded that the way it’s being set up wouldn’t require mgmt. approval, but she’ll bring it back. Irma asked about locality pay by facility and how it will be used. Karen spoke that she is going to create a standardized document for reporting out that data. David responded that salary adjustments are automated and take place immediately after VAMC Director approves. Rejects aren’t due to error per se, they can be due to multiple pending actions that are impacting, and it requires a manual review by HR for proper sequencing. FY23 accomplishment and outcomes were reviewed, FY24 and looking ahead overview provided: strategic practical plans, product development, pilot and progress tracking. MJ had comments about changing the PSI to move to the end of the year, 4 dimensions of ePerformance. Irma raised that there is no tracking mechanism in ePerformance for when signatures are captured, etc. MJ asked about whether summary board review for probationary employees will remain in place and it was confirmed that it will. Jeff asked whether there is a known failure for RNs to receive their proficiencies and about a training program for late proficiencies to be fixed before the end of the year. David stated the anniversary date issue with HR Smart was resolved with the incorrect anniversary date and was changed over 2 years ago. Management training is conducted at the local level (VISN or Facility) so there is nothing national planned. David offered to get the deployment schedule for ePerformance from OCHCO. MJ stated that ePeformance becomes a system of record, but if you can’t address the appeal in the system of records. Supplemental documents do not flow over like a performance rating would to e-OPF. MJ points out we have created a situation in which we cannot comply with the regulation. David clarified that there are tracking standards within ePerformance and those cannot be edited. Mark asked about the makeup of the Board. Karen responded there are 3 members of the board, and that if an RN disagrees with their rating they get a reconsideration process, where it goes to different boards. The dissolution of the PSBs is pending based off of negotiations. Jeff stated that a highly reliable organization has to be able to pay its people and a lack of accountability doesn’t improve issues.

Staffing methodology is constantly being looked at. Karen asked for location specifics from Mark, where he said staffing is at minimum levels, where if one person is on annual leave, another calls in on sick leave, you get mandatory overtime. Irma mentioned she’s having the same issue. Irma asked about whether the .2 is really enough to consider annual leave and sick leave and not factor in FMLA, family leave, etc., The highest responsibility of the Department is to provide enough staffing. Mark asked whether when staffing methodology is being discussed, before decisions are made, whether the union will be involved in those discussions. Karen said she would take that back and agrees it’s a good suggestion.

**EEO Program Manager Realignment, HRA/OSP/ORMDI**

* Dr. Anne-Marie Duncan, Associate Deputy Assistant Secretary

Dr. Duncan provided an overview of ORMDI and its current status and moving forward. Mark raised concerns of notification of EEO managers at the facility level. Mark stated his concerns of implementing a policy without coming to the table to bargain it first. Mark asked about employees who file a harassment complaint and wait 6 months to a year and receive no feedback. Mark expressed concern about VA Handbook 5979 not being bargained prior to implementation. Jeff stated that Harassment Prevention Program (HPP) is a failure and the fact that investigations are done internally means they’re not done as they should be. It was compared to police reporting to the VAMC Director. Mark asked if it was appropriate for an employee to be misled and missing the 45-day EEO time limit. Dr. Duncan replied it’s not an either or, it’s a dual track for HPP and EEO so employees need to know that up front.

**Reasonable Accommodations Management System (RAMS), HRA/OSP/ORMDI**

* Denise P. DeShields, Program and Management Analyst, Reasonable Accommodations Service
* Karen Basnight, Director, Office of Workplace Empowerment

A demo of RAMS was provided. It is the Reasonable Accommodation Coordinator who is accessing and utilizing the system and entering information. Irma asked about RA processes being revamped and so that RAs are not really an option anymore. Mark asked about the information and whether it’s protected by the VA system. RAMS holds records for 3 years. Mark raised that he placed a demand to bargain. Mark asked whether RAMS asked for additional medical information/documentation. It was confirmed that can vary on a case-by-case basis. RAMS is the process where the information is uploaded. Mark stated RA Committees are sharing information with supervisors. Mark also asked why the Handbook was never provided to labor for bargaining. There is a workgroup for all thing RAMS. Bill Wetmore asked if this was something the program office was going to approve. Denise will reach out to coordinate this for workgroup membership.

**Electronic Health Record Modernization Update, VHA**

* Dr. Neil C. Evans, Acting Program Executive Director
* Dr. Jonathan Nebreker, Executive Director, Clinical Informatics and Chief Medical Info,
* Nathan Maenle, Chief Consultant to the Deputy Secretary for Health
* Rich Ivnik, EHRM IO Reset Manager

Pre-deployment activities were paused to get things right with EHR. Overview of EHR, which is really tied to everything: billing, scheduling, community care, primary care, a whole suite of technologies. March 2024 is the go live at FHCC in Chicago. There are 6 priority workstreams. Rapid EHRMS Baseline improvement deals with going through a rigor for making any changes to the system and looking at ways to speed that up. Workforce development deals with system reliability. Irma asked about and suggested ‘favorites’ for scaling purposes, where you cannot have a dropdown with hundreds of thousands of name options. Jeff mentioned that VA should invoke the lemon law to get a new system. Jeff drew multiple comparisons to buy a vehicle and having multiple recalls, warranty issues, and fear of it breaking down on the road. Neil explained that we had issues going from paper to Vista as well, and though difficult, we need to get it right for the end user and Veterans. DoD has their own patient portals, own pharmacy portals, and there doesn’t have to be agreement everywhere and there is a Board for when there needs to be agreement but can’t be reached. Mark asked about when the group is having a meeting in Kansas City, but whether there are employees being brought into the conversation so that change can be streamlined when it’s implemented. In other words, having employees’ ideas during the change conversations, not just the implementation conversation. With 5 live sites that is more of a possibility. Rick reiterated that while in Kansas City they are identifying who they need to include for those conversations, including employees. MJ asked if they’re deploying beyond 5 facilities before the issues are fixed? FHCCS deployment in North Chicago and afterward, when a level of confidence is present, it will be deployed beyond. A schedule will not be posted until that point.

**August 16, 2023**

Meeting began at 9 a.m. EST

**RN Bookable Hours, VHA/ONS**

* Traci Solt, Director, Clinical Services, Office of Primary Care
* Michelle A. Lucatorto, Associate Director, Nursing Analytics

Provided overview for RN Care Managers of bookable hours, setting designated time for appointments. Bookable hours do not affect break times, TOD, not used for measuring productivity, and local teams should meet to create grids. There is a 25% minimum. Reviewed bookable vs. non-bookable criteria. The implementation plan has flexibility, but the plan is to have grids established in primary care by the end of 2023. MJ raised that it’s not the grids that create the problem, but that it’s claimed it’s not about productivity, but the SES metric does reflect that it’s about metrics which creates patient safety issues. She stated VA has asynchronous care not grid-oriented situations, mandatory surrogates being taken, and complaints out in the field. 100% direct patient care mapped but direct vs. administrative. It’s the plethora of providers who have an 85% and it’s tied to the SES employees. She understands the access which the USH wants, that’s not the union issue. Traci responded that the goal of bookable hours makes sense but wasn’t aware of the 85%. MJ stated that if someone is 100% direct patient care, the program offices are construing what is directs vs. indirect care and if you’re on a performance appraisal that has bookable hours, that creates a change in conditions of employment. Traci agrees there is extreme variability. Traci offered to come back and said this is a perfect opportunity to partner because VA needs to create a safe happy environment to work in and making sure we’re taking care of veterans. Bookable hours will provide evidence of everything RNs do. The 25% will give a start to show everything that is being done and won’t suggest an increase unless we come back to NPC. Irma asked about panel population management and what does that mean? It looks at the disease states of the patient and how to manage them, it can be for preventative illnesses. Irma stated at Charlie Norwood VAMC they are way over panel sizes and the providers and nurse workloads are astronomical. Two hours of protected time, but still have secure messages, alerts to go through, plus seeing every person who comes through the door and do triage. Irma stated she is not getting where this 25% is going to be effective if we’re not cutting down on other things they have to do and education requirements. Michelle responded this gives them protective time to do what they already are. Bill Wetmore asked about expanding bookable hours outside of primary care. Traci said we’re not the group for Provider bookable hours, but that there is no plan to expand nursing bookable hours outside of primary care. Kevin expressed concern for panel size for providers, and unless they asked for panels to be closed, they’re not getting closed, so the productivity marker and when employees are being told they are not productive, it doesn’t factor in how many messages they’re getting from myHealthyVet, it’s not built into the equation. The CCCs for triage, they are dropping patients into providers schedules and PACT teams without notifying them the Veteran has to be seen that day. This will be the lowest priority for them and it will go to the end of the day. Traci stated that productivity is in the proficiency but that is concerning and sounds like a local call. Mark stated you can’t hold employees accountable outside of their control with the rollout, unless a lot of training takes place first. Traci agreed. Jeff asserted that if the staffing isn’t correct, you’ll put the employees in a failed methodology and the change is viewed as the problem. The road has to be prepared for change.

**VA Voices, VHA**

* Virginia Edinburg, National Program Director, VA Voices, NCOD

Provided an overview of VA Voices. Two back-to-back in person days for employee experience. Virtual feedback scores were higher than in-person which was a surprise. Listen, suspend, respect, voice is emphasized. Bill asked about mgmt. buy-in and whether mgmt. was involved as participants. About 1/3 of participants are supervisors/managers and are part of the circle with staff with no supervisory responsibilities. Bill asked about reprisal and whether any issues have come up for disclosures and Virginia stated that has not come up. There are existing MOUs with the unions regarding VA Voices from 2016. There are 38 active sites doing Voices and 10 facilities to launch in FY24. It is not mandated anywhere. Kevin clarified from the labor perspective that everything is presented as an invitation and is totally voluntary.

**OIT Special Salary Rates (SSR), OIT**

* Nathan Tierney, DCIO, Chief People Officer

Special salary rate – 2210s, 0854s and 1550s. IT Specialist were reviewed for more proper comparisons to the private sector, rather than generic “IT Specialist” title. OPM approved SSR on January 11, 2023. Current SSR is being implemented using PACT Act authorities. Technical challenges where some Specialists were above the salary cap. Increased salary 17%. OPM route is the only long-term option, which was approved January 11.

Service awards: 90 percent receive within 30 days of eligibility. Special contribution awards funding more than doubled. QSIs have increased threefold. Career tracks are being looked at to make it clearer how to move up, such as in the military. Standby duty system integration issues are being handled. Goal for implementation will likely be October 2023. Talent acquisition functions and OIT is attempting to gain limited HR Authority. MJ recommended hiring contractors who know the ins and outs. Bill asked about standby duty and whether it’s in effect. It’s not, it’s being tested. Some of the coding issues are being worked out between DFAS and HR Smart and GovTA (VATAS). OIT is attempting to get these issues handled and fixed prior. Bill asked about increases in performance amounts and whether it was dollar wise. Bill asked if the share or percentage for each rating has changed in relation to the overall dollar amount. Mark stated he appreciates OIT’s style of management and sitting down and resolving issues with NAGE. MJ requested ADPAC manual, whatever is new, and Nathan will send. EHRM 2210s are segregated from OIT.

**VHA Directive 1078, Privacy of Photography, Digital Images, Recordings, VHA**

* C. David McDaniel, VHA Chief Privacy Compliance & Accountability Officers, VHA Office of Health Informatics

Concerns expressed about Veterans wanting to record employees. Veteran recording providers is not addressed in the VHA Policy. Review of Directive and how it works with privacy. Members of the public are not affected by this policy unless certain conditions arise. Jeff raised issues about their licensing being a concern, or themselves, if their images were put up on Facebook or made public. VA does not have legal authority to direct a person outside of the workforce on what they can or can’t do. Government phones cannot be used to take pictures of other VA employees for personal purposes without their consent. Teams meetings can be recorded but attendees have to be notified prior and consent granted. VHA employees cannot be required to turn their cameras on during meetings when it is being recorded.

**Recission of Vaccine Mandate for Civilian Employees, HRA/OSP/OCHCO**

* Kimberly Broden, Supervisory HR Specialist

Directive 2201 covered mandatory vaccination. January 2022 nationwide injunction prevented mandatory vaccinations, with the exception of VHA for Health Care Personnel. May 12, 2023, COVID health emergency was declared over with EO 14099. Testing remains in effect, in November 2022, but in concurrence. Testing policy is dealing with community levels vs hospital admission levels and the different types of testing. Revised policy does not require proctor. Mark raised issues about 1193.01 and VA notice 2201 and there being mass confusion about testing and masking. Mark asked why COVID isn’t being treated as an influenza. Mark raised idea of a task force of Union officials to come up with a Directive that deals with influenza so we don’t have different policies. MJ asked about mandatory vaccination program while Irma had comments about VA failing to protect its employees, and that 10 days of isolation is a long period of time before an employee can be paid by Department of Labor, or if they run out of leave. VA hasn’t received anything regarding a mandatory vaccination from Safer Federal Workforce Taskforce. Jeff asked if the vaccination will be offered for employees, but that is unknown at this time. Mark asked about whether VA has enough positions for employees who are requesting a RA for the vaccination.

**August 17, 2023**

Meeting began at 9 a.m. EST

**NPC Recommendations Discussion, VHA Policy Review Process, VHA**

* Laura Arcadipane, Deputy Directors, Office of Regulations, Appeals and Policy

Apologized for any oversights related to union involvement in the review process. The process is an attempt to make the policy more transparent. An overview of the process was then provided for refresher purposes. Prior to a national policy going into concurrence, it’s placed on SharePoint and anyone with a PIV card can access to review. There is an average of 60 comments per policy. When a comment doesn’t make sense, there may be follow up. Clarification regarding that only Directives go to the SharePoint, where the comments are resolved. Communication that new Directives are uploaded goes out to email groups that are predominately management. If the policy is specific to prosthetics, it will also be emailed to the national prosthetics office email group. They go to SMEs, who may be BUEs. Approximately 80 Directives are sent out a year. Bill stated that when dealing with the bargaining unit, any changes that are then made are essentially bargaining. A deal is being made, except it’s not with the union. Irma stated she agrees that the issue is of speaking to constituents prior to the union. But she asked that notification be provided to her of Directives going up so she can share with her NNU leaders who can provide comments in the system. Additionally, if there is a roundup of comments, she would like to see a roundup of those comments and what happened with them. Denise read Bill’s comments (in chat) from previous briefing. The talk sheet goes on the SharePoint site and the comment log would then be available. Mark raised that he is not a VA employee and cannot get on the SharePoint, so there’s a need to allow non-employees to review. Laura to look at how to operationalize a notice process. Jim suggested referring employees back to the unions if they have comments. Jeff suggested setting up an NPC subcommittee for midterm to examine those comments.

**Integrated Critical Staffing Program, VHA**

* Ryung Suh, VHA Chief of Staff

VHA has critical staffing shortages across many occupational series. Staffing shortages may worsen in the coming years due to rising health care demand. Despite ongoing human capital management efforts, VHA cannot hire quickly enough. Irma expressed concerns with time to hire and time to fill numbers. She stated VHA must focus on hiring enough HR staff to be able to hire faster. Jeff expressed concerns with locality pay issues and hiring. COS stated we are measuring subsets of the hiring process-journey map to determine how to improve the process. This is a high priority for VHA. Local contracts and federal supply schedules have limited access to workforce capacity. The Integrated Critical Staffing Program will provide new temporary workforce capacity. The Integrated Critical Staffing Program contract improves Veteran access to care. Currently the Locum tenens program is being used locally not as a national strategy. ICPS Centralizes and standardizes local locum tenens contracts as a national IDIQ Contract (Indefinite Delivery/ Indefinite Quantity).

Led by Veteran Integrated Teams Agile Leads with hundreds of integrated partners. It will be six teams. Large ecosystem of partners to get staff needed and tap into untapped working capacity. Will rely on national network of recruitment firms. The teams must be able to hit every facility in every State, territories, and Guam. Wide geographical coverage of temporary staffing services, covering 1,298 facilities. The effort is to provide new, temporary staffing until we can fill. This is being used for critical vacancies. Clinical, non-clinical, and program support occupational series and labor categories. Anticipate launching in September 2023 with 5-year base period and 5-year option period.

**VBA Automated Benefits Deliver (ABD), VBA**

* Laura Kuerzi-Rogers, Director, Office of Production Optimization

Showed a video on Automated Decision Support, which helps automate the administrative tasks in the claims process. It does not take away decision making availability and makes the process more efficient and accurate. Provided a claims overview. Linda asked about SCIP implementation, which occurred August 14, 2023. When a claim is received through mail automation, it will route any additional requests to a claim’s processor. Bill asked how well the program is at reading and writing and it does an excellent job at both. It uses intelligent character recognition and optical character recognition.

**General NPC Discussion:**

Mark asked about more transparency on organizational charts and actual recruitment vs. time to fill. MJ mentioned it’s in the interest of the union to ensure we have retention and are we recruiting at the correct pace for time to fill. She thinks NPC could make a general recommendation about that issue. Denise asked about bringing somebody back to brief on that specific topic. MJ said we have a 10-11% turnover rate though historically it’s been 9% and we have to create a situation where we leverage all avenues. MJ asked that David could give an update on that, where the org charts are and where these people are in the organization for hiring. And how can the unions help this need of 50K people and making org charts more transparent can be part of that? David mentioned that a lot of time is spent building org charts and maintaining them and we don’t have the technical capability to spit out the specific information we want from a system. Overall VA is down from last year and VHA is 400,000 people. So that’s 40K positions to fill a year to maintain. MJ stated that’s 120 days, 70% of that is not HR. She asked where is VA with standardizing and can NPC advocate as a recommendation standardizing the steps, of what our organization looks like and where is that on the VA website? Much of the marketing is determined locally based on what works there and VA works with public affairs to do that. MJ asked for a centralized place where organizational charts can be posted consistently and whether that can be a recommendation. Irma stated it shouldn’t be a secret and it should be easily accessible information. David stated how we extract that information so we can publish it somewhere is not what we can do now. If it’s a recommendation, we can ask for that requirement to be built. NPC Recommendation from MJ:To help achieve the agency goals and objectives in meeting recruitment needs, up-to-date organizational charts must be created or made available for easily accessible for staff electronically (first initial step).

**Veteran Facility Transformation and Healthcare Enhancement, VHA**

* Alfred Montoya, Acting Assistant Under Secretary for Health for Support

Provided an overview of PACT Act 700 series (Infrastructure) with emphasis on Section 704 leases in which lease competitions can be more speedily assessed where VA identifies a need. 704 it is a fast way to get space with Academic Affiliates. MJ asked about Coatesville specifically, that if the VMAC is not busy, they can work on non-VA patients and whether that’s tied to 38 USC § 8153 authority. Al mentioned that union involvement is now involved prior to entering an MOU so that unions are very well aware of any potential MOU where a facility identifies a need. Prior to any press release, the unions will be aware. MJ asked if there was any notification of 8153 and has a heightened alert of this authority. Al offered to get a Subject Matter Expert on 38 USC § 8153 to present to NPC. MJ asked about whether excess services can be provided to non-veterans. RNs have been sent to other hospitals to work on non-Veterans. Al replied there is the ability to do that. 8153 wouldn’t come into play until after the lease is signed. The identified need has to come forward from the Department. Bill stated there is a concern with the way the law reads and whether the Secretary can solely determine an identified need. Bill says it states the best interest of the Department, not an identified need, and where does best interest intersect with need? 705 deals with underutilized space or land, be provided to private so long as it then opens access to Veterans. The groundwork has been laid for that through homelessness programs, but it could be possible if there was a technical or trade school, and if they said they would give veterans preference or reduced tuition, that could benefit Veterans. They could then go right to the medical center to get hired. But the focus has been on 704 right now. Communicating publicly is a lesson learned.

**Unlicensed Assistive Personnel (UAP) Medication Administration Policy Update, VHA**

* M. Christopher Saslo, Assistant Under Secretary for Patient Care Services/Chief Nursing Officer

VA is taking the lead on creating SOPs for Unlicensed Assistive Personnel (UAP). Personnel to administer medications, so the employees can range greatly from high school degrees to 4-year degree or specialized certifications. The majority of UAPs do not administer. Revised VHA Directive 1194. Evolution needs to occur, but safety and consistency is priority. A preview copy of the directive was reviewed by the field. Irma raised that NNU has heartburn with this issue and that the medications RNs are administering cannot be taken away from them and this is a big issue for NNU nationally, not just in VA. How does UAP have a role in the emergency department when those are life threatening drugs? Dr. Saslo responded that in the community, they are already administering medications, so VA’s role was to look at every area and we know we have to be as well-defined and prescriptive in every way we could. As a healthcare enterprise, we can’t do it all without the help of well guided, well-trained individuals to help with that. VA has an obligation to ensure nurses are working to the top of their license and we have to evolve in the right way. Irma raised concerns about not having union representatives being involved in this. Issues raised about staffing problems and this falling on employees that may not be prepared or trained to perform these duties. Although this isn’t ideal, this is the best solution for where we are at. Labor was invited to review the preview copy of the directive and VA will move forward in that spirit. Dr. Saslo stated he is happy to come back to NPC and discuss at future meetings.

**NPC Discussion and Draft recommendations**

Develop language for an NPC recommendation and coordinate with VHA Office of Regulations, Appeals and Policy:

BUEs should be advised at the beginning of any SharePoint or email of the following:

*Bargaining Unit Employees are advised that any comments they enter cannot be responded to by the policy office. or acted upon until after the national bargaining obligation has been satisfied.*

Gia recommended coordinating comments that need follow up be coordinated with the appropriate union rep.

Bill had several possible recommendations for NPC:

**Draft NPC recommendation**: *The national partnership council endorses VA Voices for all VA mgmt. employees.* Kevin to help – when ELT participates for the full 2 days there is buy-in (Director, AD, COS, Nurse Director) encourage employees to accept the invitation.

**Draft NPC recommendation**: *Employee Health Records (HER) will not expand until it’s as good as Computerized Patient Records System (CPRS).*

The NPC Forums survey is awaiting Secretary’s support statement before deployment of the NPC forums assessment survey.

Jefferson Barracks in St. Louis added as possible location for NPC in October.

Meeting ended at 4:10 p.m. EST