SACGHS Discussion of Next Steps and Plans for the March 1-2, 2004 Meeting

Well, we have some time now set aside for the committee members to discuss next steps, and I'll basically break this down into two tasks that we have to deal with over the next 20 to 30 minutes, because we've already begun to see an attrition of the committee and I know from previous experience we will see more over the course of the next hour as people head for airplanes.

The two tasks that we have to do is talk about this report that we had agreed that we would send to the Secretary, and then the second task is the prioritization of items for the committee's agenda, and I want to make it clear that's the committee's agenda, not the next meeting's agenda, but it's setting our agenda of our effort in the near future.

So first, I know that Sarah and her staff have done some work on what would be the key issues. While they're getting that up, there are some things that I don't know that they're in the items that I saw before, but some points from the meeting in June that we had identified for further discussion in the future.

Large population studies and the resources needed to advance genotype/phenotype correlations, and we had asked that the NIH present some details. Because of timing, they actually asked to hold off on that because it wasn't the right time, but eventually we will have that report and be able to use that to generate advice to the Secretary.

Genetic discrimination. We said we should explore with the EEOC and consumer and professional groups the extent of genetic discrimination cases, with the Department of Labor to provide audit data on genetic preexisting condition violations by group health plans.

This is all just to remind us of what we have talked about before.

Health care-related issues. Integration, insurance coverage and reimbursement, affordability, and disparities in access, and we had talked about departmental efforts to address health disparities to ensure that genetics is included and receiving proper consideration in these initiatives, and AHRQ to organize a presentation on the diffusion of innovation and its implications for access to genetic technologies, as well as effects of patents and licensing practice on access to clinical genetic technologies.

So as we proceed with our discussion, I just wanted to remind us that we have some other items that we said we would discuss.

Sarah, you want to comment?

MS. CARR: What we've done is just tried to summarize what we heard you all discuss yesterday afternoon, and I think you indicated that you want to put a small task force of the members and ex officio agencies together. The members that I think volunteered so far are Reed and Debra.

DR. McCABE: And Hunt.

MS. CARR: And Hunt, okay. Well, this is why the questions are there. We'll add Hunt, and then anybody else, too. Then the agencies were CMS, CDC, and if this were to be a broad-focused report, HRSA. Well, I haven't even said what this task force is going to do yet. I'll get to that. So HRSA is a maybe at this point, and then there are some questions about other agencies. We can talk about that.

But I think -- well, at least what we heard was that you want to prepare a draft report or we should prepare a draft report for consideration at the March meeting that would be based on the minutes of the first meeting, the presentations and deliberations of this second meeting, and, as necessary, additional fact finding and analysis, and that we would prepare a report to the Secretary describing the current status and future promise of genetic technologies to benefit health and society, and specifically articulating the steps that need to be taken by government, the private/profit and non-profit sectors, the public, and society at large in order to realize the full promise and potential of the Human Genome Project.

This is very much, I think, taken from the way Emily described why she got into public policy, but how you described that, Emily, seemed to capture a large part of the discussion.

The committee hasn't really talked about it in these terms, but the report could articulate goals that need to be achieved and pursued at a broad level, and then some of the issues and concerns that we've talked about. There are things here that we can talk about, but they're really kind of place holders and they reflect some of the things that you've been discussing these past two meetings and some of the things that you've heard from presenters. We can go over them in more detail if we want to take the time now or we want to defer that to the task force, but then these would be the specific steps that are needed and some of them would take the form of recommendations to the Secretary and so forth.

So if you want, I'll walk through this a little more. We could do that or maybe, at the face of it, you need to say whether you think we've kind of at least gotten close to what you were after.

DR. McCABE: Cindy?

MS. BERRY: I think of it in actually a broader sense first in terms of our task, and I don't know if this helps folks or not, but I've kind of outlined, and I always have a tendency to do this at the end of these meetings, what are the problem areas based on what we've heard in the last few days and also in previous meetings.

I've identified some, and I'm sure I've left some off, and I can go through those, but then the big question is which of these require further action and recommendation from our committee and which just require further monitoring? I mean, I think we have to really understand -- rather than sort of develop the tasks, I'd like to go backwards and do the concepts. I saw them, many of them, identified up there as you were scrolling through there. I can just run through them really quickly.

Workforce, obviously. Student training is one issue. Then the other issue is getting to the practitioners who are already out there in the field. Integrating the genetics knowledge base into clinical practice. Who should do it? How? Also, there are diversity issues under that.

Testing. Junk science was talked about. Unregulated labs and tests, advertising and the Internet, those kinds of things.

I'll give you all this, Sarah, because I'm just sort of running through it in the interest of time.

Access was another issue that has been talked about. What are the barriers to access? Well, coverage, health insurance coverage and reimbursement, and maybe it's worth hearing from folks from the insurance industry. What do they do typically in terms of covering genetic testing and

screening and genetic counseling services? What are the thresholds for allowing coverage? What are the concerns that they have? So we could also hear from federal health programs. Then health disparities also falls under access.

The research void. We talked about that a little bit, the pharmacogenomics. Is enough research being done and is it appropriately targeted? Then there was a diversity issue under that as well, that so much research is being done on certain groups, but not on certain minority populations.

Public awareness. We touched on it a little bit, which is is the public equipped to understand these services that are out there and how it can benefit them and do they know the risks and benefits?

Confidentiality, non-discrimination. We talked about that. The HIPAA and privacy regs. Are they sufficient? There's the genetic non-discrimination legislation. Beyond those two things, do we need to think about developing a set of principles or has some other organization already done that in terms of genetic services?

Then there are ethical concerns, which we really didn't delve into too deeply, but I listed as something that is worth talking about.

So I have all these so-called issue areas or problem areas that we touched on, and from there I think we should determine which of those require action on our part, where we can put forward something constructive to the Secretary, and which just require us to pay attention to.

DR. McCABE: And I think it's interesting because the ex officio agencies also gave us a list of what their issues were, and we're beginning to hear some themes. Number 1, with eight of the agencies stating that this was important, use and misuse of genetic information in insurance, employment, education, and law. Number 2, with six citing this one, ethical, legal, and social implications associated with the use of genetic technologies to screen or select for desirable or undesirable traits.

I won't go through the rest. After that, there's a very large group of five that come up, but I would think that this group that will be looking at both the report and the prioritization of issues should also look at what the ex officios have recommended.

Cindy, I think you've done such a nice job of organizing that that I hope you will contribute to this group as well.

MS. CARR: Ed, could I say one thing? Cindy, it seems like what you've done is -- there were sort of two tasks that we were going to talk about. One was to put a group together to identify the priorities of the committee, the next things that the committee needs to work on, but the committee also indicated an interest in issuing a report rather quickly to the Secretary that would in part be based on the minutes of the first meeting, the substance of the first meeting, and we could bring in the substance of this second meeting, and tell the Secretary where things are with genetic technologies now, where they're going in the future, what you think the promise is, and where you think some of the pitfalls are, and you've laid them out there.

Then you could consider in that report telling the Secretary, perhaps through the initial discussions of the task force, identifying what the committee thinks needs to be worked on in a more intensive way, and then we could include that in this first report, so that the Secretary knows where the committee thinks are the issues that further study is needed on, and then he'll

know also in a very concrete way where you're headed as a committee.

Do you see what I mean? So we could kind of combine everything into one report that would also set the stage for your future efforts.

MS. BERRY: I was just questioning whether a report is premature, given the fact that we haven't stepped back and figured out the answers to some of these questions, but I have no objection to it if people think at least a preliminary report summarizing what we've heard -- you know, that's fine, and if the Secretary would find that useful, that would be a good first step. But I was sort of thinking that we needed to do this other exercise first before we provide him a report.

MS. CARR: Well, I think you could do it either way for sure. I mean, there's value in either approach.

DR. McCABE: We won't send out the report before the next meeting. So a large part of the agenda of the next meeting will in fact be looking at this report and then I'm sure, knowing the folks sitting around the table, that there will be some reordering of the points and prioritization, and I really see that exercise as both serving as an update to the Secretary on what we've accomplished and also helping us to set our agenda for the next one to three meetings.

DR. WINN-DEEN: Yes. I think we ask our President to give us a State of the Union. We ask our governors to give us a State of the State. I think basically what I'm hearing is let's give Tommy Thompson sort of a baseline. We've had all these reports and here's where the U.S. is today, maybe some comments on what other countries are doing and where we rank -- you know, where they're ahead, where we're behind, where we're ahead and they're behind -- and then what specific things do we feel we should address.

I think that would be probably very helpful to him to give him that top-level overview to carry forward in his job and also to focus our efforts on the gaps. Where are the gaps and where are the things where we can do something to make a difference?

DR. McCABE: Reed?

DR. TUCKSON: I guess I'm still struggling on this one. I don't feel that we know enough yet to be able to say anything to him that's definitive enough for our action. I see that we have walked down a road here and opened up some important doors and laid out some important questions.

I think, Number 1, again, and I know it's been the overwhelming, dominant theme that keeps coming up, is I think we all want to know more about this idea of genetic exceptionalism and integration into clinical medicine. I think that we really need a much firmer foundation or at least a shared vision among us as a committee about what we think that means, and I don't think that we have a shared vision about that and I don't think we know how to interpret then the thorny issues that are before us until we get that.

So I would just say I think that we need to have the next meeting and that we're going to do some work before the next meeting to have that shaped with a finer point before us.

Number 2, we spent a long time yesterday on the issue of regulation and oversight. I think we made a conclusion that we don't want to get back into that too deeply, but we raised some real issues around the pharmacogenomics issues and how does pharma work, the relationship between the public sector and the private sector, and we had pretty specific questions that came out of

yesterday's conversation that I thought I was hearing that we wanted to get a little bit deeper in and then be able to then report back with a definitive conclusion, but I think it meant that we were to do a little work outside of the next meeting to bring that forward.

Then Number 3, we have opened up this big can of worms around the workforce issue, and we were given a great foundation today, but I think we all have questions.

So it seems to me that we've got some fine-tuning outside of the committee meeting to have an even more intense conversation at the next meeting. So I see three clear work products that aren't brought to closure enough -- I don't think, but I'm looking for guidance from others -- to be able to say to the Secretary, hey, here are three things. Now, they ain't everything, but we've got three things on our plate right now and we want to get to some others coming up, but we've got some more work to do.

DR. McCABE: Dr. Sullivan?

DR. SULLIVAN: Yes, thank you.

I tend to agree with Reed on this issue. I don't know the Secretary well and I doubt whether he knows me, but I do think he wants something that's more finalized rather than here's what we're doing. He wants to know, well, what's the answer?

I'm a student of business history and one of the books I read last year was "Big Deal" by Bruce Wasserstein, who is an investment banker in New York City who has done very well and he's worked with industries, whether they be health care, food industry, manufacturing, aviation, and he defined five factors which are essential to the success of any enterprise, be it a project like this -- we could call ourselves Genetics, Inc. -- or General Electric.

You have to master these five factors. I've heard them here. I could put them all together in a little package for you. You have to be able to master the regulation, the technology -- I've heard regulation and technology -- vision, strategic vision, leadership, and finances, and I've heard finances mentioned a lot.

So somehow or another, that has, over many years of investment banking and multiple deals on Wall Street, those five factors have to be addressed in order to come to a successful conclusion in any business or industry, and I consider this a little business venture we have.

So I believe defining our strategic vision, coming up with answers about the questions we mentioned regarding finance, and certainly at least addressing regulation -- we can't get too deeply into that or we'll be here forever -- and also putting our arms around the technology are all factors that we have to come to some closure with at some level before we put this forward to the Secretary.

DR. McCABE: Thank you.

I guess what I was thinking was that this exercise in the interval with the task force -- maybe it's more than one task force -- would begin to accomplish that strategic vision, that that would really begin to set where we were going because I think we don't know exactly where we're going and we've got to establish that vision. So that's really what I saw it doing. I think those are all important aspects that would need to be incorporated.

If we look at Reed and the three things that you talked about, the concept of the shared vision, which really has to do with the prioritization and what are the issues, what are the big bang issues, and what are the gaps, pharmacogenomics, and then workforce issues were the three that Sarah captured here in her notes, the question is whether we'd have the one group looking at this and incorporating all of those three issues and deciding where they'd fit into the prioritization and the shared vision or whether we'd set up individual task forces.

So I could use some guidance from the committee. Again, having been through the work group issues, where we had four work groups that went off in very different directions, then ended up coming back together and stepping on each other's turf, that's partly why I was trying to keep things unified, but perhaps that's a mistake on my part. So I need some help here.

DR. LEONARD: I'm just concerned that each time we meet, we bring up new issues, and we had prioritized issues in the first meeting and we were trying to address some of those at this one, and now we have new ones.

It's also frustrating hearing about Australia and the U.K., and I know their budgets were huge and they had maybe different mandates than what we have, but they produced products that I'm wondering -- I mean, last time we produced a letter to Secretary Tommy Thompson, and this meeting I'm not sure we've produced much of anything.

So I don't want to get three years out and not feel like we've accomplished anything. So I'm not sure of the process because I've never been on a committee like this before.

DR. McCABE: I can tell you what we produced with the first. We produced a white paper, which I would encourage people still to go back to, that was sort of like the basics and I know people are still using in their undergraduate classes. We produced some letters and we had begun to put together the reports of the working groups.

We also put together, on top of the white paper, a document that was really important in regulation and I'm pleased to hear that it's continuing to be implemented, but what we wrote down and what we finally came up with at the end of the three years was very different, and we sent that to then-Secretary Shalala. I guess that's where that went to.

In essence, we then had to write a letter saying that we had tried it out and it didn't work. That was a fairly big deal because that wasn't just a communication. That was a report and we basically had to retract it or at least say that it needed a lot more work.

I think it is important that we have a work product. I was saying, whether we call it a strategic plan or prioritization, you know, of the issues that we've heard about so far, of the issues that we all have individually, what do we think are the biggest issues for the health of the American people? And are there any actions that we can recommend in March? Are there any recommendations that we would make for further information that we need to fine-tune some of these issues?

Go ahead, Emily.

DR. WINN-DEEN: Well, I was going to say I would recommend that we don't try and make one gigantic report that has everything in it.

DR. McCABE: Right.

DR. WINN-DEEN: I would say let's identify our three to five key issues and work on taking each one of those up to the point where we can say we've looked at the background, we've looked at the vision of where we need to get, here's our assessment of the gaps, and here's our recommendation for how to close those gaps.

So that's a framework that applies whatever the issue is, and then we can very strategically become educated about the issue through these kind of lectures. I don't think these two sessions have been productive primarily because we have been receiving information, but we haven't had enough time to digest it and process it back into a recommendation. I don't think they're a waste of time, but we're not ready to Reed's point.

Now, if all Tommy Thompson wants from us is just sort of an update, we can give him an update. If he wants a recommendation, then I think we should very carefully, and I would say it probably makes more sense, at least for individual task forces, to not try and do everything, but try and segregate it into specific subsections where they can go. They can do this summary. We've all heard the summaries, but to just digest that down into a more coherent couple of pages, and maybe we can as a committee discuss the vision and the gaps, and then that committee can then again go back and put that discussion down on paper, so that we actually have a work product.

I wouldn't recommend personally that you have subgroups getting into the strategic vision and the gaps because I really think that's where you lose the consensus process and the multiple -- so any subgroup you have will miss viewpoints, and the whole point of having the 13 people that were selected for this committee is that it brings a diversity of viewpoints, which I think is valuable in framing any of these issues.

But the background stuff that's just work, not discussion, but just sitting down and summarizing, I think that subgroups can do that without any loss of value to the committee.

DR. McCABE: Reed, and then Hunt.

DR. TUCKSON: I'm beginning to get clear I think what I'm looking for, but I still may not be right, and I'm scared about your prior experience, Ed, around the notion of the complexity of multiple small committees, and also, Sarah, I don't know what the staff resources are anymore in terms of how much you have to do it.

But specifically, I think that we had the opportunity to be presented with information around the adequacy of the oversight of genetic tests and particularly the interagency coordination that's under the Secretary's purview. I think there needs to be a few of us who sit down offline and try to digest that information. I am sure that there will be a few follow-up questions and data points that we all need to be able to say whether or not we feel like there are some reasonable recommendations that can be made back to the Secretary about how well that oversight seems to be going or things that he ought, through his role, be paying attention to based on real thought.

I think that's a doable thing. It may require, after a subgroup looks at what we've learned in the last two days and thinks about it offline and there may be some questioning of the various folks in the interim, one or two very focused presentations at the next meeting that sort of say, specifically for the record, Joe Smith, answer this question because we're not sure about exactly this point that we really need to have understood. So they don't come in and just talk about everything. They answer a very specific question that then allows us to say, okay, we feel comfortable in making this recommendation.

Related to the oversight issue was the second question of the use of pharmacogenomic data to hopefully provide safer, more cost-effective, and better-quality drugs, and that that was a specific issue that came out of our discussion. There are some people that need to sit offline, I think, and digest that. I think we understood that we needed to bring the pharma people in and ask them some very specific, pointed questions around how they behave in this regard so that we would have all the data we need to then be able to say is this a concern or is everything fine?

And then we could either say to the Secretary in this area of cost-effective, better-targeted, safer drugs, the climate exists for appropriate research. There is no need for more safe harbors. There is no need for public/private partnerships for research. Everything is fine. Return to your homes. Or there are some issues that you need to pay attention to, given that everybody's scared to death about the cost of drugs and all this sort of stuff.

Number 3 is the workforce. We specifically then need to do that work, zone in on the questions that we asked, and then, and this is where I get scared because it's too many committees, the fourth one then is again this overarching committee, which I wish Hunt would chair, which has got to do with helping us understand about this exceptionalism deal and how do we bring the people we need into the next meeting to put an even finer point on that?

So I see this as part of a journey. We've started that journey. We've moved the ball from the 0 yardline to the 50 yardline, and between now and the next meeting, I think the committee is going to get it to the 25, and then we'll score a touchdown at the next meeting and then send the results of the game to the Secretary, and then open up a new game.

DR. McCABE: I would just caution us that I think there's still some diversity of opinion in terms of what those three to five big issues would be, and that's what I really saw a group in the interval between now and the next meeting helping us decide what those three to five big issues were, and then if we decide that we need to break those down, that would come after that. But that's my opinion.

Hunt, you wanted to say something?

DR. WILLARD: Yes. You may think we're at the 50 yardline. I think we're sort of putting our sneakers on still. (Laughter.)

DR. WILLARD: But as I was coming into this committee -- because as I read the charter, it was much broader than what we focused on for two meetings, which has been genetic testing, and I had sort of mentally had three sets of technologies which would be the points of departure to then look at genetics, health, and society as viewed in those three areas.

One is genetic testing, clearly, which we've started, and using genomic information for risk assessment and anticipating the day for the Secretary when we have a $1,000 genome and how will we deal with that. As I said before lunch, I would come at that from the standpoint of, well, there are several different models that we might consider, and given Model A or B or C, each one of those will have different regulatory, educational, and workforce implications which we're beginning to wrap our arms around.

My frustration this morning was that we started with the implications, but in a vacuum with respectt to what the model was, but even when we're done with that, and we're not yet done with that, but even when we are done with that, to me that's only the first of the genetic technologies

that are part of our purview and part of the charge.

There are reproductive technologies, genetic technologies which haven't been addressed in depth yet much at all, and then the third is probably therapeutic genetic technologies. I'm thinking along the lines of stem cells, the ability to reset the genome, and to take advantage of the genome, our knowledge of the genome, in order to think of a variety of therapeutic interventions, stem cells being just one of those.

But that to me is very much part of the range of genetic technologies that fall into our charter, and so what I would ask for or that we get to and where I think we need a shared vision, or at least an acknowledged vision, for the group is what does the outline look like that we wish to address over the course of three to four years or whatever our lifespan is, so that I have a sense of whether we're on the 50 yardline or still putting our sneakers on, and to carve it up from that standpoint that says, great, we're part way through with Step 1 of four or Part 1 of eight or Part 1 of two. I think we need that broader structure in order to then sort of frame an agenda going forward.

DR. McCABE: You know, given the hour, we aren't going to get there today or this meeting. We could wait and do that at the next meeting, but that's why I really think it would be worthwhile to have a small group help to guide us at the next meeting, and that was the purpose of the task force, really, was to help to guide that.

DR. WILLARD: But then the output of that task force might be a presentation to the committee as a whole and to the public, rather than "a letter to the Secretary," unless at the end of that process we came up with that outline I was just referring to saying this is now what we consider our -- we're fleshing out the charge that you gave us.

DR. McCABE: Right. There may be some benefit, if we are going to set the course for the next three to four years, to pass that by the Secretary, so that we don't find that we've spent three to four years and we've gone off in a direction that doesn't really interest him. So that was part of the purpose of that.

Barbara?

MS. HARRISON: Just at the risk of being redundant, and I'm trying not to be, but I just want to make sure I completely understand this concept. You're talking about putting together a smaller group of us to decide on key issues for us to address. Are they coming up with a list of 20 possible topics for then all of us to vote on or are they really just coming up with the five topics? And if so, then I hesitate with that because I feel like then they're making this decision for where we're going and we're not really participating in that equally.

DR. McCABE: Realistically, if we're going to be effective, we've probably got to identify two to three topics that we're going to have some answers on within the next one to two years.

MS. HARRISON: And I can respect that. I completely agree with you. I just want to make sure we come to those two or three topics together as the 13-people group, not as a two- to three-people group that talked in between our meetings.

I can also very much appreciate this may be something that needs to happen in between our larger meetings, and I don't know, from the public's perspective, is that something we're allowed to do a conference call or have something in a different format?

DR. McCABE: We can do it as long as we finalize nothing in those discussions and that the product of those discussions comes back to this group.

DR. WILLARD: I'm guessing we would have no trouble talking and not finalizing something. (Laughter.)

DR. LEONARD: Well, the question also is could we email in our suggestions of each of us what we think the top three issues would be and build a consensus?

DR. McCABE: Sure. Sure.

MS. HARRISON: I was even thinking maybe even to make it more, I guess, easier for the count again to come up even with the list that you have up here or the list that Cindy was able to come up with and say, you know, check off your three most important topics.

DR. LEONARD: But I think we also have to go back to the SACGHS functions that we were given, and in addition to the things that you named, there's biogenetics and bioterrorism. There's gene patenting and patent policy. I mean, there are other things on this list that weren't even mentioned.

DR. McCABE: Well, let me make another -- Reed? Sorry.

DR. TUCKSON: No, no, just given that there is a growing consensus that I think is emerging, I will withdraw my suggestion, which is getting run over anyway. (Laughter.)

DR. TUCKSON: But I would just ask, Sarah, in terms of the team, if there are some ways in which through staff work we can just sort of -- I guess what I'm just so terrified of doing is losing what we did these two days. I just don't want to have all that work done just float off into space and get lost because whether we like it or not, we did prioritize a couple of things already, and I just don't want to lose all that effort.

So if there's just a way that staff could help us to attend to that in the interim, and then I will withdraw the suggestion of having separate subgroups that work a little finer on that, until and unless they emerge again as compelling priority issues.

DR. McCABE: Let me make a suggestion that I hope is where the group is. What we will do is that Sarah and her staff will, together with all of you -- so if you have ideas that you feel are not covered in any of the lists that we've heard, get them to Sarah.

We will then finalize a list. This won't be a voting list, but it will be a list to send around to see if we've missed any key issues that you think are critical. We will then take that list and we will have the straw vote on that list.

That will then probably narrow it down I would guess to between five and seven, and then we will have the group that we were putting together work on that, because one of the things I've seen also is that there may be ways of creatively looking at that list of five to seven and it may turn out that it's really two or three, and it's really looking at various aspects of that.

Then we will bring that back and have a lot more time for discussion with less time for presentations. One of the key presentations will be the presentation of that group, who will have been thinking offline and then will bring that thinking back to the public as well as this committee

for discussion at that time.

Is that acceptable to everyone?

Sarah, who's on the group? Who was on the list?

MS. CARR: It was Reed, Emily, and Debra so far.

DR. TUCKSON: I think that the task has changed somewhat and I think that there are some other people who have emerged as very strong voices.

MS. CARR: No, I'm asking for volunteers.

DR. TUCKSON: Yes.

MS. HARRISON: I hate to define, but what is the group doing? The task?

DR. McCABE: The purpose of this group to discuss offline is to have us --

MS. HARRISON: To come up with the list. Okay.

DR. McCABE: You know, I would like to have more of the committee involved with this. If we don't have this group working offline, then what it will be is a few of you emailing Sarah and Sarah and I and the staff developing this, and I would prefer to have it broader than myself helping to develop this agenda.

So it's really helping us to develop the outline of our discussion for the next meeting and from that discussion deciding where we're going to focus, how we're going to organize, and how we're going to pursue the products.

So we have the folks that had agreed. Hunt had also agreed, so I would hope that you would do it. Cindy, you've given some thought to your own priorities, and if you were willing to do it, but anyone who would like to be a part of this, please let Sarah and her staff know. Thank you.

Do you have enough guidance, Sarah?

MS. CARR: There was the discussion of turning -- I hate to bring this up again -- the minutes of the first meeting into a report. You had suggested that as an idea.

DR. McCABE: I think we've backed off from that. So why don't we decide at the next meeting? A lot of that will have to do with the deliberation of this smaller work -- task force. Not work group. Task force. But we'll shelve that decision for now and make a decision at the next meeting.

MS. CARR: Okay, but just to be clear, the minutes as minutes are approved and they'll be posted on our website.

DR. McCABE: Yes. The minutes are approved as minutes. Any further discussion? (No response.)

DR. McCABE: If not, travel safely, everyone. We'll see you March 1st and 2nd in Bethesda at

the Pooks Hill Marriott. I'm sorry. The Bethesda Marriott on Pooks Hill Road. It changed its name. Thank you. (Whereupon, at 3:47 p.m., the meeting was adjourned.)