

12/10/24

#31

Date (Fecha)

Agenda Item #
(Numero de agenda)

Medical Transformation

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escriba legible)

Information provided on this form is part of the public record.

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Carmey

First Name (Nombre)

Christenson

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

I would like to speak as an individual. (Me gustaria comentar como individuo.)

I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12/10/25

31

Date (Fecha)

Agenda Item #
(Numero de agenda)

Analysis of Medi-Cal

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

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Joshua

First Name (Nombre)

Bohannon

Last Name (Apellido)

Father Jerry

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

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Spoke

12/10/24

Date (Fecha)

31

Agenda Item #

(Numero de agenda)

An analysis of barriers to optimal medical transformation

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

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TRIXY

First Name (Nombre)

MANANCALA

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

UC SAN DIEGO CENTER FOR

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

COMMUNITY HEALTH

Check one box below (Marque una casilla):

- I would like to speak as an individual. (Me gustaria comentar como individuo.)
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10 Dec 24

Date (Fecha)

Item 31

Agenda Item #

(Numero de agenda)

Barriers to Optimal Med-cal

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

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CESAP

First Name (Nombre)

JAMER

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

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Spoke

12/10/24
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Discussion item 31 medical trans-formation
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
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Eva Matthews
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

[Redacted] City (Ciudad) State (Estado) Zip (Codigo Postal)

[Redacted]

Phone Number (Numero de Telefono)

Mama's Kitchen

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

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12-10-24
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Taskforce
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
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Julie Porter
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

[Redacted] City (Ciudad) State (Estado) Zip (Codigo Postal) 91932

[Redacted]

Phone Number (Numero de Telefono)

Lived Experience Advisors

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

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12-10-24
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Public Awareness
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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BRYANT
First Name (Nombre) Rumbaugh
Last Name (Apellido)

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

12-10-24
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Medical
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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Mark
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

12/10/24
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Medical transformation
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Consult
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

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Spoke

12/10
Date (Fecha)

31
Agenda Item #
(Numero de agenda)

Medi-Cal
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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Allegedly
First Name (Nombre)

Audra
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

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Spoke

**Individuals Speaking by
Phone December 10, 2024**

31	AN ANALYSIS OF BARRIERS TO OPTIMAL MEDI CAL TRANSFORMATION IMPLEMENTATION		
	Paul	The bold	O
	Kathleen	Lippitt	S
	Elana	Soltz	S
	Gambler	Hermis	S
	Eva	Matthews	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition