Department of Health and Human Services (HHS)

Substance Abuse and Mental Health Services Administration

(SAMHSA)

Center for Substance Abuse Prevention (CSAP)

Drug Testing Advisory Board

December 5, 2023

Minutes – Open Session

SAMSHA'S CSAP Drug Testing Advisory Board (DTAB) convened on December 5, 2023, at 10:00 a.m. EST.

In accordance with the provisions of Public Law 92-463, the virtual meeting was open to the public from 10:00 a.m. EST to 4:00 p.m. EST.

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Board Members in Attendance

Ronald Flegel, Chairman
Alison Stockdale
David Engelhart, Ph.D.
Elizabeth Stuyt, M.D.
David Roberts, Ph.D
E. Lindsey Everson, JD
Dawn Hahn, MBA
Bryan Ruggery, MFS
Michael Grommes
Samantha Tolliver, Ph.D,
Carl Christensen, M.D.

Ex Officios and Federal Partners

Joseph Kotarek, Ph.D. (FDA)
Bohdan Baczara, MBA (DOT)
Brian Zaleski (NRC)
Lynn Wagner, Ph.D. (DoD)

Designated Federal Officer

Lisa Davis, DFO, SAMHSA

Presenters

Joseph Kotarek (FDA)
Lynn Wagner (DoD)
Eugene Hayes, Ph.D., MBA
F Leland McClure, MSci, Ph.D., F-ABFT
Michelle R. Peace, Ph.D.

Call to Order

Approval of June 2023 DTAB minutes, Lisa Davis, Designated Federal Officer, DTAB

Ms. Lisa Davis, the Designated Federal Officer, called the meeting to order and welcomed those in attendance. She announced that the meeting was open to the public. Ms. Davis introduced three new board members, Mr. Michael Grommes, and Drs. Carl Christensen and Samantha Tolliver; and two new board members who joined in April, Dawn Hahn and Bryan Ruggery. She called the role and confirmed that there was a quorum present. Ms. Davis invited a motion to approve the minutes of the June 13, 2023, meeting and on motion duly made and seconded, the minutes were unanimously approved. Ms. Davis reviewed the agenda for the meeting and invited Mr. Ron Flegel to make opening remarks.

Welcome and Introductory Remarks

Mr. Ron Flegel, Chairman, DTAB

Mr. Flegel opened the discussion by introducing Captain Christopher Jones, a public health service officer, new Director of the Center for Substance Abuse Prevention (CSAP) who offered brief welcoming remarks. He emphasized the importance of the work that the Drug-Free Workplace Program (DWP) does. Mr. Flegel also welcomed the three new board members and expressed appreciation for the contributions of members of the board. He also recognized departing board members who retired from the board since the last DTAB meeting, including Deborah Motika, Kristen Burke and Stephen Taylor, who will receive certificates of appreciation.

SAMHSA continually strives to maintain and improve the quality of service under the National Laboratory Certification Program (NLCP) including adding oral fluid testing laboratories into the program. The Federal Drugfree Workplace Program (DWP) standards extend to many other regulated and nonregulated testing programs. A Comprehensive Review of the federal Drug-Free Workplace Program was recently completed and some of the action items are being implemented. The Notice of Proposed Mandatory Guidelines for Hair was published in the Federal Register on September 10, 2020 for public comment and closed on November 9, after receiving many recommendations, the revised version incorporating those comments, is now in the Office of Management and Budget (OMB) for final review.

The Proposed Mandatory Guidelines for urine and oral fluid were published in a separate Federal Register Notice on April 7, 2022, and the public comment period ended on June 6 after receiving 57 comments on urine and 204 on oral fluid. The final Mandatory Guidelines for Oral Fluid was published on October 10, 2023.with an effective date of October 10, 2023. Guidelines for urine were published on October 12, 2023, with an effective date of February 1, 2024. This effective date will be revised.

Regulatory Program Updates and Mandatory Guidelines Updates to Proposed Urine, Oral Fluid and Hair Guidelines

Ron Flegel, B.S., MT (ASCP), M.S., DWP, CSAP, SAMHSA

Mr. Flegel reiterated that SAMHSA continues to assess the science and technology related to drug detection based on the latest scientific evidence. A comprehensive review of the program was completed over a year ago to help identify key policy and technical issues and existing challenges to the program. We hope to implement the Mandatory Guidelines for oral fluid and look at studies around cannabis and enhancements to the Federal Drug Testing Program overall. The program impacts a number of federal executive branch agencies, especially the Departments of Transportation and Defense and the Nuclear Regulatory Agency. There is a new emerging issues group within the division that will be looking at both science and policy.

A total of 208 Executive Branch agencies are subject to Executive Order 12564; 137 have certified plans in place.

Discussing major revision for the Mandatory Guidelines for urine, Mr. Flegel stated that the timeline and process for publishing the authorized drug testing panel was changed; the option of reporting specimens as substituted based on biomarker testing was added including a timeline and process for the authorized biomarker testing panel (analytes and cutoffs); the morphine confirmatory test cutoff was raised from 2,000 to 4,000 ng/ml; and the Medical Review Officer (MRO) verification process was revised for positive codeine and morphine specimens. Requirements were established for MROs to submit semiannual reports on federal agency specimens reported as positive for a drug or drug metabolite by a lab, but verified as negative by the MRO, and also apply the same refusal to test criteria to all donors (removing the allowance for preemployment collections).

SAMHSA received over 700 comments concerning the Hair Mandatory Guidelines. A draft hair Mandatory Guideline was prepared, and in June 2021, DTAB members reviewed the draft and submitted recommended revisions. During March and April listening sessions were held with seven hair testing labs where discussion topics included proficiency testing requirements, quantitative agreements between labs, and planning for future technical working groups. Finally, a revised Hair Mandatory Guideline was submitted and is under OMB review.

Mr. Flegel presented a list of NLCP applied studies in various stages of progress. They included synthetic urine evaluation, cannabinoids in hair, morphine cutoffs, and two Johns Hopkins studies, one on CBD chronic dosing and another on delta-8 THC dosing among others. Looking at the evolving environment, three legislative issues include the 2015 FAST Act that required development of the scientific and technical guidelines for hair testing; the 2018 Farm Bill that set a limit for THC content in Hemp; and the 2018 Opioids Crisis Response Act. Regarding the review and updates to the MRO manual, revisions introduced standardized nomenclature, enabled cross-referencing information in the guidance and in the Mandatory Guidelines. We also have instituted MRO semiannual reports to SAMHSA or a designated representative listing what was reported positive by

the laboratory and then verified as negative. The 2023 MRO guidance manual and case studies will be posted on the SAMHSA web site shortly.

Some areas of interest under the comprehensive review program include:

- State-of-the-art science
- Maintaining program integrity, drug testing validity and reliability
- Workplace safety and security (especially for safety-sensitive positions)
- Ongoing training needs
- Future studies
- Policy initiatives
- Future direction of the program and desired end state
- Resource needs

The road map for future action plans includes working with FDA to develop a clearance strategy, reducing the time to change a testing panel, developing and adding pulse testing for emerging drugs, reviewing and streamlining program processes (inspections and audits), and aligning goals and timelines for SAMHSA/DWP and regulated agency partners.

Some actions to consider include pursuing a clearance strategy with FDA; reducing the length of time required to change the testing panel; developing pulse testing (emerging drugs, specimen validity issues), reviewing and streamlining program processes (inspections and audits), and aligning goals and timelines for SAMHSA/DWP and regulated agency partners.

Questions to be answered include:

- Will the Federal Drug Testing Program continue to be a deterrent program or become fitness-for-duty?
- What will the future of the Federal Drug Testing Program look like if marijuana is de-scheduled/rescheduled?
- Will the Federal Drug Testing Program continue to test for marijuana?
- Are unique biomarkers for “drug use” achievable?

Mr. Flegal concluded his remarks.

Federal Partners Updates

Food and Drug Administration (FDA) Update

Joseph Kotarek, Ph.D., Branch Chief, Toxicology

Dr. Kotarek discussed drugs of abuse assays 510(k) regulatory review processes based on what the device or drug is meant to do. Dr. Kotarek provided some recommendations to guide developing that information that manufacturers submit for review – referring to

decision summaries in the FDA 510(k) database, previous FDA presentations, and SAMHSA guidelines.

There is a triage process to expedite well organized submissions and a new provision to expedite the future assay changes using the Pre-determined Change Control Plan (PCCPs)which allows for pre-approved minor modifications. Manufacturers may also utilize the Q-Submission program to submit questions to FDA for feedback about a planned premarket submission. Dr. Kotarek ended his presentation.

Department of Defense (DoD) Update

Lynn Wagner, Ph.D.

Dr. Wagner explained that the DoD Drug Demand Reduction program (DDRP) includes a testing program and a surveillance program that tracks emerging drug threats, and a program for prevention, education and outreach. There are five drug testing labs; two Navy labs at Jacksonville, Florida, and Great Lakes, Illinois, two Army labs at Fort Meade Maryland and Tripler in Hawaii, an Air Force lab at Lackland AFB in San Antonio, TX, and the Armed Forces Medical Examiner System and the Special Forensic Toxicology Drug Testing Lab co-located in Dover, Delaware.

Dr. Wagner listed the 30 drugs in the current drug testing panel including recent additions delta-8 THC, fentanyl, norfentanyl, and LSD and stated that the synthetic cannabinoid panel added 8 new analytes. In 2022, DDRP tested 3.4 million service members (1.6 unique service members) with a positive rate of 1.3% with THC-9 and THC-8 by far the dominant drug, followed by cocaine, LSD, amphetamine, methamphetamine, and fentanyl. Implemented as a deterrence program, positivity rates fell from 3.5% and higher in 1987. The required threshold set by the Office of National Drug Control Policy (ONDCP) is to remain below 2.0%.

Dr. Wagner shifted the focus of her remarks to new drugs, noting that since 2000, more than 500 new drugs have appeared, with the majority termed “novel psychoactive substances” (NPS). One re-emerging drug is LSD. Pulse testing confirmed that increase, supported by the discovery of a significant drug ring on the aircraft carrier USS Ronald Reagan. We also test for psilocin from mushrooms (magic mushrooms) and muscimol from the Amanita mushroom. Finally, two other drugs are causing problems – xylazine and tianeptine. Xylazine is a sedative approved only as a veterinary drug, often used as an adulterant for fentanyl and heroin; and tianeptine, called gas station heroin, which has severe adverse effects including agitation, confusion, rapid heartbeat, coma and death. It is not approved by the FDA for use in the U.S. but is used as an antidepressant in some European and Asian counties. Dr. Wagner ended her presentation.

Update on NLCP Activities

Eugene Hayes, Ph.D., MBA

Dr. Hayes stated that on December 21, 2023, there were 21 certified laboratories in seven categories. The number of regulated specimens tested annually ranged from 7.2 million in 2022, up from 5.79 million in 2016. Regulated specimens reported as positive, adulterated, invalid or substituted, increased from 196,000 in 2018 to 208,000 in 2022. 2018 was the first full year of federally regulated testing for hydrocodone, hydromorphone, oxycodone and oxymorphone (HYC/HYM and OXYC/OXYM) using urine Mandatory Guidelines effective in 2017. The non-negative rate as a percent of the total tested decreased from 3.1 percent in 2018 to 2.8 percent in 2022. THCA remains the drug most often identified as positive in urine, followed by amphetamine and methamphetamine. Specimens reported positive for benzoylecgonine have risen since 2020.

The percentage of specimens reported as invalid increased by more than 16% from 2021 to 2022. Typically, specimens invalid due to pH, rises in warmer months and declines in colder months. There was also an increase in specimens reported invalid due to inconsistent creatinine and specific gravity results, with creatinine <2 mg/dL, and pH> or equal to 9.5. The increase began mid-2020 and peaked in early 2022. Reporting has deceased, though still elevated as compared to pre-2020. Specimens reported invalid due to immunoassay interference during routine lab testing increased significantly in late 2017 through 2018. Overall, the percentage of specimens reported due to immunoassay interference increased in late 2017 through 2018 but decreased in 2022 and 2023.

There has been a significant decrease in instances where 6-AM caused immunoassay interference from 30% in 2021 to less than 5% in 2023. Interference rates for oxycodone and oxymorphone have been stable, fluctuating between 20% and 30% for the past four years, while hydrocodone and hydromorphone shows a higher interference rate of about 60%. Finally, there is a modest upward trend in immunoassay interference caused by benzoylecgonine and amphetamine over the past two years.

The NLCP publishes a newsletter on topics of interest to the drug testing industry and 27 issues are available at: www.forensicrti.org/nclp/drug-testing-matters.

In summary, the number of regulated specimens tested by HHS-certified laboratories increased 17.4% for the period 2018-2022. The percentage of regulated specimens reported as positive, adulterated, invalid, substituted decreased 9.3% for the same period. Specimens reported as invalid due to low pH decreased from the levels seen prior to revisions to the Urine Mandatory Guidelines effective October 2017. Specimens reported as invalid due to high pH continue to increase. Specimens reported as invalid due to immunoassay interference continued to decrease from highs experienced in late 2017 and 2018.

Issues impacting the NLCP: the decrease in program knowledge among junior toxicologists; an emphasis on improving inspector education; the goal to improve the agility of the federal drug testing panel; the ongoing challenges in identifying adulterated

and substituted urine specimens; collaboration with FDA in the effort to launch the oral fluid testing program; potential rescheduling issues.

Finally, the NLCP is committed to establishing an applied study agenda to increase our ability to draft regulations based on evidence. There is also a technical support element to help labs understand the path to lab certification. There is also a focus on making the electronic custody and control form accessible to all certified laboratories. Dr. Hayes concluded his remarks.

Presentation: Update on the Medical Review Officer Manual

F. Leland McClure, Ph.D.

Dr. McClure listed the major changes in the Urine Mandatory Guidelines that will become effective on February 1, 2024. The confirmatory cutoff for morphine was raised from 2,000 ng/ml to 4,000 ng/ml. There is a new requirement to publish an annual *Federal Register Notice* (FRN) for the drug testing panel, the biomarker testing panel with the required nomenclature. The biomarker testing reported as "substituted" instead of "invalid". There are new requirement for the MRO semiannual reports submitted to SAMHSA and there are revisions to requirements for a federal agency regarding the use of an MRO. All donors would be subject to the same "refusal to test" criteria, and the 15,000 ng/ml threshold to report a positive has been removed. Additional changes to the Urine Mandatory Guidelines include that the MRO will take action when an invalid specimen's other results (positive, adulterated, or substituted) are verified negative based on a legitimate medical explanation. The MRO reports a positive result when the donor admits unauthorized use of the drug(s) that caused the positive test result. Then the MRO must document the donor's admission of unauthorized use in the MRO records and report that positive result to the federal agency.

A new clarification was added stating that a physician's authorization or medical recommendation for a Schedule I controlled substance is not an acceptable medical explanation for a positive drug test. And there was a revision that when a recollection after invalid is still invalid, the MRO cancels the test and recommends recollection of different specimen type. If the agency does not authorize another specimen type, the MRO must consult with the agency to arrange clinical evaluation to determine if there is a valid medical reason for the invalid result.

The major changes to the Oral Fluid Mandatory Guidelines mirrored most of those for the Urine Mandatory Guideline.

MRO Manual changes include aligning the language in the Mandatory Guidelines for urine and oral fluid, update tables for MRO actions (for Bottle A, Split Bottle, retests refusal to test etc.,) update oral fluid and urine case studies to support major changes, update custody control form illustrations, adding alerts for agency-specific information and actions to take for expired custody control forms. A recent change is the deletion of the confirmatory requirement to have amphetamine present to report methamphetamine.

Dr. McClure provided a flow chart for the change process for the MRO Manual. The MRO Manual is a support document, but it does not replace the Mandatory Guidelines. Dr. McClure ended his presentation.

Presentation: Lab-Created Cannabinoids and Other Contaminants in Commercially Available Products

Michelle Peace, Ph.D.

Dr. Peace opened her presentation with a brief discussion of evolution of electronic cigarettes partially driven by the cannabis industry desire for a device for clandestine drug use. A survey of drug use during the pandemic reveals a variety of drugs used in vapes (melatonin, phenylpiracetam, skullcap, passionflower), and the disturbing revelation that a majority of responders used delta-9 THC while driving. Also of concern is the fact that concentration of cannabis products has been steadily increasing during the last two decades.

Dr. Peace commented that quality assurance among cannabis products is poor, and additives in THC E-cigarettes has significantly increased. There has been an increase in the use of hemp-derived delta-9 THC, which comes from the synthetic process of transforming CBD into delta-9. For various reasons, a very large surplus of CBD was produced, and the industry chose to convert the CBD to delta-9 THC. One such process involves heat, acid and tie which can result in some of the delta-9 transforming into delta-8, which results in a mixture of the two. Many hemp-derived products are dangerous. Some products contain toxic chemical compounds, including synthetic cannabinoids, bacteria, molds, solvents and hairs. Many product labels contained significant misinformation and omissions, including inaccurate concentrations and content of the cannabinoids in the products. She provided additional examples of adverse events that resulted from use of products with such misleading labels. Dr. Peace commented on drug testing issues noting that products are sold to circumvent legal issues with terms like hemp derived, suggesting that the product is legal. Some products have the THC-acid precursor which can convert to delta-8 or delta-9 THC, and THC-O which metabolizes to the carboxy THC. And any CBD or cannabinoid product could test positive for THC-COOH and contain delta-9-THC. There are also issues with how manufacturers recommend consumption CBD with three different CBD products of similar concentration recommending three different doses which could result in an adverse event, especially if the product is contaminated with other cannabinoids.

Since the products are not regulated by FDA, the industry cannot make health claims, but the reality is that the industry developed ways to sidestep those limitations. Dr. Peace concluded her presentation.

Discussion of Proposed Analyte Table Changes, the Addition of Fentanyl and the Process for Moving Forward

Ron Flegel, B.S., MT (ASCP), M.S.

Mr. Flegel explained that the Division of Workplace Programs (DWP) has continually assesses the science and technology of drug detection, ensuring that the process is based on the latest scientific findings. One objective is to review the Federal Drug Testing Program analyte table on an annual basis to be flexible in responding to emerging issues. Mr. Flegel reviewed the process for changing the analyte table by adding or deleting analytes or changing cutoffs. It would involve consultation with all interested federal agency partners, and the publication of a DTAB *Federal Register Notice* and DTAB meeting and solicitation of public comments. Those comments would be published and reviewed at the next DTAB meeting. Then the DTAB would respond to the SAMHSA recommendation regarding the analyte change and interested federal agencies could review and comment culminating with a final FRN to announce the change. Mr. Flegel then presented a timeline beginning in 1986, describing all of the changes in the Federal Drug-free Workplace program through 2023.

Mr. Flegel described the prevalence of delta-8 THCA at about 0.27%, and fentanyl at about 0.19 both as recently as 2019, and preliminary data shows that the prevalence is higher than today. He commented that the proposed changes to the urine Mandatory Guidelines would result in changes in the morphine cutoff concentration from 2,000 ng/ml to 4,000 ng/ml. Fentanyl appears to be a better marker of illicit use in samples with morphine concentrations below 4000 ng/mL that 6-acetylmorphine is. Concerning the addition of fentanyl to the urine and oral fluid analyte table, the proposed initial cutoffs are 1 mg/ml for fentanyl and norfentanyl, and proposed confirmation cutoffs of each are 0.5 ng/ml. There was a brief discussion about MDMA, which has a relatively low prevalence rate in the Federal program. The proposed recommendation is to remove MDMA from the analyte table.

There was a brief review of MRO Guidance Manual revisions and revisions to the MRO verification process, based on changes in the drug testing panels.

Regarding action plans, Mr. Flegel emphasized the plan to develop a clearance strategy with FDA to reduce the length of time required to change the testing panel.

DTAB Board Discussion

In preparation for the board discussion, Ms. Davis briefly reviewed the information presented concerning the very low level of MDMA (0.002 percent) positive specimens. Pulse studies were conducted on regulated specimens that screened positive for morphine before confirmatory screening for opiates. They were rescreened using an immunoassay targeted at fentanyl at 1 ng per mL. Data from CRL, which tests about 20,000 non-regulated specimens a year, shows that the fentanyl positivity rate is increasing.

With regard to immunoassays, there are kits on the market targeted for fentanyl with a cutoff concentration of 1 ng/mL, a very sensitive test, but the cross reactivity to

norfentanyl is very poor. Other assays are available with a cutoff of 5.0 for norfentanyl with very high cross-reactivity to fentanyl. Comment from the board is welcome as to thoughts on cutoffs and cross-reactivity requirements.

Mr. Flegel commented that the proposed confirmation analytes would be fentanyl and norfentanyl in urine, and in oral fluid the proposed confirmation analyte would be fentanyl only. There was a brief discussion regarding screening for both, fentanyl and norfentanyl, and there was agreement by the labs that screening for fentanyl, and confirmation of fentanyl and norfentanyl was the best option.

Public Comment

Dr. Lance Presley, Laboratory Corporation of America (LABCORP) stated that LabCorp is one of the largest occupational substance abuse testing providers in the world. It would be directly affected by the addition of fentanyl and norfentanyl to the analyte table in the Mandatory Guidelines for the Federal Workplace Drug Testing Program with a cutoff in urine of 1 ng/ml and a confirmation cutoff 0.5 ng/ml. LabCorp has supported development of a process to enable the program to be more flexible and also supports the addition of fentanyl to the analyte table. LabCorp is not aware of any commercially available FDA-cleared immunoassay kit that currently meets the proposed cutoffs and cross-reactivity requirements for both fentanyl and norfentanyl. LabCorp is not aware of any available test kit that meets the proposed cutoffs for both fentanyl and norfentanyl. Reformulation and submission to the FDA would result in a significant delay in testing. The government might reconsider the proposed analytes and cutoffs within the limitations of the existing test products on the market. Unless the regulatory process is significantly streamlined, timelines associated with assay development and submission or clearance by the FDA will continue to impact the ability of the program to respond quickly to changes in drug use demographics.

LabCorp would appreciate clarification of the process used to arrive at the cutoffs for both urine and oral fluid. The changes to the analytes or cutoffs should be supported by population-based data and revised if so supported in accordance. An additional concern for oral fluid is that specimens collected in buffered devices will be diluted such that the concentration of the drug in the device is significantly below 1.0 ng/mL presenting analytical challenges in developing robust assays. Lastly, the lack of concordance of changes to the analyte table across federal agencies and federally regulated industries present logistical challenges for laboratories. LabCorp urges the stakeholders to work toward concordance.

Jo Maguire, representing the National Drug and Alcohol Screening Association, stated that her comments were derived from association members. She stated that conceptually the association supports the addition of fentanyl and norfentanyl and the removal of MDA and MDMA from the testing panels for both the urine and oral fluid Mandatory Guidelines, as long as the cutoff levels are supportable, and the laboratories will implement on the same date as DOT's implementation date to include fentanyl and remove MDA and MDMA. The association approves retaining PCP in the testing panel because it remains an issue of concern. The association applauds the decision of DWP to retain PCP in the testing panel. Concerning establishing cutoffs, there needs to be a

scientific rationale for setting initial and confirmatory test cutoff, clearly articulated by DWP in a *Federal Register* publication explaining the final decision concerning the changes. The association also applauds the extension of time for public comments when changes are introduced. She encouraged DWP to share the rationale for the 1 ng/ml cutoff and explain why the cutoff was selected for fentanyl and norfentanyl. When the DWP adds or deletes a testing panel drug it is important to allow sufficient time for association members to make the change. Since the FDA has a complicated double clearance process, we ask that HHS not implement changes to require testing for fentanyl or another new drug until the oral fluid reagents are able to be cleared with the FDA. Effective dates should be the same for both urine and oral fluid. Effective dates should also be the same for HHS and DOT.

Lane Kidd representing the Trucking Alliance stated that Penn State will release a peer-reviewed study of hair and urine drug testing results from a large database of about 300,000 drug test results. The study compares test outcomes of this database with the 2020 results of the DOT Clearinghouse. It showed that there were 8.45 times more positive test results from hair than from urine. Hair testing detected more cocaine, opioids and ecstasy. Urine tests detected more marijuana, methamphetamine, and PCP.

Another comment from Suhash Harwani, a representative of Quest Diagnostics, which performs more than10 million urine, oral fluid and hair drug tests annually stated that recent tests showed a workforce fentanyl positivity rate between 0,1 to 0.2%. Without a commercially available fentanyl screening reagent for oral fluid there is a bifurcation between urine and oral fluid test panels, one including fentanyl and one without fentanyl. While there is a low positivity for Ecstasy (around .003%), is there still concern from a safety standpoint.

Responding to a comment about testing in different matrices, Mr, Flegel clarified that if fentanyl was added to the testing panel, it would be added simultaneously for both urine and oral fluid. The public comments agenda item was closed.

Closing Remarks and Adjournment

Mr. Flegel expressed appreciation to the DWP staff, board members and others in attendance for participating and contributing to the discussion. Ms. Davis noted there was no further business for the open session and adjourned the open session of the meeting at 4:05 p.m.

(Whereupon the open session was adjourned at 4:05 p.m.)