

PUBLIC HEALTH COUNCIL

A regular meeting of the Public Health Council of the Massachusetts Department of Public Health was held on Tuesday, February 21, 2006, 10:00 a.m., at the China Trade Center, 2 Boylston Street, Daley Conference Room, Boston, Massachusetts. Public Health Council Members present were: Chair Paul J. Cote, Jr., Ms. Phyllis Cudmore, Mr. Albert Sherman, Ms. Janet Slemenda, Mr. Gaylord Thayer, Jr. and Dr. Martin Williams (arrived late at 10:55 a.m.). Mr. Manthala George, Jr., Ms. Maureen Pompeo, and Dr. Thomas Sterne were absent. Also in attendance was Attorney Donna Levin, General Counsel.

Chair Cote announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance.

The following members of the Staff appeared before the Council to discuss and advise on matters pertaining to their particular interests: James K. West, Ph.D., Chief Demographer & Epidemiologist, Center for Health Information, Statistics, Research and Evaluation; Dr. Paul Dreyer, Associate Commissioner, Center for Quality Assurance and Control; Ms. Sally Fogerty, Associate Commissioner, Center for Community Health Services, Attorney Sondra Korman, Deputy General Counsel, Office of the General Counsel; and Mr. Bernard Plovnick, Consulting Analyst, Determination of Need Program.

RECORDS OF THE PUBLIC HEALTH COUNCIL MEETING OF NOVEMBER 15, 2005:

Records of the Public Health Council Meeting of November 15, 2005 were presented to the Council. After consideration upon motion made and duly seconded, it was voted (unanimously [Dr. Williams not present to vote]) to approve the Records of the Public Health Council Meeting of November 15, 2005 as presented.

STAFF PRESENTATION: "MASSACHUSETTS BIRTHS 2004: BY JAMES K. WEST, PH.D., CHIEF DEMOGRAPHER & EPIDEMIOLOGIST, CENTER FOR HEALTH INFORMATION, STATISTICS, RESEARCH AND EVALUATION":

James K. West made the Massachusetts Births 2004 presentation to the Council. Some statistical highlights from the report:

- The cesarean section delivery rate in Massachusetts was 31%, which continues the increasing trend in C sections begun in 1997.
- In 2004, 78,460 births occurred to Massachusetts residents, 2% fewer than in the previous year. The number of resident live births in Massachusetts has decreased by 15% since 1990 when it was 92,461 births.

- In 2004 in Massachusetts, the average age of mothers giving birth for the first time was 28.1 years, which was the oldest in state history.
- The Massachusetts teen birth rate in 2004, 22.2 births per 1,000 women ages 15-19, is the lowest in Massachusetts history. The teen birth rate has declined annually from 35.4 births per 1,000 women ages 15-19 in 1990 to the current historic low.
- In 2004, the Massachusetts Infant Mortality Rate (IMR) was 4.7 infant deaths per 1,000 live births, compared with 4.8 in 2003. This is the 2nd lowest IMR in Massachusetts history (lowest was 4.6 in 2000).
- The percentage of low birthweight (LBW) infants (less than 2,500 grams or 5.5 pounds), continues to rise. This year's 7.8% was the highest since 1969 when it was 7.6%.
- The percentage of preterm infants (delivered before the 37th week of gestation) increased by almost 6% from 8.7% in 2003 to 9.2% in 2004. This increase was statistically significant.
- Birth certificates allow us to identify emerging population groups. Births to six ethnicity groups have increased more than 8% since 2003: Salvadoran, Other African, Chinese, Cape Verdean, Brazilians, and Cambodians. These groups account for 13% of all births in Massachusetts.
- The percentage of women who smoked during pregnancy continues to decline. It decreased from 7.7% in 2003 to 7.4% in 2004, which was the lowest rate ever recorded. The percentage of smoking during pregnancy has decreased 62% since 1990, when it was 19.3%.
- The percentage of breastfeeding among mothers in Massachusetts increased from 78.1% in 2003 to 78.9% in 2004, which was the highest rate in Massachusetts recorded history. The rate of breastfeeding has increased 51% since 1989.
- Disparities in birth outcomes by race, ethnicity, education and community persist:
 1. The black non-Hispanic IMR was 3 times that of the white non-Hispanic IMR (11.4 vs. 3.8).
 2. The teen birth rate for Hispanics was almost 6 times that for white non-Hispanics (75.7 vs. 13.2 per 1,000 women ages 15-19).
- Cambodian (57.0%), Other Central American (66.6%); and Other African (67.6%) mothers were less likely to receive prenatal care in their first trimester compared with mothers in other ethnicity groups (State average: 83.4%).
- Among Massachusetts cities and towns, teen birth rates were highest in Lawrence (79.4), Holyoke (76.0), and Springfield (70.9). These communities had rates over three times the

statewide rate of 22.2 teen births per 1,000 females 15-19.

- Less educated women were more likely to smoke during their pregnancies, more likely to deliver low birthweight infants, and less likely to receive adequate prenatal care.

Note: “Other” refers to ancestries for which the parents checked “Other” because their ancestry was not listed explicitly in the standard check boxes on the Parent Worksheet for Birth Certificate.

In summary, Dr. West stated in part, “Our findings for birth 2004. The successes: Many Massachusetts perinatal health indicators are better than the U.S. average. We have had a continued decline in teen birth rates, reaching a historic low this year. The infant mortality rate remains low. It is at the second lowest rate in Massachusetts history. The lowest was in 2000. Fewer women are smoking during pregnancy, and four out of five women received adequate prenatal care. We turn from the successes to what are the challenges that we must address. Despite the decreases in the overall infant mortality rate, factors that contribute to mortality and morbidity are continuing to rise. Low birth weight continues to rise. Pre-term births, we didn’t show a slide of this, but there is a significant increase in the number of births before 37 weeks. Other trends that are continuing to increase and we must monitor are the rise in multiple births, the rise in c-section deliveries, and we are always concerned with the disparities that exist by race, ethnicity, mother’s education, and geography. And finally, the Hispanic IMR, we have to follow this very closely as a specific challenge right now...”

Ms. Sally Fogerty, Associate Commissioner, Center for Community Health Services, added, “As we look at these statistics, what they represent is an extensive network of services that are available and an extensive perinatal system that is assuring that our mothers and babies have some of the best outcomes possible in this nation. We still have multiple issues to look at and to work on. What we are really going to be working on over the next year is further refining the work we are doing around the disparities, better understanding the make-up of that Hispanic group so that we can better target programs to the communities and to the populations, as well as beginning to increase and change the focus to really look at preconception and intraconception periods. What we now is that we need to start earlier if we are going to reduce the number of infants that are born at five hundred grams or less, and to further reduce our infant mortality rate, we really need to begin to reduce that component of the infant mortality part. In addition to that, for teen births, we are going to continue to focus on reducing the disparity that exists between the multiple populations and we are going to continue to work to better understand the issues related to the increases in the Cesarean section rate.” A brief discussion followed.

NO VOTE/INFORMATION ONLY

MISCELLANEOUS: REQUEST FOR ADOPTION OF THE FINAL AGENCY DECISION IN THE MATTER OF DEPARTMENT OF PUBLIC HEALTH, OFFICE OF EMERGENCY MEDICAL SERVICES V. LEONARD NELSON:

Sondra Korman, Deputy General Counsel, presented the matter of the Department vs. Leonard Nelson to the Council. Attorney Korman noted in part, “...In early 2005, Mr. Nelson, who was an approved instructor/coordinator, received approval from the Department to teach a basic course at a

Cape Cod high school. In February, after an anonymous letter regarding the conduct of this high school course, OEMS commenced an investigation and conducted a site visit to the high school course, and determined that the individuals who were teaching the course were not instructor/coordinators. After further investigation, the Department also determined that Mr. Nelson, who is the approved IC, the instructor/coordinator was present and instructed the course for only five days. The Department was forced to suspend course approval and the students of that high school course were informed that the course would not be counted towards their certification as basic EMTs. Additionally, the Department commenced this action to temporarily revoke Mr. Nelson's approval as an IC, and also to require him to complete an internship with an approved, currently certified Instructor Coordinator."

Attorney Korman noted further, "There are no material facts in dispute. Mr. Nelson requested a hearing and the hearing was held by the Division of Administrative Law Appeals. Mr. Nelson represented himself and the Department of Public Health presented one witness, Russ Johanson, EMS Training Coordinator, who was also the investigator. The Administrative Magistrate found that the Department met its burden of proof, by demonstrating that Mr. Nelson failed to instruct the basic EMT course. He failed to ensure that individuals who were teaching the course were approved instructor/coordinators, and that these actions constituted a failure to exercise reasonable care."

Attorney Korman continued, "This sanction is in two parts: (1) temporary revocation of Mr. Nelson's designation as an EMT Instructor/Coordinator for a minimum of one year and (2) Mr. Nelson be required to complete a 52-hour internship with a currently certified instructor/coordinator...The Administrative Magistrate concluded that the sanctions were appropriate and reasonable." Attorney Korman cited a similar case that set a precedent in 1998 by the Council. Attorney Silva Cameron, Regulatory and Policy Specialist, and Russ Johanson, Training Coordinator and Investigator, Office of Emergency Medical Services, were present but did not testify.

Mr. Leonard Nelson, Certified Paramedic and Instructor/Coordinator and Director, Cape and Island EMS System, addressed the Council. Mr. Nelson stated, "...As Ms. Korman said, the material facts in the case are not in dispute. I have accepted responsibility to the fact that I let down my responsibility. I ask respectfully that the Council recognize that this process has gone on for a year. We got involved in this program as a community effort, to try and work with this program as partners, to have this program go on at this regional technical high school...I ask that you amend the recommended decision for a minimum of six or eight months so they would be able to continue the class next year. They were unable to do so this year." Mr. Nelson said the regulations of the Department have changed since their last class. The new regulations do not allow him to teach the course but require an accredited teaching institution, accredited by the Office of Emergency Medical Services. Council Member Sherman noted for the record that the process has been going on for a year because Mr. Nelson appealed the agency's decision. There was no further discussion.

In sum, the Magistrate found that the proposed revocation was supported by the evidence and concluded that Mr. Nelson:

1. Failed to instruct the EMT-Basic course in violation of the EMT Instructor/Coordinator requirements, 105 CMR 170.977 and 105 CMR 170.979 (A), (I);
2. Failed to ensure that the students in EMT Basic course received course instruction by Department-approved EMT Instructor/Coordinators in violation of 105 CMR 170.077 and 105 CMR 170.979(A),(I); and
3. Failed to exercise reasonable care, judgment, knowledge, or ability in the performance of his duties as an instructor within the meaning of 105 CMR 170.979(E).

After consideration, upon motion made and duly seconded, it was voted unanimously [Dr. Williams not present to vote] to approve and **Adopt the Final Agency Decision in the Matter of the Department of Public Health, Office of Emergency Medical Services v. Leonard Nelson as the Final Decision of the Department.**

REGULATIONS:

REQUEST FOR FINAL PROMULGATION OF EMERGENCY AMENDMENTS TO 105 CMR 130.000: HOSPITAL LICENSURE REGULATIONS (EMERGENCY CONTRACEPTION):

Dr. Paul Dreyer, Associate Commissioner, Center for Quality Assurance and Control, presented the emergency contraception amendments to the Council. Staff requested permanent approval of these amendments to 105 CMR 130.000, Hospital Licensure Regulations. These amendments were promulgated on an emergency basis on December 20, 2005. These amendments implement certain provisions set forth in Ch.91 of the Acts of 2005, *An Act Providing Timely Access to Emergency Contraception*. Section 4 of Ch.91 requires the following of facilities as defined in M.G.L.c.111, §70E and these emergency amendments would implement the following:

- Facilities must provide to all persons who care for victims of sexual assault medically and factually accurate written information about emergency contraception prepared by the Commissioner of Public Health.
- Facilities must promptly provide medically and factually accurate written information about emergency contraception prepared by the Commissioner of Public Health to every female rape victim of childbearing age who presents at a facility after a rape.
- Facilities that provide emergency care must promptly offer emergency contraception at the facility to each female rape victim of childbearing age, and must initiate emergency contraception upon her request.
- Facilities must report annually to the Department of Public Health the number of times that emergency contraception is provided to victims of rape.

Section 4 additionally requires the Department to promulgate regulations to carry-out this annual reporting requirement. The Department held a public comment hearing on these amendments on

January 23, 2006. No one attended the hearing, nor did anyone submit written comments to the Department.

After consideration, upon motion made and duly seconded, it was voted unanimously [Dr. Williams not present to vote] to approve the **Request for Final Promulgation of Emergency Amendments to 105 CMR 130.000: Hospital Licensure Regulations (emergency contraception)**; that a copy of the permanent amendments be forwarded to the Secretary of the Commonwealth; and that a copy be attached and made a part of this record as **Exhibit No. 14,848**.

UPDATED REQUEST FOR FINAL PROMULGATION OF AMENDMENTS TO 105 CMR 130.000: HOSPITAL LICENSURE REGULATIONS (MATERNAL AND NEWBORN SERVICES):

Note: Dr. Williams arrived during Dr. Dreyer's presentation to the Council.

Dr. Paul Dreyer, Associate Commissioner, Center for Quality Assurance and Control, accompanied by Ms. Sally Fogerty, Associate Commissioner, Center for Community Health Services, presented the maternal and newborn services regulations to the Council. Dr. Dreyer stated, "The purpose of the presentation today is to bring for the Council's consideration a set of regulations that were initially promulgated by the Council on December 20, 2005...amendments that govern the provision of maternal and newborn services..."

Dr. Dreyer continued, "...This is an extraordinarily comprehensive and detailed set of regulations, approximately 80 pages of text, governing a wide variety of subjects, the intent of which is to improve and coordinate the delivery of care to mothers and newborns in Massachusetts. At the time the regulations were promulgated, there was a section of the regulations that addressed the provision of direct marketing of materials related to infant formula. After due consideration, we have been requested by the Executive Office of Administration and Finance, to bring these regulations back to the Council absent of the section governing infant formula. That section has generated considerable controversy and the Executive Office of Administration and Finance, given its purview under Executive Order No. 384, has requested that they examine that section further. And so, we are bringing the entire set of regulations, absent that section, back to the Council for review."

In addition, Dr. Dreyer handed out a technical amendment to the Council. The section addresses the qualifications of the physician providing 24-hour coverage in a Level III Perinatal Center. The language has been amended to include the phrase, "a physician certified or an active candidate for certification by the American Board of Obstetrics and Gynecology..." The previous version left out the language, "an active candidate". It was a technical oversight.

In summary, Dr Dreyer said, "What we are asking the Council to do is promulgate the regulations with the original version of the regulations, without the changes that were made [on December 20, 2005] governing marketing of infant formula. The original text reads: "sample formula or formula equipment distributed to the breast-feeding mothers only when an individual physician order is written, or on the request of the mother."

Council Member Phyllis Cudmore, added, "...This Department has done a lot of work and the regulations are very sound and need to go forward, as we discussed, with the exception of this infant formula marketing piece. Would it be possible to bring this back to the table; given that we do have concerns about this being done in the hospitals right now?"

Ms. Cudmore said further, "I speak for myself and the Council can either agree or disagree with me, but clearly pregnant women need to be supported before and after giving birth. I think the marketing of infant formula undermines the initiative to nurse. I think women need to be able to make that choice on their own, or with their physician, and they need to be supported no matter what they do, whether they choose to use formula exclusively, or whether they choose to breast feed exclusively, or whether they choose to do some combination of both. But I don't think there is any place in the hospitals for corporate America to be trying to influence a population that is vulnerable at this time in your child's life and a mother's life."

Council Member Janet Slemenda stated, "I totally agree and I would have to say that I think it is really critical...We spent a lot of time with these regulations. I think all the other regulations need to go forward. It is quite complicated, quite important that we promulgate everything but the [infant formula marketing piece]". Ms. Slemenda indicated further that time is needed for the regulations to be discussed and that she wanted the regulations to come back to the Council in three months, whether the Council puts the [infant formula piece] back in or not at that time, which she would be in favor of. Discussion continued, it was noted that the amendments, including the infant formula marketing piece already went to public hearing and that extensive comments were received on the infant formula marketing section. Council Member Sherman requested that Staff send out the public testimony to the Council, with the rest of the Council package. Dr. Dreyer agreed that could be done. Chair Cote explained the voting procedure.

After consideration, upon motion made and duly seconded, it was voted unanimously to Rescind the vote of December 20, 2005 of the Public Health Council Relative to **105 CMR 130.000 – Maternal and Newborn Services on the infant formula piece** only thus leaving in place the rest of the regulations as voted on December 20, 2005; that a copy be attached and made a part of this record as **Exhibit No.14,849**; and that a copy of the amended regulations be forwarded to the Secretary of the Commonwealth.

After consideration, upon motion made and duly seconded, it was voted unanimously to approve the updated **technical amendments to 105 CMR 130.000 Hospital Licensure Regulations Relative to Maternal and Newborn Services**; that a copy be attached and made a part of this record as **Exhibit No.14,850**; and that a copy of the amendment be forwarded to the Secretary of the Commonwealth.

After consideration, upon motion made and duly seconded, it was voted unanimously that Staff bring back to the Public Health Council in three months time, **105 CMR 130.000 – Hospital Licensure Regulations Relative to Maternal and Newborn Services recommendations relative to the restriction of marketing infant formula.**

DETERMINATION OF NEED PROGRAM:

CATEGORY 1 APPLICATIONS:

PROJECT APPLICATION NO. 5-1474 OF CAPE HERITAGE, A RADIUS HEALTH CENTER FOR SUBSTANTIAL RENOVATIONS TO UPGRADE 123 LEVEL I/II SKILLED NURSING FACILITY IN SANDWICH:

PROJECT APPLICATION NO. 5-1475 OF CAPE REGENCY, A RADIUS HEALTH CENTER FOR SUBSTANTIAL RENOVATIONS TO UPGRADE 120 LEVEL I/II SKILLED NURSING FACILITY IN CENTERVILLE:

Bernard Plovnick, Consulting Program Analyst, Determination of Need Program, presented projects 5-1474 and 5-1475 to the Council. He said in part, "...The two skilled nursing facility Determination of Need projects before the Council are seeking approval for substantial capital expenditure...Typically, skilled nursing facility renovation projects requiring DoN approval are eligible for Delegated Review and approval by the Commissioner of Public Health. However, because a Ten Taxpayer Group (TTG) was formed and registered on both applications, DoN Regulations require Public Health Council review and approval. The TTG group represents Cape United Elders (CUE), a senior citizen advocacy group based in Hyannis. CUE chose to become a party of record to these two DoN projects out of concern for the safety and well-being of residents during the construction period. CUE works with the Ombudsmen Program of the Executive Office of Elder Affairs and routinely monitors the care of residents at Cape Cod senior facilities. CUE made it clear to Staff that it strongly supports these two projects. At Staff's request, CUE articulated in writing its concerns regarding the safety and well-being of nursing home residents during construction, which Staff submitted to the applicant. Upon receipt of the applicant's written response to its concerns, Cape United Elders reiterated its support for these two projects and agreed to waive its right to comment on the Staff Summary that was issued last week. Staff is recommending approval of both projects with six conditions..." The applicant did not address the Council.

After consideration upon motion made and duly seconded, it was voted unanimously to approve **Project Application No. 5-1474 of Radius Heritage Operating, LLC, d/b/a Cape Heritage, A Radius Healthcare Center**, based on Staff findings, with a maximum capital expenditure of \$1,790,932 (May 2005 dollars) and first year incremental operating costs of \$521,131 (May 2005 dollars). A Staff Summary is attached and made a part of this record as **Exhibit No.14,851**. As approved, the application provides for substantial renovations to upgrade a 123 Level I/II bed skilled nursing facility. The project encompassing 14,884 GSF and includes site improvements, exterior building improvements and upgrade and/or replacement of building systems and interior finishes. This Determination is subject to the following conditions:

1. The applicant shall accept the maximum capital expenditure of \$1,790,932 (May 2005 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 100.752.

2. The total GSF for this project is 14,884 GSF of renovated space.
3. The Applicant shall maintain formal affiliation agreements with at least one local acute care hospital and one local home care corporation that addresses provision for respite services.
4. The Applicant shall initiate all action appropriate to protect the privacy, health, and safety of the residents of the facility during the construction process.
5. Upon implementation of the project, any assets such as land, building improvements, or equipment that are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for publicly aided patients.
6. The Department shall reserve the right to conduct a review of the financial feasibility of the project based on the Division of Health Care Finance and Policy's established rates of reimbursement for Medicaid patients at the time final maximum capital expenditures or any adjustments to the final maximum capital expenditures are submitted to the Determination of Need Program for approval. The Applicant shall submit a revised Factor Six (Financial Schedules) upon request by the Department. The Applicant is advised that an increase in equity may be necessary to assure the financial feasibility of the project.

Staff's recommendation was based on the following findings:

1. Cape Heritage seeks a Determination of Need for substantial capital expenditure in order to undertake site improvements, exterior building improvements, and interior renovations to its existing facility located at 37 Route 6A in Sandwich, MA.
2. The health planning process for this project was satisfactory.
3. Consistent with the May, 1993 DPH/DoN Guidelines for Nursing Facility Replacement and Renovation ("Guidelines"), the Applicant has demonstrated need for substantial renovations to undertake site improvements, exterior building improvements, and interior renovations.
4. The project, with adherence to a certain condition, meets the operational objectives of the Guidelines.
5. The project meets the compliance standards of the Guidelines.
6. The recommended maximum capital expenditure of \$1,790,932 (May 2005 dollars) is reasonable, based on similar, previously approved projects.
7. The recommended incremental operating costs of \$521,131 (May 2005 dollars) are reasonable based on similar, previously approved projects.
8. The project is financially feasible and within the financial capability of the Applicant.

9. The project meets the relative merit provisions of the Guidelines.
10. The Cape United Elders Ten Taxpayer Group submitted written comments recommending that steps be taken to protect the residents during construction.
11. The project is exempt from the community health initiatives requirement.

After consideration upon motion made and duly seconded, it was voted unanimously to approve **Project Application No. 5-1475 Radius Regency Operating, LLC d/b/a Cape Regency, A Radius Healthcare Center**, based on Staff findings, with a maximum capital expenditure of \$2,622,956 (May 2005 dollars) and first year incremental operating costs of \$465,415 (May 2005 dollars). A Staff Summary is attached and made a part of this record as **Exhibit No.14,852**. As approved, the application provides for substantial renovations to upgrade a 120 Level I/II bed skilled nursing facility. The project encompassing 19,700 GSF and includes site improvements, exterior building improvements and upgrade and/or replacement of building systems and interior finishes. This Determination is subject to the following conditions:

1. The applicant shall accept the maximum capital expenditure of \$2,622,956 (May 2005 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 100.752.
2. The total GSF for this project is 19,700 GSF of renovated space.
3. The Applicant shall maintain formal affiliation agreements with at least one local acute care hospital and one local home care corporation that addresses provision for respite services.
4. The Applicant shall initiate all action appropriate to protect the privacy, health, and safety of the residents of the facility during the construction process.
5. Upon implementation of the project, any assets such as land, building improvements, or equipment that are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for publicly aided patients.
6. The Department shall reserve the right to conduct a review of the financial feasibility of the project based on the Division of Health Care Finance and Policy's established rates of reimbursement for Medicaid patients at the time final maximum capital expenditures (MCE) or any adjustments to the final maximum capital expenditures are submitted to the Determination of Need Program for approval in the event that such expenditures exceed the approved MCE. The Applicant shall submit a revised Factor Six (Financial Schedules) upon request by the Department. The Applicant is advised that an increase in equity may be necessary to assure the financial feasibility of the project.

Staff's recommendation was based on the following findings:

1. Cape Regency seeks a Determination of Need for substantial capital expenditure in order to undertake site improvements, exterior building improvements, and interior renovations to its existing facility located at 120 South Main Street, Centerville, MA
2. The health planning process for this project was satisfactory.
3. Consistent with the May, 1993 DPH/DoN Guidelines for Nursing Facility Replacement and Renovation ("Guidelines"), the Applicant has demonstrated need for substantial renovations to undertake site improvements, exterior building improvements, and interior renovations.
4. The project, with adherence to a certain condition, meets the operational objectives of the Guidelines.
5. The project meets the compliance standards of the Guidelines.
6. The recommended maximum capital expenditure of \$2,622,956 (May 2005 dollars) is reasonable, based on similar, previously approved projects.
7. The recommended incremental operating costs of \$465,415 (May 2005 dollars) are reasonable based on similar, previously approved projects.
8. The project is financially feasible and within the financial capability of the Applicant.
9. The project meets the relative merit provisions of the Guidelines.
10. The Cape United Elders Ten Taxpayer Group submitted written comments recommending that steps be taken to protect the residents during construction.
11. The project is exempt from the community health initiatives requirement.

The meeting adjourned at 11:00 a.m.

Paul J. Cote, Jr.
Chair

LMH/lmh