



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0615

*** RE:**

Submitting reso. auth. Qualifications for Future of Health Advisory Board Members

*** SUMMARY:**

Qualifications for Future of Health Advisory Board Members

*** RECOMMENDATION:**

For Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**