BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for June 10, 2025

Members Present:
James Curran, M.D., M.P.H., Chair
Mitch Rodriguez, M.D., Vice Chair
Mychal Walker Sr., C.L.T.C., F.R.C., Secretary
Kathryn Cheek, M.D., F.A.A.P.
Gregory E. Lang, Ph.D.
Tai Valliere-White, M.D., F.A.C.S.
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.

Members Absent:
Lucky Jain, M.D., M.B.A.
Cynthia A. Mercer, M.D.

The Board of Public Health held its meeting on June 10, 2025. The meeting was led by Dr. James Curran. The list of attendees is attached hereto and made an official part of these minutes.

I. & II. Call to Order and Roll Call:
The meeting was called to order at 1:00 p.m. The meeting commenced with Dr. Curran asking Mr. Walker to conduct the roll call.

III. Approval/Adoption of Minutes:
Before addressing old business, Dr. Curran remarked on the significant volume of changes occurring at the federal level, noting that in his 55 years in public health, he had never witnessed so many simultaneous shifts. These changes span recommendations, funding mechanisms, partnerships, and Medicaid interactions—many of which are still being contested. He emphasized the unpredictable nature of the current environment and its impact on federal, state, and local public health systems. Dr. Curran urged awareness of how these developments could affect relationships and funding, acknowledging that widespread change is especially challenging, particularly with age and long-standing institutional experience. Dr. Curran presented the board meeting minutes of April 8, 2025, for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

A. Opening Remarks - Commissioner Kathleen E. Toomey, M.D., M.P.H.

Dr. Toomey opened the meeting by acknowledging the full agenda and responded to Dr. Curran's earlier remarks about federal uncertainty. She emphasized that the Georgia Department of Public Health is closely monitoring developments at the federal level and remains agile to ensure uninterrupted delivery of mission-critical services. While federal changes have not yet significantly impacted state programs, she noted the importance of staying prepared.

Dr. Toomey highlighted that although over 51% of the department's budget is federally funded, 49% comes from the state, and this year's state legislative session was highly supportive of public health. She expressed gratitude for the strong backing from both the Governor and state legislators, especially in the area of maternal and child health.

She previewed upcoming agenda items, including a budget overview by CFO Will Bell and a presentation by Diane Durrence on perinatal initiatives—specifically, an expansion of Georgia's streamlined and highly regarded home visiting program.

B. Final State Budget – William E. Bell

William Bell, Chief Financial Officer for the Georgia Department of Public Health (DPH), presented the final state budget for fiscal year 2026 following the signing of House Bill 68 by Governor Kemp on May 9, 2025. He began by noting that DPH's total budget for FY25 stands at $918 million, with approximately 51% of that amount coming from federal sources. This includes significant funding for programs such as WIC, Ryan White Part B for HIV/AIDS, TANF, and various maternal and child health initiatives. Bell highlighted that, while federal funding remains a major component of the budget, there is growing uncertainty at the federal level, particularly following the March 2025 termination of eleven COVID-19-related funding streams. Of the nearly $878 million originally awarded for COVID-19 response, about $554 million was expended before the remainder was rescinded.

State general funds make up roughly 43% of the DPH budget, or about $400 million, with a large portion going to county health departments. Additional funds include restricted immunization dollars and tobacco settlement funds, with the latter primarily supporting the state's cancer aid program. DPH's FY26 budget reflects a $3.8 million increase in state general and tobacco settlement funds, bringing the new base budget to $404 million.

Bell emphasized several key areas of investment for FY26, particularly in maternal and child health. One of the most significant additions is $3 million in new funding to expand DPH's home visiting program to underserved and rural communities. Combined with prior allocations, this brings total state funding for the program to $6.4 million, allowing the initiative to expand from 50 counties to 75. He described this program as a critical strategy for reducing infant and maternal mortality through clinical assessments, screenings, and connection to vital resources.

Additional funding of approximately $900,000 will support the development of a cardiac obstetric program within the perinatal regionalization system, aimed at improving access to maternal fetal medicine for high-risk pregnancies. This investment will also draw down an estimated $1.7 million in federal Medicaid funds. Another $600,000 is allocated for perinatal quality improvement efforts, including support for hospital facilities in achieving verified maternal and neonatal levels of care and staffing for rural quality improvement initiatives.

Bell also detailed a $437,000 investment to implement Senate Bill 495, which modernizes the issuance of low THC oil patient registry cards by allowing centralized mail distribution and introducing an online payment portal. This change is intended to reduce barriers for patients with serious medical conditions and is designed to be budget-neutral through fee adjustments.

Finally, the FY26 budget includes a one-time investment of $1.2 million to renovate state-owned district offices and public health laboratories. Facilities in Albany, Rome, and Waycross were prioritized, with updates planned for critical equipment such as outdated fire control panels and HVAC systems that have exceeded their useful lifespan.

Bell concluded his remarks by reiterating DPH's appreciation for the support from the Governor and legislature and offered to answer any questions from the board.

Following William Bell's presentation of the FY26 budget, Dr. Curran offered his congratulations to Bell, Dr. Toomey, Governor Kemp, and the legislature for not only sustaining the state budget but also making selective increases. He specifically commended the investment in maternal and infant health, noting it as a particularly impressive and important advancement in addressing mortality in those areas.

C. Epidemiology Update – Cherie L. Drenzek, D.V.M., M.S.

Dr. Cherie Drenzek provided a comprehensive epidemiology update focused primarily on measles and respiratory viruses, underscoring the importance of ongoing surveillance and timely prevention strategies. She began by noting the sharp increase in measles cases across the United States, with over 1,100 cases reported as of early June—double the number from just two months prior. Texas remains the primary hotspot, though the outbreak there is now slowing. Most cases nationally have occurred among unvaccinated individuals, reinforcing the critical role of MMR vaccination. She also highlighted an alarming outbreak in Ontario, Canada, which has surpassed 2,000 cases and included several instances of congenital measles due to infections in unvaccinated pregnant women, including one infant death.

In Georgia, five measles cases have been confirmed so far this year, all tied to travel and occurring among unvaccinated individuals within family groups. Thanks to swift public health response and contact tracing, further spread has been contained in both outbreaks. Dr. Drenzek also shared a cautionary example from Colorado, where a single symptomatic traveler at the Denver airport led to multiple secondary measles cases among passengers and airport personnel, illustrating how contagious measles can be in high-traffic areas.

In response to rising global measles activity, the CDC has updated its guidance to recommend that all U.S. travelers, regardless of destination, be fully vaccinated against measles. This includes an early MMR dose for infants under one year old if traveling internationally.

Shifting to respiratory viruses, Dr. Drenzek reported that flu, RSV, and COVID-19 activity in Georgia is currently minimal. However, COVID-19 has shown consistent summer surges over the past five years, often triggered by new variants. A new subvariant, NB.1.8.1, has emerged internationally and is being closely monitored by the World Health Organization. While its presence in the U.S. is still limited, similar variants in the past have led to upticks in cases during the summer months.

Despite the potential for another COVID wave, hospitalizations and deaths remain low thanks largely to widespread immunity and vaccination. Dr. Drenzek concluded by emphasizing that surveillance data must continue to guide public health recommendations, especially around vaccination for high-risk groups, such as older adults and those with underlying health conditions. She encouraged individuals to talk with their healthcare providers about the importance of staying up to date on vaccinations, particularly as virus patterns continue to evolve.

Following Dr. Drenzek's presentation, Dr. Curran expressed his appreciation for her work and emphasized the critical role of surveillance in guiding public health efforts. He described

surveillance as the "conscience and guidepost" of public health, essential for understanding current conditions and anticipating future challenges. Dr. Curran also referenced newly released CDC data showing a decline in vaccination coverage among infants and young children—from 95% to 93% between 2021 and 2023—which he noted is a significant drop. He warned that in the current political climate, where some leaders are vocal vaccine skeptics, this downward trend could worsen. Without vigilance, he cautioned, decreasing immunization rates are likely to lead to more disease outbreaks, such as the measles surges already being seen. He concluded by reiterating the importance of robust surveillance and rapid response to prevent further public health crises.

Dr. Cheek thanked Dr. Drenzek for her presentation and asked a follow-up question about current measles surveillance practices. Specifically, she inquired whether the process still involves daily symptom check-ins for the initial case and their close contacts, as it has in the past. She noted that, historically, individuals have been cooperative in participating in daily follow-up and reporting, and she wanted to know if that level of engagement and procedure remains in place during current measles investigations.

Dr. Drenzek confirmed that Georgia continues to use the same structured approach for measles surveillance as in the past. When a case is identified, public health teams first determine all potentially exposed individuals—such as those in a healthcare setting—then narrow the list to those eligible for post-exposure prophylaxis, either through the MMR vaccine (within 72 hours) or immune globulin (within six days). Individuals who remain susceptible, as well as those who receive prophylaxis, are enrolled in an automated monitoring system used for other communicable diseases. These individuals receive daily electronic check-ins and are instructed to report any symptoms immediately—while avoiding in-person medical visits without prior guidance to prevent further exposure. Dr. Drenzek noted that cooperation with these protocols has been strong during Georgia's recent measles cases and that containment efforts have been effective.

Mr. Walker thanked Dr. Drenzek for her presentation and raised a concern about the United States' relationship with the World Health Organization (WHO). He referenced recent actions by the current federal administration suggesting a potential withdrawal from the WHO and asked whether that decision—if confirmed—would impact Georgia's public health strategy. He expressed concern that distancing the U.S. from global health coordination could be harmful, particularly with the risk of upcoming COVID-19 surges and other emerging communicable diseases. He asked Dr. Drenzek to comment on how such a move might affect surveillance, preparedness, and response efforts.

In response to Mr. Walker's question, Dr. Drenzek acknowledged the concern and clarified that the World Health Organization (WHO) continues its global work regardless of political decisions regarding U.S. participation. She explained that WHO primarily serves as a coordinating body for sharing surveillance data and epidemiological trends across countries, and the U.S.—through the CDC and other channels—still has access to this critical information. While formal involvement in certain WHO committees might be affected by political decisions, the ability to monitor global disease patterns remains intact. She emphasized the importance of staying informed, noting that infectious diseases are not confined by borders and can easily reach the U.S., as evidenced by measles cases linked to international travel.

Dr. Curran added important context to Mr. Walker's question by noting that this is not the first time the United States has withdrawn support from the World Health Organization (WHO). He explained that U.S. support primarily comes in the form of membership dues, which are proportionate to a

country's GDP. As the U.S. typically contributes about 20% of WHO's funding, a withdrawal would result in a significant reduction in the organization's operating budget.

More critically, Dr. Curran pointed out that the current administration has also pulled all U.S. scientists and staff from WHO. These individuals often hold leadership roles or are deeply involved in global health programs. The absence of American personnel weakens the U.S. influence in WHO governance—where the country typically maintains positions like assistant director-general—and undermines international collaboration. While the administration has justified these actions based on cost-saving and concerns over China's influence in WHO, Dr. Curran argued that withdrawing funding and personnel only diminishes the United States' voice in global health decisions.

He emphasized that this move is not supported by the public health community and is driven more by political and financial motives than by public health rationale. Despite any inefficiencies the WHO may have, Dr. Curran concluded, there is no alternative global organization capable of fulfilling its unique role in international health coordination.

Dr. Toomey added to the discussion by reflecting on conversations she's had with other state health commissioners, including the commissioner in Texas who is managing a large measles outbreak. She pointed out that beyond the direct public health response—such as staff time, hospital resources, and case monitoring—there are also significant indirect impacts that are often overlooked. These include lost wages when parents must stay home with sick children or isolate themselves, and challenges faced by families without access to childcare. Dr. Toomey noted that these broader effects aren't typically captured in standard cost-benefit analyses, but they're important to consider when thinking about the public health value of vaccines. She emphasized that vaccinations play a key role not only in preventing illness but also in supporting the well-being and stability of the workforce and communities.

D. Maternal Child Health Updates – Diane Durrence, WHNP, MSN, M.P.H.

Diane Durrence, Director of Women, Children, and Nursing Services at the Georgia Department of Public Health, presented key updates on maternal and child health initiatives. She began with an overview of Georgia's Regional Perinatal System, a safety-net network established in the 1970s to ensure that high-risk mothers and infants receive care at appropriately equipped facilities. The system currently includes six Regional Perinatal Centers (RPCs) across the state, supported through a combination of state and federal funding. Historically, the Department of Public Health has focused on managing contracts and facilitating communication among centers, without the authority to make structural changes.

Durrence highlighted geographic disparities in care, noting that 43% of the state's birthing facilities are concentrated in the Atlanta region, and most of Georgia's Level III neonatal facilities—equipped to handle the most complex cases—are also located there. In contrast, rural areas have seen significant losses, with 15 labor and delivery units closing since 2014 and 45 closures since the early 1990s. These closures have created access gaps, especially in regions like Albany and Savannah, where each has only one Level III facility.

In response to the need for more formal oversight and modernization of the perinatal system, Durrence shared that a two-day strategic session held in September 2024 led to the introduction

of House Bill 89. The bill was signed into law in May 2025 and grants DPH authority to coordinate and make changes to the system. It also establishes an advisory committee to make recommendations to the Commissioner, including cost assessments and a requirement to submit a formal plan to the Governor and legislative leaders every four years, starting in July 2026.

Durrence also provided an update on the Maternal Mortality Review Committee, which has completed reviews of cases from 2012 to 2022 and is currently reviewing 2023 cases, expected to be finalized by the end of this year. She emphasized the continued staffing and operations of the committee under newly restructured leadership.

In closing, she discussed the progress of the state's perinatal home visiting program. Though launched in October 2023, the program has already enrolled over 580 patients across 50 counties and hired 46 home visiting staff. An additional 25 counties are set to begin implementation by October 2025. The department is now focused on increasing referrals from OB providers to expand the program's reach to pregnant and postpartum women in need of support.

Dr. Rodriguez commended Diane Durrence for her leadership and efforts in advancing Georgia's maternal and child health initiatives. As a representative of one of the Regional Perinatal Centers in Macon, he noted that a longstanding concern had been the lack of clear leadership and direction within the system. However, he shared that in recent years, under the guidance of Durrence and Dr. Toomey, meaningful progress has been made. While acknowledging that challenges remain—particularly Georgia's high infant mortality rate—Dr. Rodriguez expressed optimism about the newly formed advisory committee, believing it will bring needed structure and momentum to continue improving outcomes. He closed by thanking both Durrence and Dr. Toomey for their commitment to moving the state in the right direction.

Diane Durrence thanked Dr. Rodriguez for his dedicated service both at the Regional Perinatal Center and on related committees, expressing her appreciation for his ongoing contributions to maternal and child health efforts in Georgia.

Dr. Curran expressed his appreciation for the improved coordination of Georgia's maternal health system and referenced past data showing that many maternal deaths during the first year postpartum were linked to cardiovascular conditions or substance use. He asked Diane Durrence whether the regional perinatal centers are coordinating effectively with the necessary resources and services to address these complex contributing factors to maternal mortality.

In response to Dr. Curran's question, Diane Durrence agreed that addressing postpartum maternal mortality—especially related to cardiovascular issues and substance use—requires strong coordination with appropriate resources. She shared that new funding would become available in July for five of the Regional Perinatal Centers outside of Atlanta to support expanded maternal health services. While planning is still in the early stages, this funding is expected to help provide staff and services that improve access to high-level care, such as perinatology and advanced ultrasounds, closer to where women live—particularly important for those requiring multiple follow-up visits. Durrence emphasized the need to extend services beyond hospital walls, especially in areas impacted by hospital closures. She added that the new advisory committee will likely also focus on enhancing developmental clinics for infants discharged from NICUs, especially those born very low birth weight who need ongoing follow-up care.

E. Board Comments

At the close of the meeting, Dr. Curran invited any final comments from Dr. Toomey or the board. Dr. Toomey responded by encouraging board members to share any topics of particular interest ahead of the next meeting in September. She noted that the department aims to tailor future presentations to areas of concern raised by board members, as they had done with the maternal and child health updates.

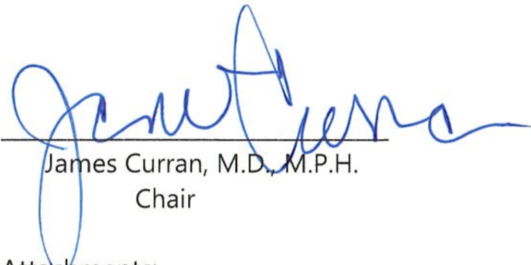
In response, Dr. Curran emphasized the ongoing importance of vaccine usage and public acceptance. He expressed concern about proposed federal changes to the regulatory and approval processes for vaccines, which could shift decision-making away from the CDC, impact insurance coverage, and potentially make vaccines more expensive or less accessible. He suggested that tracking these developments—especially how they affect vaccine uptake—should remain a high priority.

Dr. Toomey agreed, affirming that vaccine access and coverage are already areas of close monitoring for the department. She highlighted the need to follow both federal vaccine supply issues and insurance reimbursement trends, since public health services depend on both. Dr. Curran added that potential cuts to CDC-managed vaccine programs in the President's proposed budget could further reduce state-level support, although final outcomes remain uncertain. He concluded the exchange by labeling the matter an "official to be continued" discussion.

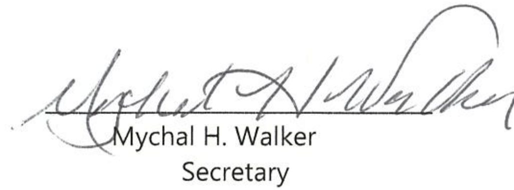
V. Adjournment:

Dr. Curran concluded the board meeting by thanking everyone for their participation and inviting any final questions or comments, especially regarding matters in Georgia. With no further discussion, he called for a motion to adjourn, which was promptly seconded and approved. He expressed appreciation for a productive meeting and extended his thanks to all in attendance. The meeting was adjourned at 2:22 PM.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 10th of June 2025.



James Curran, M.D., M.P.H.
Chair



Mychal H. Walker
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

June 10, 2025
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Attendees

Public virtual meeting.