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ALASKA HEALTH CARE COMMISSION

THURSDAY, OCTOBER 10, 2013

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ALASKA

EXCERPT VOLUME 1 OF 1

PAGES 1 THROUGH 25

GAYE FORTNER

1 the key attributes of a coalition fit very nicely in the work
2 that you all are talking about doing, because you're really
3 looking at bringing a collective group of people with a like
4 agenda together to leverage the market and you may be
5 leveraging your market from a financial position, from a risk
6 improvement position.

7 I think that's one of the good things about the leverage
8 idea, it can really fit any description that you want to make
9 it. For us in the coalition movement, we're trying to work
10 with our members to help them maximize their health care
11 benefit and that's not always just about the dollar. It's
12 also about bringing value to their employees in their
13 workforce and in improving the health of the community that we
14 live with -- live within.

15 HealthCare 21 was founded in 1997. So we're 17 years
16 old. There were 10 business members or employers that came
17 together with a like agenda. They knew that their health care
18 costs were increasing and they felt, as large employers in our
19 community, as a collective group, they could have a voice in
20 impacting how health care could be improved and therefore,
21 their cost be improved.

22 We see our work really around three different main
23 objectives, which is including improving the purchasing
24 process, including (sic) the health system that we work and
25 utilize and then improving the health of our community, but a

1 common factor in any of these initiatives is the need to work
2 with partnerships amongst the different stakeholders that
3 impact health care delivery.

4 This is a timeline of the work that we have done. We're
5 going to talk about a number of these projects as we go
6 through the presentation today. I'm going to fast forward you
7 right down here toward 2010/'11 when we started working on a
8 project that I think ties to a presentation you all had today.

9 We started working with our school system and we
10 purchased for the school system heart rate monitors for the
11 children to use in gym class and the purpose of that was for
12 kids to learn their target heart rate, so as they begin to
13 exercise, they would understand the range that was safe for
14 them to exercise in, as well as the range that was required
15 for them to get benefit from the exercise.

16 We put this program in place in two schools and along
17 with the kids really responding to the opportunity, some other
18 great side effects occurred. One of those being that they
19 identified some children with significant cardiovascular
20 disease that would never have been known, because when they
21 were using the heart rate monitor, the kids' heart rates were
22 exceptionally high. So they talked with the parents and got a
23 physician appointment and discovered something that really
24 needed to be treated.

25 The last thing I want to comment about on this slide is

1 right down here at the bottom. Our Coalition was actually the
2 sponsor and author of two of the applications to HHS for the
3 federally funded co-ops and those are the new nonprofit
4 insurance companies that have been funded by the federal
5 government and we're real pleased and proud to say that both
6 Tennessee and South Carolina were funded and we are just
7 beginning.

8 Those companies have launched away from the Coalition.
9 They're not a part of us in any way, but we're pretty proud
10 that we were able to bring a competitive partner to our
11 community to work with the insurance giants like Blue Cross
12 and Signa and bring more competition and an agenda that looks
13 much more focused on improving health and driving quality.

14 So we're going to start back in 2005, looking at a
15 project we did called the "Knoxville Hospital Community
16 Project." This project was a first for all of us in our
17 community because our hospitals, and at that time, we had five
18 different hospitals, our hospitals had never really
19 collaborated with one another.

20 They viewed each other as competitors and that's exactly
21 how they behaved, but in bringing this group together, we were
22 able to put together two projects where we worked commonly on
23 an agenda from the Institute of Health, the IHI campaign, to
24 save lives that made a big difference in our community.

25 One was around what's known as ventilator-associated

1 pneumonia and that's the poster that you see here. We
2 actually had a local artist that created this billboard you
3 see here called "Zap VAP" and that was published in our
4 newspapers, as well as, again, on billboards throughout the
5 community.

6 You can see why this is important to the stakeholders
7 involved. As employers, they were looking at their employees
8 at risk, not only for death, but for very expensive hospital
9 stays that the employers would be responsible for, and so
10 through working on this project in our community, we were able
11 to see a 75% improvement in the first year that we worked on
12 this and that was a very, I think, binding relationship
13 experience for the hospitals to see that collectively, they
14 could make a big difference in our community.

15 Following that project, we got onto a project around
16 rapid response teams and I'm not sure about Alaska, but I will
17 tell you in the south that race car driving's a big deal. So
18 we were able to work through one of our employers who had a
19 relationship with Kyle Petty, who's a very famous race car
20 driver, and we had posters in all of our hospitals that were
21 seven-foot tall, picturing here that you see.

22 Our hospitals, again, worked together collectively to put
23 into place procedures to implement rapid response to
24 emergencies to help reduce deaths and be more responsive.

25 One of the ways that we rolled these out through the

1 staff were through training DVDs and while I'm not going to
2 show you this entire DVD, I wanted to show you the very
3 beginning and then what you're not going to see is all of the
4 training that the staff received and then the end of the DVD
5 that they would see was a song that was written by one of the
6 staff members and sung by local hospital staff. So we'll take
7 just a minute or two to watch this.

8 (Video begins)

9 MS. FORTNER: Then it moved onto the training for the
10 staff and this is the conclusion of the video.

11 (Video ends)

12 MS. FORTNER: See the age on this with the flip phones.
13 So essentially, each of them are getting a call to go and be a
14 rapid response (sic) and they leave to go do that. This
15 experience really united our community and it showed that
16 competitors can partner and can make a positive difference.

17 It also showed that we can report results in a public way
18 and by doing that in the aggregate of all of these facilities,
19 as opposed to calling them out individually, and let's
20 remember the time mark here, we're in about 2006, probably,
21 quite a ways before we were even thinking about transparent
22 health care reporting.

23 This was pretty big news in our community and it did
24 allow the hospitals to share their results in a collective
25 way. We also saw that we have a rapid implementation. We had

1 a way to roll out a mass change in a quick way and not only
2 were the hospital administrators involved, but the staff were
3 involved, the people that were actually delivering the care
4 and the community was involved, because these posters were up
5 and these billboards were out and they knew that something was
6 happening for them in the community. So it was a great
7 experience running these hospital study groups.

8 Another piece of work that we do for the community is
9 called "The Consumer Guide on Health," and out at the table
10 you have last year's edition that you might want to pick up.
11 We've been producing these since 2001. They are free to any
12 of our members. We also place them in all of our local
13 libraries across the state. We have them in a web format, so
14 our employers can put them on their intranets and we use them
15 a lot at health fairs, open enrollment, et cetera.

16 This particular guide from 2010 was recognized by the CDC
17 as an important piece of work impacting smoking cessation and
18 so you can see that what we're trying to do is to give the
19 general public some helpful information that they might need
20 on a topic and then, if you open your guide up, you'll see
21 that there's some quality reporting on the hospitals, as well
22 as the health plans. This is a really popular piece that our
23 community looks for every year.

24 Next, I'm going to move into a topic that I believe
25 impacts just about everyone and at our shop, we call it the

1 "source of all evil," because we know whether you're talking
2 about hypertension or diabetes or inactivity, obesity is
3 usually in that topic and has a large role in impacting
4 health.

5 We also know that our employers, ourselves, we tend to
6 have an attitude about that, that's called, you know, "it's
7 not me. I'm not like that," or "it's not my workforce," and
8 by keeping this in front of our employers in a variety of
9 ways, helping them to look at their health risk assessments in
10 an aggregate way that -- aggregate way that really shows them
11 what their risk in obesity is, has been a launching pad for
12 many initiatives that we have done.

13 On the second side of the page over there, the DPP,
14 that's the Diabetes Prevention Program, and we are rolling
15 that out across our community. Our state government, which is
16 the largest employer in our state, is implementing this
17 program as a pilot project this year with HealthCare 21, and
18 it's an impressive program, because you're looking at catching
19 folks before they get diabetes.

20 You're really looking at the at-risk population and with
21 some very simple programing and coaching that the CDC has put
22 together this program on (sic), they have proven that only a
23 5% to 7% body weight loss can keep you from developing
24 diabetes. For most people, you're looking at a 10-pound
25 weight loss and that's doable and this program is very doable.

1 So we're doing a lot of work around obesity.

2 Our role, of course, is to help educate the community
3 about it, to bring the program, make it available. We are
4 also helping to build models to pay for the program. It is a
5 pay-for-performance program. So the people that are
6 delivering this program are not paid unless there is
7 attendance and weight loss from the participants in it and
8 that's a pretty different model for a wellness program than
9 most employers have experienced and then we also provide
10 program reporting and billing for this through HealthCare 21.

11 This has led us to another community project that we're
12 going to be doing exclusively with our providers and we are
13 bringing our providers together in 2014 to publically report
14 their diabetes metrics on what is called the "D5." This is a
15 program out of Minnesota, I believe, and it basically has two
16 sides.

17 It has the website that you're looking at, which is
18 consumer focused, helping diabetics understand the importance
19 of the five metrics and then it also has a provider side,
20 where you can actually go in and pull up all participating
21 providers and see how well they're scoring on these five
22 metrics.

23 This is a pretty big move. We really haven't done any
24 public reporting at the individual provider level and we're
25 really pleased that our providers are going to work with us to

1 initiate this project.

2 A current project that we're heavily involved with is
3 narcotic overuse and we began this problem -- and got into a
4 big snowball, one much bigger than we thought we were going to
5 get into.

6 We now have a committee that has physicians, employers,
7 health plans, our state government, our Attorney General, the
8 TBI. This is a huge process now and I just wanted to show you
9 some of the reasons that it's important to us.

10 Our emergency room doctor on the panel told us about the
11 patient he saw that he pulled up who had 33 scripts and 3,000
12 narcotic pills in one year and he was there asking for more.
13 We have an employer, a city employer, they're running the fire
14 trucks, the police, all of our workers, who has had three
15 outstanding employees who became injured on the job, ended up
16 being addicted, fired and eventually dead.

17 We have citizens who have been killed by impaired
18 employees driving government vehicles, because they're back to
19 work using narcotics. We know that 34% of all of Tennessee's
20 opioid prescriptions are written in our county and that's
21 outstandingly bad. That's a first we really didn't want in
22 Knoxville, but we own it.

23 This is also important because of the number of drug
24 dependent babies that are being born in our community and they
25 cost an average of \$62,900 compared to an average birth and we

1 have 36 pain clinics now within our one county. So by peeling
2 back the layers of the onion and looking at our problem, we
3 knew that we had a crisis and for anyone, whether it's a
4 family member, it's a worker, it's a provider, it's the
5 employer, the lost productivity, the loss function of life in
6 this is immeasurable.

7 So we have convened this multi-stakeholder group that I'm
8 telling you about and are trying to address this issue, not
9 only through the employer, but also through community
10 education, through provider tools that can help the providers
11 in screening and identifying the right source of pain so they
12 can treat it appropriately and helping them be able to
13 communicate to that person that's had 33 scripts and 3,000
14 pills in one year that they're not going to give them
15 additional drugs.

16 We're going to be rolling out a program in our schools.
17 Our health plans are helping us because the medical directors
18 are taking the high risk prescribers and directly intervening
19 with them and we were surprised to learn that the top
20 prescriber in our state is a podiatrist, if that makes a lot
21 of sense. So a big, big, big project for us that we're really
22 excited about that's going to have huge impact.

23 I want to change the community focus of what we've been
24 taking about just a little bit and tell you about an employer
25 that made a large difference, because they are in a very small

1 town in Tennessee and when I pulled up, Bulls Gap, Tennessee,
2 the population of Bulls Gap is just 732 and you can see this
3 employer has 700 employees. Now they do have three other
4 locations that are included in the 700 employees, but
5 primarily, you can see that we do have an employer who
6 predominantly employs that community.

7 They're fully insured and they decided that their health
8 care costs were completely untenable. You can see that they
9 had a 57% increase in their premium and they had no way to
10 counteract that. So this company became very proactive in
11 looking at the health risk of their population. They also
12 included family members on the insurance and they did an
13 assessment and then put in a program where the high risk
14 individuals were required to receive some health coaching and
15 to work on changing some of their health goals.

16 In their community, in their workplace, there were a
17 number of people involved in implementing and developing this
18 program. It took a lot of work on that employer's end as a
19 fully insured employer to work on this, but what we found for
20 this employer, who is a manufacturer, so having their folks at
21 work is very important, they were losing 1,500 days of lost
22 time just in the population with risk and this was costing
23 them about \$250,000.

24 Their age group was also very young with 60% of that
25 population being between age 30 and 50. So they really

1 haven't even hit their high health care cost age group yet,
2 but these are the folks that are building the expenses that
3 are going to come.

4 Thirty-eight percent of that population, young -- really
5 young age group, had five or more health risks. Many of them
6 had seven, eight or nine health risks. So they're a very
7 unhealthy workforce. They put their program in. You can see
8 they had great success and results in running this program,
9 but the one that I thought the employers might be interested
10 in is right here, because they were able to negotiate their
11 next renewal to 4%, which was way below fully insured book of
12 business renewal rate in the market area for that year,
13 because they had hard facts to show that health plan and what
14 they had been able to achieve and they were able to really get
15 themselves a good deal.

16 We are now working on a very different kind of community
17 project. It's really a community mission and that is to bring
18 healthy food, fruits and vegetables, to food deserts in our
19 community. We have some areas in our community, which really
20 have poor access. There's bus transportation. A trip to the
21 grocery store is easily three hours, just to get there and get
22 back. So we have applied for a foundation grant to implement
23 a mobile food market and the picture's not too clear here, but
24 you can see the inside of one here.

25 Our market idea probably looks a little more like this.

1 We've identified three areas to start in. We're not only
2 wanting to bring access to fresh fruits and produce, but we're
3 wanting to develop relationships in these areas so we can
4 begin educating those groups about diabetes prevention, about
5 lifestyle changes, how they can use these fruits and
6 vegetables that they haven't seen before or afforded before.

7 So we will learn next week whether or not we're awarded
8 the money for this project, but we're really, really excited
9 about the opportunity to get out in the community in a
10 different way.

11 It's been a partnership approach, as well, because we
12 were able to get local growers involved who are going to grow
13 for us, one actually giving us the produce. We're just going
14 to be paying for the seed and the preparation. We've worked
15 now with community leaders, with churches, with other
16 pantries.

17 So in much more of a community fashion than an employer
18 outreach fashion, this project has really brought together
19 another way to impact health risk in our community.

20 I'll conclude here by saying you really can't go wrong in
21 developing partnerships and it doesn't matter where you begin
22 or what your topic is. We started with a hospital project
23 that if you had asked anyone in that community at that time if
24 they ever thought it could happen, they would have told you,
25 hands down, no way. These are very competitive -- very

1 competitive hospitals, but we had huge success.

2 So I think you can see from this slide, the number of
3 benefits that you can gain by partnering in your community,
4 but I think one that's not up there that has occurred for us
5 in the projects that I've shared with you today is pride.
6 There's a lot of pride in making a difference and for those
7 nurses that created that fun video you saw, that was a big
8 event for them and it made it very real to them and their
9 families.

10 So I will leave you with my contact information. I'm
11 happy to take questions if there any questions. I'll be glad
12 to talk about any other explanations.

13 UNIDENTIFIED VOICE: So they are -- Jim will be
14 collecting questions around. I'll ferret them out for you
15 here and try to organize them a little bit, but I have the
16 first one and we -- it's very impressive what you've done and
17 the -- some of the critical health issues that you mention
18 there are very familiar to us, including opioid use and
19 obesity, but I'm curious, early on when you started the
20 partnership, where -- how did you get your funding and what
21 was your -- how did you pull them together early on?

22 MS. FORTNER: Sure. So originally, the Coalition was
23 founded by those 10 members. We are a 501(c)(3), but we're a
24 membership organization. So there's annual dues and the
25 annual dues, of course, go to develop and implement the

1 projects and pay for the staff support, et cetera. That's not
2 enough money, folks.

3 So we've done a fair amount of grant work, where we have
4 been able to secure some grant dollars to support projects and
5 in particular, for those hospital projects that you saw, Pilot
6 Oil Company gave us very generous contributions. They weren't
7 giving the Coalition money, but they were paying for Kyle
8 Petty and they were helping with the video and they were
9 lending us their name and feeding us lunch when we met, so any
10 good way you can, is how you get your money.

11 UNIDENTIFIED VOICE: What about reducing -- how did you
12 go about reducing the turf among hospitals?

13 MS. FORTNER: Well, I think the truth to that is it took
14 some time and determination. We had a chief medical officer
15 of one of the hospitals who really helped facilitate the
16 meetings and this person believed that collective work would
17 be more impactful than individual competition.

18 I think the key ingredient to that is picking a topic
19 that's important to everyone and so let's, you know, fast
20 forward to today's time. I can guarantee you every hospital
21 you have today is worried about readmissions, because they're
22 going to be penalized if they don't manage their readmissions
23 well.

24 So you know, that could be a good starting point in a
25 community, because everyone's interested and what you can

1 learn and share as best practices or lessons learned not to
2 do, help everyone and I think you're just looking for a topic
3 that is of common interest. Narcotic overuse would be another
4 one for us.

5 UNIDENTIFIED VOICE: So there is another question about
6 what is your total budget and how big is your staff, yeah
7 (affirmative)?

8 MS. FORTNER: Okay, our budgeting is a little bit
9 difficult, because we have the nonprofit company and we also
10 have a for-profit company. As a nonprofit, we started
11 developing tools for our members, like a data warehouse, like
12 health coaching. So we actually developed additional services
13 that our members were paying an additional price for and our
14 good old tax attorney told us he was a little worried about
15 our nonprofit status and the fact that we were selling goods.

16 So we had to spin off a sister company, which is called
17 HealthCare 21 Solutions, and while we are separate
18 organizations, we're really one staff and so our budget sort
19 of overlays, even though it has allocations to it. Long story
20 short, we're about 1.3 million in budget and I have nine
21 staff, three of which are part-time.

22 UNIDENTIFIED VOICE: Have you addressed or thought about
23 behavioral health issues?

24 MS. FORTNER: Absolutely, hard nut. We have thought
25 about that and I think depression is likely to be a topic for

1 us in the near future. We're also doing a lot of work right
2 now on specialty pharmaceutical. It's a huge indication for
3 cost issues forthcoming for our employers and they really
4 aren't very aware of what's going to happen, but depression is
5 a huge topic. I think it applies to chronic care management
6 and it's something that's often overlooked. So depression
7 would be our behavioral health topic.

8 UNIDENTIFIED VOICE: You mentioned targeting at risk
9 populations and here's a small employer, a small -- HIPAA
10 dissemination of information, source of dynamics (ph),
11 fairness concerns have been (indiscernible) engaged into
12 wellness programs?

13 MS. FORTNER: It's an issue whether your company has 100
14 employees or 50,000 employees. We never start work in an
15 employer that we don't spend a large amount of our time
16 coaching that benefits person or whomever our key contact is
17 about how hard this is going to be out of the gate, because
18 there is fear. There is mistrust and the only thing that gets
19 you through that is doing the right thing and letting time
20 occur.

21 So we collect health risk assessment forms for employers
22 and do the work where we analyze those and give the employer
23 back an aggregate report and honestly, we one day received a
24 health risk assessment in a manilla envelope that on the back
25 had silver duct tape all over the seal with a name written

1 across it. So that's a good example of just how scared people
2 are about this, but we have never yet worked with an employer
3 who didn't overcome those fears by doing the right thing.

4 So having a third-party that's managing the health risk
5 assessments, the outreach to the employees for questions,
6 that's reassuring, not having employees that are out there
7 telling stories that cause pandemonium. They don't have a
8 story to tell, because their health risk information is
9 private and is kept privately and that's just, I guess, a
10 cross you have to bear as you work through implementing the
11 programs.

12 UNIDENTIFIED VOICE: Here's an interesting one. It's a
13 question about employers participating in wellness programs
14 and given the dynamics associated with it and sometimes the
15 cost, have you had -- how well has it been adopted, especially
16 for the small businesses in.....

17 MS. FORTNER: I guess we, 1) should quantify what small
18 business is.

19 UNIDENTIFIED VOICE: Yeah (affirmative), (indiscernible -
20 speaking simultaneously).....

21 MS. FORTNER: For us, small business is usually looking
22 at an employer that has a couple of hundred employees.

23 UNIDENTIFIED VOICE: For us, it's 10.

24 MS. FORTNER: Okay, I suspected we might have a little
25 gap there and we are just now, actually November 7th, starting

1 a campaign to reach out to small employers and we're calling
2 small employers 50 and under, and we don't know exactly how
3 it's going to work. What we do know is there's health risk in
4 every employer population and there's a need to take action.

5 So can we handle that employer's information in the same
6 way we do a company of 1,000? No, there's more protections to
7 be sure you're being compliant and protecting that
8 information, but we can still tell that employer what top
9 issues they have to work on and how they can begin to tackle
10 that and one of the ideas that we have is that we think if we
11 can find five small employers who are interested in tackling
12 this program, we're going to bring them together as a group
13 and really even pull the employees as a group and we think the
14 idea of, 1) having some competition, "What's your company
15 doing?" "Well, my company's doing this," you know, we think
16 there will be some competition involved. We think it will
17 help lessen the burden for the individual employer and I'll
18 let you know in about six months.

19 UNIDENTIFIED VOICE: Well, this is a piggyback question
20 and so the question is; how many covered lives total do your
21 member employers bring together under the Coalition and have
22 you been able, because of that, reduce health care costs?

23 MS. FORTNER: Okay, so.....

24 UNIDENTIFIED VOICE: This is kind of group purchasing
25 power, yeah (affirmative).

1 MS. FORTNER: Yeah (affirmative), we do not do group
2 purchasing, first of all. There are many coalitions that
3 exist to do group purchasing. We are not one of them. We do
4 have a group purchase PBM, but it's an option and we even
5 advise our employers, if they can't get better than a 3%
6 savings off of our group purchase, we don't advise them to do
7 it, just because of the heartache of changing the
8 administration.

9 We do have a large number of covered lives, because the
10 state of Tennessee is one of our members and remember, they're
11 the largest employer in the state. So we've probably got
12 500,000 covered lives all collectively. Does that mean we've
13 been able to leverage the health plans to bring better
14 pricing? Not really, but we haven't really tried to use it in
15 that way, either.

16 The ways we have really worked with our health plans have
17 been more about collectively speaking with them on issues that
18 we feel need to be changed. We're all over our health plans
19 about transparency right now. I can only imagine it looked
20 similar here. I would love for you all to tell me I'm wrong,
21 but you know, we're nowhere near where we need to be in
22 providing transparent information for employees that are being
23 put on high deductible plans, because these employees are
24 making their own decisions and they don't have anything to
25 make them on, other than what their neighbor told them or you

1 know, whatever advice they get, so.....

2 UNIDENTIFIED VOICE: So this is interesting. I like this
3 one. Have you worked with restaurants in improving their
4 offerings, smaller servings, not putting sugar in breads,
5 pancakes and waffles, which incidently, gives you the age of
6 this questioner, which they did not do when -- in my youth, so
7 I don't -- so I know it was a few years ago, fresh foods,
8 vegetables, whatever (indiscernible).....

9 MS. FORTNER: No, we haven't worked with restaurants, but
10 we're working with the employers. Have you all looked at your
11 vending machines? Have you looked at what you're serving for
12 lunch, breakfast meetings? Is it all pastries? I mean,
13 there's a lot to be done at the employer level. So we have
14 focused more on healthy culture with our employers and finding
15 some solutions for them, and you know, encouraging them to
16 make decisions around a healthy culture than we have in going
17 out in the community around the restaurants.

18 UNIDENTIFIED VOICE: Okay, this one is; what explains why
19 hospitals in each community do not participate in reporting?
20 I don't (indiscernible).....

21 MS. FORTNER: Maybe this goes back to my many years in
22 nursing and working in the hospital. I would say, who wants
23 to show their dirty laundry? I mean, you know, the answers
24 aren't always good, folks, you know, they're -- and even if
25 they're good, there's room for improvement. So you know, I

1 don't think -- I think the hospitals become really concerned
2 about their public image. They don't want a community
3 thinking, "Gee, you know, what about this place," and maybe
4 that's what the community should be thinking.

5 That's another reason that this information is good when
6 you open it up, because these are, you know, reported results
7 from the hospitals about their care for heart attack, their
8 care for maternity patients and while it's not giving exact
9 cost and quality information, it is providing some quality
10 information.

11 So I think there's, you know, historically, quality has
12 been a sacred cow that's been heavily protected. I think
13 that's one issue. I think, you know, public PR is another
14 issue and quite frankly, I don't think that the employer
15 community and the people that are paying the bills are
16 demanding what they want to pay for and even our Coalition of
17 17 years old isn't as effective in getting the employers
18 organized to send that message as we would like to be. It's a
19 tough job, but it's something that we need to be working on
20 all the time.

21 UNIDENTIFIED VOICE: Gaye, thank you very much.

22 MS. FORTNER: Sure.

23 UNIDENTIFIED VOICE: And after 17 years, she's still
24 enthusiastic. I don't -- I don't know what you're on, but I
25 want some. Thank you very much, Gaye, and she will be around

1 with us, so feel free to come up and ask individual questions,
2 just very, very impressive and some of us have been involved
3 in the coalition work and know how difficult it is and you've
4 stood the test of time, which is very impressive. Thanks --
5 and thanks to the Commission for bringing her up with us.

6 12:51:46

7 (End requested portion)

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