

# Health Connector Board of Directors Meeting

May 14, 2026



# Agenda

1. Approval of Meeting Minutes
2. Executive Director's Report
3. Final Affordability Schedule for 2027 (VOTE)
4. Final Amendments to Minimum Creditable Coverage Requirements (VOTE)
5. Strategic Updates
  - A. Health Connector Technology Roadmap
  - B. Scenario Planning Function

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# Approval of the February 12, 2026 Meeting Minutes (VOTE)

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# Executive Director's Report

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# Affordability Schedule for Calendar Year 2027 (VOTE)

Kayla Scire

Associate Director of Policy

Board of Directors Meeting, May 14, 2026



# Overview

Today, Health Connector staff will be asking the Board for a final vote on the 2027 affordability schedule.

- The purpose of the affordability schedule is to determine if a resident is subject to a state tax penalty under the state's individual mandate for not having coverage, or if the individual is not subject to a penalty because the available insurance would have been too costly to require
- During the February Board meeting, the Health Connector Board approved the release of the proposed 2027 affordability schedule for public comment
- After the February Board vote, staff put out notice of a public comment period on the draft affordability schedule and considered all comments received by March 20, 2026
- The Health Connector did not receive any comments during the comment period
- Considering that Health Connector staff did not receive any comments on the proposed affordability schedule, staff recommend finalizing the 2027 affordability schedule, as proposed

# Review of How the Affordability Schedule Applies to the Market

The affordability schedule does determine whether an uninsured individual must pay a penalty for forgoing coverage.

- If an individual has access to coverage considered affordable but does not enroll, they will be assessed a tax penalty
- ConnectorCare contributions are always considered affordable according to the schedule and eligible individuals must enroll or pay a penalty

The affordability schedule does not require employers or carriers to offer affordable coverage.

- The affordability schedule does not penalize employers or issuers if individuals fail to enroll in affordable coverage they offered
- The affordability schedule is independent of federal policies related to affordable coverage standards and is separate from the determination of federal premium tax credit amounts

# 2026 Strategic Objectives



Deliver high value coverage to the residents of Massachusetts

- ☑ Administer the Commonwealth's individual mandate to maintain and improve the state's insured rate



Improve equitable access to affordable health insurance coverage

- ☑ Ensure most people have access to affordable coverage and maintain an effective individual mandate

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# Review of Proposed Affordability Schedule for Calendar Year 2027

# 2027 Schedule: Proposed Approach

The proposed 2027 affordability schedule is consistent with the standards used in prior years (except for high inflation years).

% of FPL	2025 Individuals' Affordability Standards	2026 Individuals' Affordability Standards	2027 Individual's Affordability Standards (Proposed)
0 – 150%	0%	0%	0%
150.1 – 200%	2.90%	2.90%	2.90%
200.1 – 250%	4.20%	4.20%	4.20%
250.1 – 300%	5.00%	5.00%	5.00%
300.1% – 350%	7.45%	7.45%	7.45%
350.1% – 400%	7.60%	7.60%	7.60%
Above 400%	8.00%	8.00%	8.00%

# Proposed 2027 Schedule: Individuals

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$23,475	0%		
150.1 - 200%	\$23,476	\$31,300	2.90%	\$58	\$77
200.1 - 250%	\$31,301	\$39,125	4.20%	\$112	\$140
250.1 - 300%	\$39,126	\$46,950	5.00%	\$166	\$200
300.1 - 350%	\$46,951	\$54,775	7.45%	\$297	\$347
350.1 - 400%	\$54,776	\$62,600	7.60%	\$354	\$404
Above 400%	\$62,601		8.00%	\$426	

# Proposed 2027 Schedule: Couples

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$31,725	0%		
150.1 - 200%	\$31,726	\$42,300	4.30%	\$116	\$155
200.1 - 250%	\$42,301	\$52,875	6.20%	\$224	\$280
250.1 - 300%	\$52,876	\$63,450	7.40%	\$334	\$400
300.1 - 350%	\$63,451	\$74,025	7.45%	\$403	\$470
350.1 - 400%	\$74,026	\$84,600	7.60%	\$480	\$548
Above 400%	\$84,601		8.00%	\$577	

# Proposed 2027 Schedule: Families

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$39,975	0%		
150.1 - 200%	\$39,976	\$53,300	3.45%	\$118	\$157
200.1 - 250%	\$53,301	\$66,625	4.95%	\$225	\$282
250.1 - 300%	\$66,626	\$79,950	5.85%	\$333	\$400
300.1 - 350%	\$79,951	\$93,275	7.45%	\$509	\$594
350.1 - 400%	\$93,276	\$106,600	7.60%	\$606	\$692
Above 400%	\$106,601		8.00%	\$729	

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# Board Vote

# Vote

Health Connector staff recommend that the Board of Directors vote to finalize the Affordability Schedules for Individuals, Couples, and Families for Calendar Year 2027, as set forth in the staff proposal.

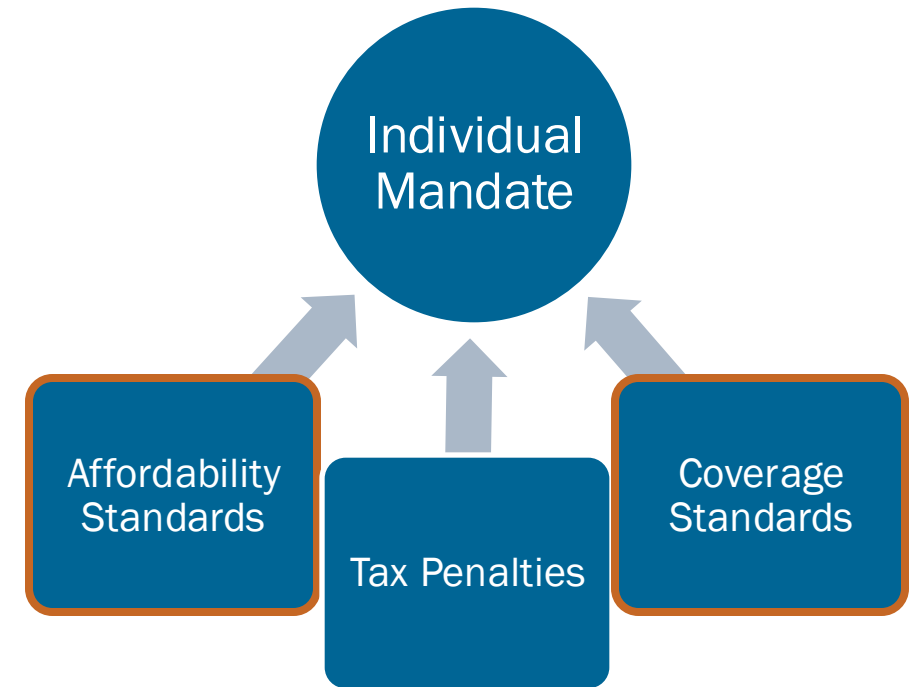
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# Appendix: 2026 Affordability Schedule for Reference

# Background

Since 2007, Massachusetts has required adults to maintain health insurance, and the “individual mandate” remains an important tool in promoting market stability today.

- The Commonwealth’s individual mandate has a wide reach and is applicable to approximately 5 million Massachusetts residents
- The Health Connector Board is responsible for a number of policy aspects of the individual mandate, including affordability standards, Minimum Creditable Coverage (MCC) standards, and hardship exemption criteria
- Today’s discussion focuses on annual updates to the **affordability standards** for 2027



# 2026 Affordability Schedule

% of FPL	2024 Individuals' Affordability Standards	2025 Individuals' Affordability Standards	2026 Individuals' Affordability Standards
0 – 150%	0%	0%	0%
150.1 – 200%	2.70%	2.90%	2.90%
200.1 – 250%	3.95%	4.20%	4.20%
250.1 – 300%	4.68%	5.00%	5.00%
300.1% – 350%	7.45%	7.45%	7.45%
350.1% – 400%	7.60%	7.60%	7.60%
Above 400%	8.00%	8.00%	8.00%

# 2026 Schedule: Individuals

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$23,475	0%		
150.1 - 200%	\$23,476	\$31,300	2.90%	\$57	\$76
200.1 - 250%	\$31,301	\$39,125	4.20%	\$110	\$137
250.1 - 300%	\$39,126	\$46,950	5.00%	\$163	\$196
300.1 - 350%	\$46,951	\$54,775	7.45%	\$291	\$340
350.1 - 400%	\$54,776	\$62,600	7.60%	\$347	\$396
Above 400%	\$62,601		8.00%	\$417	

# 2026 Schedule: Couples

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$31,725	0%		
150.1 - 200%	\$31,726	\$42,300	4.30%	\$114	\$152
200.1 - 250%	\$42,301	\$52,875	6.20%	\$219	\$273
250.1 - 300%	\$52,876	\$63,450	7.40%	\$326	\$391
300.1 - 350%	\$63,451	\$74,025	7.45%	\$394	\$460
350.1 - 400%	\$74,026	\$84,600	7.60%	\$469	\$536
Above 400%	\$84,601		8.00%	\$564	

# 2026 Schedule: Families

% of FPL	Bottom of Income Range	Top of Income Range	Affordability Standard	Bottom of Affordable Monthly Premium Range	Top of Affordability Monthly Premium Range
0 - 150%	\$0	\$39,975	0%		
150.1 - 200%	\$39,976	\$53,300	3.45%	\$115	\$153
200.1 - 250%	\$53,301	\$66,625	4.95%	\$220	\$275
250.1 - 300%	\$66,626	\$79,950	5.85%	\$325	\$390
300.1 - 350%	\$79,951	\$93,275	7.45%	\$496	\$579
350.1 - 400%	\$93,276	\$106,600	7.60%	\$591	\$675
Above 400%	\$106,601		8.00%	\$711	

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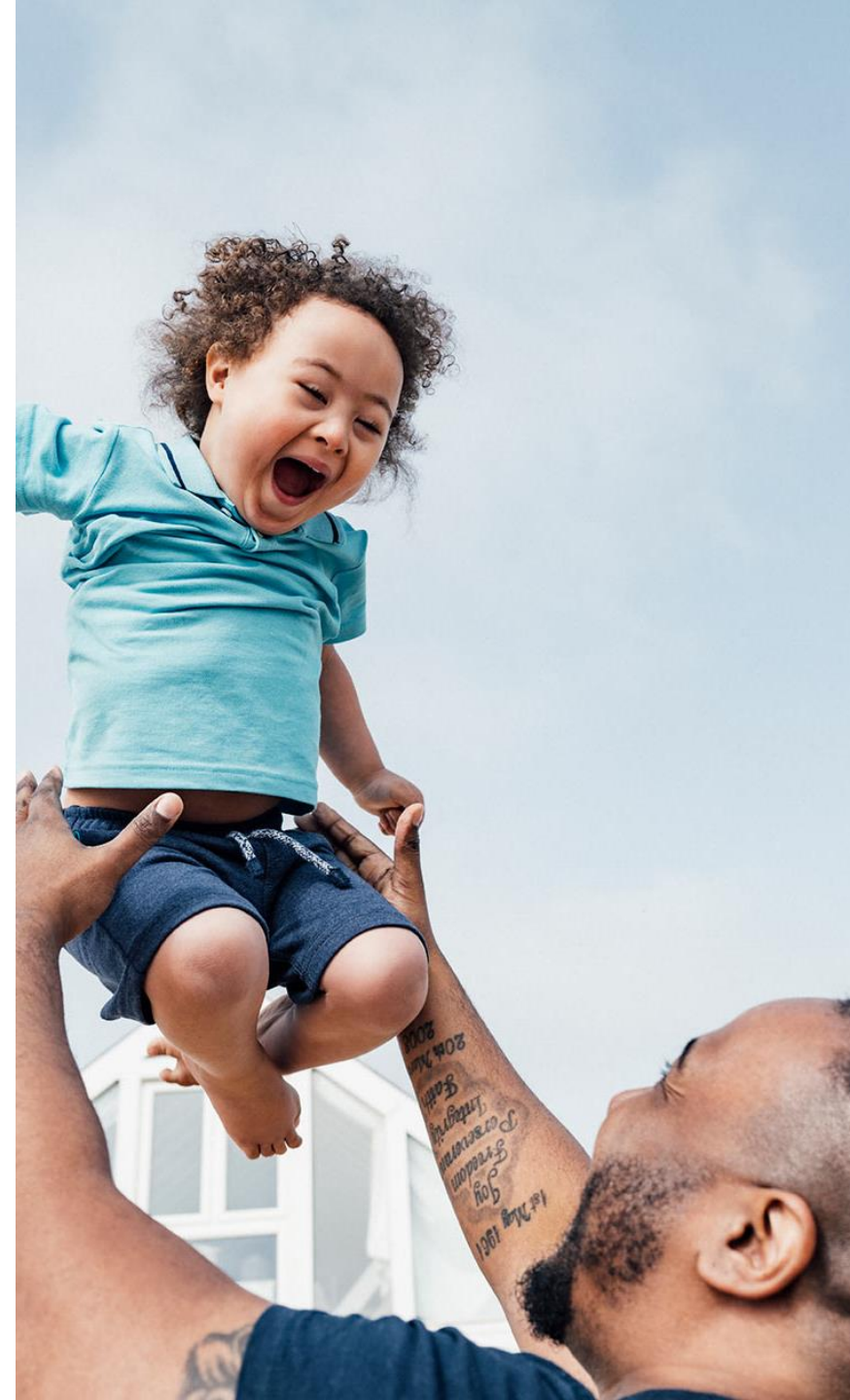
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# Final Minimum Creditable Coverage Regulations Amendments (VOTE)

Michael Cannella

Assistant General Counsel

Board of Directors Meeting, May 14, 2026



# Overview

Health Connector staff seek to have the Board vote to finalize amendments to Minimum Creditable Coverage (MCC) regulations at 956 CMR 5.00 following a public comment period.

- In February 2026, the Health Connector Board voted to approve a proposed amendment to preserve access to evidence-based no cost preventive services and protect against erosion of such standards resulting from changes in federal policy to the individual mandate
- This presentation will cover:
  - Minimum Creditable Coverage (MCC) and Preventive Services
  - Proposed Amendment
  - Public Comments & Final Recommended Amendment
  - Board vote to finalize amendments

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# Minimum Creditable Coverage (MCC) and Preventive Services

# Minimum Creditable Coverage (MCC)

As part of Chapter 58 of the Acts of 2006, Massachusetts law requires adult residents to have health insurance that meets the state's Minimum Creditable Coverage (MCC) standards or potentially face an individual mandate penalty.

- State law defines MCC at a high level and authorizes the Health Connector Board to set minimum standards for plans that individual residents are required to have (via MCC regulations)
- The Health Connector's MCC regulations govern what constitutes MCC for approximately 5.6 million state residents
- MCC outlines the type of coverage a person needs to avoid facing a tax penalty under the state's individual mandate, establishing a "floor" of benefits required to "check the box" as having been covered

# Preventive Services

Currently, MCC regulations rely on the federal definition for Preventive Health Services (42 U.S.C. § 300gg-13) to identify the no-cost preventive services that a Massachusetts resident needs in their coverage to satisfy the individual mandate.

- Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved;
- Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- With respect to women, such additional preventive care and screenings not described in 42 U.S.C. § 300gg-13 as provided for in comprehensive guidelines supported by HRSA

# 2026 Strategic Objectives



Deliver high value coverage to the residents of Massachusetts

- ☑ MCC requirements are all designed to ensure that residents of the Commonwealth can satisfy the individual mandate using high value methods of paying for care



Improve equitable access to affordable health insurance coverage

- ☑ Preserving coverage of preventive health services without cost sharing is a core feature of how MCC requirements promote high value methods of paying for care

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# Proposed Regulation Amendments

# Proposed Amendment to 956 CMR 5.00

Proposed amendments to 956 CMR 5.00 lock in federally defined preventive services in effect as of July 1, 2025 to protect existing robust coverage standards.

- Current regulations at 956 CMR 5.00 define Preventive Health Services by referring to the definition in federal law
- The proposed amendments would change the definition of "Preventive Health Services" at 956 CMR 5.02 by adding the qualifying phrase: "provided, however, that these services shall, at minimum, include all such preventive health services required by established federal regulatory and sub-regulatory guidance pursuant to 42 U.S.C. § 300gg-13 as of July 1, 2025"
- Health Connector staff also proposed aligning the publication of this regulatory change with the 2027 tax year to ensure that Massachusetts residents have consistent guidance about whether their coverage met MCC standards

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# Public Comments & Final Recommended Amendment

# Public Comments & Final Recommended Amendment

During the public comment period, the Health Connector received only supportive comments to the proposed amendment and therefore recommends adopting the amendment as proposed.

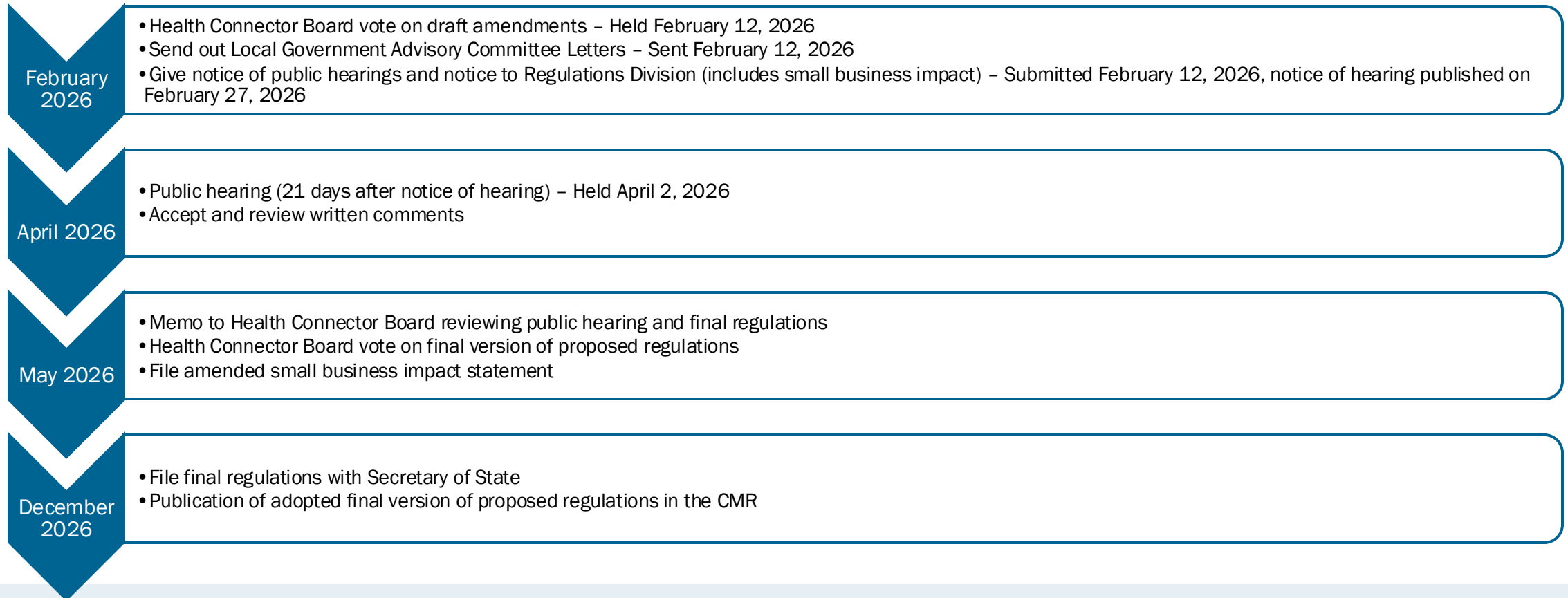
- A public comment period ran from February 12 through April 2, including a public hearing on April 2
- No oral testimony was provided during the public hearing
- Two written comments were submitted in support of the proposed amendment (Department of Public Health and The Health Equity Compact), each echoing the same policy concerns reviewed during the February Board meeting as reasons for their support
- Staff recommend that the Board adopt the amendment, as proposed and without modification, as final

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# Regulation Process

# Timeline and Next Steps

The process to amend regulations would enter a new and final phase with today's Board vote.





# Board Vote

# Vote

Health Connector staff recommend that the Board of Directors vote to approve as final the proposed regulation amendments at 956 CMR 5.00, as described.

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# Technology Strategy & Roadmap

How technology direction, prioritization, and delivery will support the Health Connector's strategic priorities.

David Metraux

Chief Technology Officer

Board of Directors Meeting, May 14, 2026



# A Complex, Interdependent Technology Environment

Technology is central to how the Health Connector enables the Massachusetts public to access coverage and operates its core programs.

- Focused effort has strengthened public-facing systems across eligibility, enrollment, billing, and service delivery
- Internal platforms and business systems have not received the same level of sustained investment
- The Health Connector's success as a best-in-class state-based Marketplace depends on consistent outcomes across public-facing systems, internal platforms, vendors, and state-managed services

This roadmap broadens the focus beyond individual systems, strengthening the internal foundation while continuing to improve the customer journey.

# Technology Direction and Organizational Strategy

The Health Connector's 2024–2028 Strategic Plan defines the expectations technology must consistently support for access, trust, and reliable operation in a complex, regulated environment.

- Reliable access across eligibility, enrollment, and billing
- Less administrative friction across systems and workflows
- Accountability, compliance, and oversight
- Accurate, governed data for decisions and oversight

These expectations raise the bar for how technology is planned, managed, and sustained.



*Technology directly enables key areas of the strategic plan while supporting others led by policy and program design.*

# What the Strategy Requires from Technology

The strategic plan depends on a technology foundation that performs reliably across systems, data, and operations.

- Enable consistent experiences across application, enrollment, billing, renewal, and support
- Protect sensitive information while maintaining continuity
- Provide reliable information for decisions and oversight
- Support staff with platforms that reduce friction
- Absorb change without creating new operational or financial risk

**These expectations must be met together, not one at a time.**

# Public Value of the Technology Roadmap

The roadmap strengthens access, service reliability, information protection, and stewardship of public resources.

- **Support a clearer coverage journey** across application, enrollment, payment, renewal, and support
- **Better information** for staff to answer questions, explain status, and resolve issues consistently
- **Reliable service** during policy changes, enrollment cycles, and periods of higher demand
- **Stronger protection** of sensitive information and public resources

The value is practical: fewer avoidable burdens, more reliable coverage support, and stronger stewardship of the systems and information people depend on.

# Individual Technology Improvements Are Not Enough

The Health Connector has made material strides improving customer-facing systems. The organization's broader technology environment now needs to keep pace.

- Strengthen foundational capabilities across the full environment
- Support customer journeys that cross systems, partners, and teams
- Align technology capacity, tools, and workforce readiness with operating needs

Individual technology improvements alone will not provide the foundation needed to operate reliably, adapt effectively, and support customers over time.

# Strengthening the Internal Foundation

The Health Connector needs stronger internal foundations to support reliable operations, clearer visibility, and continued improvement in the customer journey.

In the current environment, that need shows up in four practical ways:

- **Control and visibility gaps:** issues harder to detect and resolve early
- **Information gaps:** data, documents, and records are harder to find, trust, and govern
- **Platform gaps:** tools and systems are unevenly used and managed
- **Capacity and planning gaps:** urgent work can crowd out foundational needs

Addressing these gaps will reduce friction, improve visibility, and create a stronger foundation for continued progress.

# Technology, Run Intentionally

Technology needs to be managed as a core organizational function, not as a series of separate projects, systems, and requests.

- **Guiding principles** will keep decisions consistent when priorities compete.
- **Direction** is set deliberately, not inferred
- **Accountability** is tied to outcomes and long-term support
- **Priorities** are evaluated against risk, capacity, cost, and value
- **Standards** are applied consistently across shared platforms, data, and controls
- **Improvement** is managed continuously

Clear ownership, consistent standards, and deliberate prioritization give leadership a stronger view of priorities, tradeoffs, and long-term support.

# A Roadmap Is Not a Project List

A project list can show activity. A roadmap shows whether capabilities, dependencies, and outcomes are aligned.

- Customer-facing work ties to the full journey
- Risk and compliance work ties to controls and readiness
- Information work ties to data, documents, and lifecycle needs
- Platform work ties to reliability and daily operations
- Sequencing accounts for dependencies, capacity, and risk

The Health Connector's new technology roadmap gives leadership a clearer view of direction, tradeoffs, and readiness to deliver.

# Four Distinct Areas of Focus

These areas give the roadmap structure while keeping decisions connected.

## Customer Experience

Supports the full member journey across digital, eligibility and enrollment, billing, and support interactions.

## Information Management

Governs data, documents, and records as shared organizational assets across their lifecycle.

## Security, Risk, and Trust

Protects systems and information, manages risk, and supports compliance through appropriate governance.

## Technology Services

Provides the platforms, infrastructure, cloud environments, and collaboration tools that support staff and operations.

# Direction and Roadmap at a Glance

Each area has a clear direction, roadmap focus, and signals of progress.



Area	Direction	Roadmap Focus	Signals of Progress
Customer Experience	Manage the full member journey	Digital entry points, integration, and journey visibility	Fewer handoffs and clearer journeys
Security, Risk, and Trust	Protect systems and information	Risk, compliance, and control capabilities	Clearer controls, evidence, and governance
Information Management	Manage information as a shared asset	Governance, access, retention, and lifecycle	Information easier to find, trust, and retain
Technology Services	Provide reliable platforms and tools	Workplace tools, devices, cloud, and business applications	More reliable tools and stronger support

# Looking Ahead: From Direction to Delivery

The direction outlined today now needs to become a focused first phase of work.

- Define first priorities, key dependencies, and readiness to proceed
- Fully leverage existing platforms, tools, and vendor relationships
- Sequence priorities across member-facing systems, internal platforms, information management, and risk reduction
- Identify support, procurement, and decision points before additional commitments are made
- Return to the Board as priorities, progress, dependencies, and decisions become clearer

The path forward is disciplined and achievable: build on progress, strengthen the foundation, and keep improving with confidence.

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# Scenario Planning

Audrey Morse Gasteier  
Executive Director

Board of Directors Meeting, May 14, 2026



# Overview

- Background: Why scenario planning and why now?
- Landscape scan and learnings
- Developing our approach
- Next steps

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# Background and Intentions

# Maturing our Organization with Scenario Planning

- The Health Connector's strategic objectives all depend on continued organizational maturation and enterprise-wide resilience
- Our success in (1) preserving what we're best at delivering to the Massachusetts public, (2) continuously improving it, and (3) intelligently managing risk requires:
  - **Strong situational awareness** around future events (or **learnings** from events experienced by other organizations) that could shape **risks and opportunities** for the Health Connector
  - **Readiness** to respond to a **dynamic, multi-stakeholder landscape**
  - **Alignment** of internal resources and priorities, and **helping staff** to be more **risk aware/risk literate** and **confidently prepared** for various future scenarios
- Scenario planning is an organizational investment in that success

# Why Scenario Planning?

- What do we mean by scenario planning?

**A strategic, iterative process of exploring multiple, plausible future scenarios to reduce organizational surprise and enhance decision-making under uncertainty.**

- The Health Connector is engaging in scenario planning as a component of a broader structured risk management approach under development, which will be the first of its kind at the Health Connector

# Scenario Planning: What For and Why Now?

## What for?

- Improves strategic decision-making
- Strengthens institutional resilience
- Allows identification of “no regret” moves
- Readiness for both risks and opportunities
- Improves long-term resource allocation
- Moves organization from reactive to proactive
- Promotes expansive long-term thinking
- Allows for more unified organizational strategy

## Why now?

- Extensive changes to federal funding
- Continued national political volatility re: the ACA
- Tight state fiscal environment
- Health insurance premium growth trend
- Carrier and provider market shifts
- Key demographic changes
- Acceleration of technology changes around us
- Aligns with our focus on business best practices
- 20-year-old organization (not a start up anymore)

# Landscape Scan

- Researched best practices for scenario planning used by high performing public sector agencies and nonprofits
- Briefed by peer state-based Marketplaces that conduct scenario planning to understand their learnings and best practices



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# Developing Our Approach

# Creating a Framework

- We will develop a routinized scenario planning framework driven by a multi-faceted question:

What internal and external forces could shape the performance, organizational health, and focus of the Health Connector over the next five years?

- Our work will be grouped into two distinct areas of focus
  - **Operational Scenario Planning** – operational risk, personnel, and financial/budget considerations, with a focus on *contingency planning*
  - **Strategic Management Scenario Planning** – economic forces, market behavior, and financial/budget considerations, with a focus on *exploratory and strategic planning*

# Operational Scenario Exploration

## Technology

- ✓ Plan for emerging technologies improving user experience & data management
- ✓ Anticipate interactions w/ other state technology partners & initiatives
- ✓ Ensure preparedness for cyber threats & data breaches

## Operations

- ✓ Adjust to consumer behaviors and preferences to meet evolving public needs & expectations
- ✓ Ensure preparedness for systems outages, vendor failures, or other operational disruptions

## Personnel

- ✓ Engage in routine succession & growth planning
- ✓ Identify “single-threaded” staff and functions to create redundancy where appropriate

# Strategic Scenario Exploration

## Policy and Legal

- ✓ Anticipate potential federal or state policy shifts affecting health coverage, subsidies, and benefits
- ✓ Assess possible impacts of significant changes in regulatory frameworks, case law, and compliance regimes that affect Health Connector operations and strategy

## Fiscal and Economic

- ✓ Assess impact of various potential demographic shifts, economic downturns, or state and federal spending changes

## Market Environment

- ✓ Assess scenarios with varying levels of premium growth relative to benchmark and/or wages
- ✓ Assess scenarios with varying levels of enrollment (i.e., high growth, no growth, decline)
- ✓ Consider impact of changes in carrier or provider landscape



# Next Steps

# Next Steps

Quarter	
2026 Q2	<ul style="list-style-type: none"><li>✓ Develop framework &amp; cadence for assessing scenarios for impact and likelihood to assess priority</li><li>✓ Select initial scenarios for modeling, with Board input</li></ul>
2026 Q3	<ul style="list-style-type: none"><li>✓ Analyze first round of scenarios and prepare initial set of plans for various realities</li></ul>
2026 Q4	<ul style="list-style-type: none"><li>✓ Conduct post-hoc review of learnings from process for next scenario planning cycle for 2027</li><li>✓ Share initial learnings with Board at end-of-year strategy-focused Board meeting, along with the Health Connector's broader risk management approach</li></ul>
2027 Q1	<ul style="list-style-type: none"><li>✓ Upgrade and refine scenario planning model for new year, with any needed process adjustments</li></ul>

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# Adjournment