# MINUTES OF THE PUBLIC HEALTH COUNCIL

# Meeting of August 13, 2025

# MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

## **PUBLIC HEALTH COUNCIL**

## **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

## **Henry I. Bowditch Public Health Council Room, 2nd Floor**

## **250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, August 13, 2025 – 9:00AM**

***Note: The August 13 Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web: <https://zoom.us/j/93324794962?pwd=Y12Kxb6XUIwZtyIWYQQgEYXlK8K1vo.1>

Dial in Telephone Number: 929-436-2866

Webinar ID: 933 2479 4962

Passcode: 422976

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held July 9, 2025 **(Vote)**.
2. **DETERMINATION OF NEED** 
   1. Request by Everest Hospital, LLC for a Transfer of Ownership **(Vote)**.
3. **INFORMATIONAL PRESENTATION**
   1. Massachusetts Healthcare Personnel COVID-19 and Influenza Vaccination in Health Care Facilities, 2024-2025
4. **DISCUSSION**
   1. Roundtable and Q&A on vaccines.

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: August 13, 2025 Start Time: 9:00 am. Ending Time: 11:46 am.

| **Board Member** | **Attended** | **Approval of**  **July 9, 2025 Minutes**  **(Vote)** | **Defer action on a**  **request by Everest Hospital, LLC for a**  **transfer of Ownership**  **(Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Craig Andrade** | Yes | Yes | Yes |
| **Damien Archer** | Yes | Yes | Yes |
| **Lissette Blondet** | No | Absent | Absent |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Emily Cooper** | No | Absent | Absent |
| **Robert Engell** | Yes | Yes | Yes |
| **Marcia Hams** | No | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Tom Mackie** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Ellana Stinson** | Yes | Yes | Yes |
| **Ram Subbaraman** | Yes | Abstain | Yes |
| **Gregory Volturo** | No | Absent | Absent |
| **Aria Zayas** | Yes | Yes | Yes |
| **Summary** | 11 Members Present  4 Member Absent | 10 Members Approved;  1 Member Abstained;  4 Members Absent | 11 Approved;  4 Members Absent |

### **PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, August 13, 2025, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Craig Andrade; Damian Archer, MD;

Kathleen Carey; Robert Engell; Stewart Landers; Tom Mackie; Mary Moscato; Ellana Stinson, MD; Ram Subbaraman, MD; and Aria Zayas.

Also in attendance was Beth McLaughlin, General Counsel at the Massachusetts Department of Public Health.

Mary Moscato left the meeting at 10:30 am.

Commissioner Goldstein called the meeting to order at 9:00 am and made opening remarks before reviewing the docket.

## **1. ROUTINE ITEMS**

*a. Introductions*

*b. Updates from Commissioner Robert Goldstein*

### **CDC Shooting**

Commissioner Goldstein opened by acknowledging that those at CDC, especially those based in the Atlanta offices, recently endured a frightening event when a gunman shot repeatedly into their building. Sadly, David Rose, a 33-year-old police Officer was killed. According to reports, the shooter blamed the COVID-19 vaccine for his mental health struggles. Commissioner Goldstein noted that this is a stark reminder of the dangers fueled by rampant misinformation and disinformation. Such falsehoods are not harmless. They cost lives. They erode trust. They create an environment in which public health professionals are threatened simply for doing their jobs. Our hope is that this tragedy can serve as a rallying point for defending science, standing against the politicization of health, and for protecting and respecting all those who have dedicated their lives to the well-being of others.

### **Vaccines**

Commissioner Goldstein said that August is National Immunization Awareness Month. Vaccines are the greatest achievement in the history of public health, saving more lives than any other medical intervention. Vaccines have eradicated smallpox, nearly eliminated polio, and slashed deaths from measles, diphtheria, tetanus, pertussis, influenza, COVID, and more. He said vaccines are under attack, stating that once-eliminated diseases are re-emerging, vaccination rates are falling, and public trust in vaccines and in the science behind them is eroding. The federal government is retreating from investments in mRNA vaccines – the very technology that pulled us out of COVID’s darkest days. These are urgent challenges, and Massachusetts is ready to meet them with clarity, conviction, and action. Governor Maura Healey recently proposed giving the Department of Public Health greater authority in setting science-based vaccine recommendations for the state. This proactive step would safeguard vaccine access should the federal government fail to uphold its responsibility to use evidence, data, and expertise to guide vaccine policy. This plan is a response to the troubling shake-up by HHS Secretary Robert F. Kennedy Jr., who dismantled the Advisory Committee on Immunization Practices and appointed members who lack vaccine expertise. That is why Massachusetts is building a state vaccine advisory infrastructure that is rooted in science and developing the systems and processes needed to stand up a statewide and state-run vaccine program quickly, if needed. This moment demands clarity and courage. To be passive in the face of politicized science, to retreat from innovation, and to forget who is most at risk when trust erodes are children, older adults, people who are immunocompromised, and historically marginalized communities.

### **Pew Charitable Trust Report (PHD)**

Commissioner Goldstein announced that last month, DPH was featured in a new issue brief from the Pew Charitable Trusts. The brief, “Massachusetts Harnesses Data from Multiple Agencies to Improve Public Health,” highlights the Public Health Data Warehouse. Holding up DPH’s work as a model for other states to follow, the brief explores how the Public Health Data Warehouse enables collaborative sharing and analysis of health data to gain a more holistic understanding of pressing public health issues, and in turn helping leaders to better protect communities and improve health outcomes. The dedication and skills of the Data Science, Research, and Epidemiology team in the Office of Population Health have made the data warehouse a shining example of the power of data to inform action.

### **WNV Animal Case and EEE Sample**

Commissioner Goldstein said the Department announced the first confirmed case of West Nile virus in an animal this year. A goat was exposed to West Nile in Lunenburg in Worcester County. West Nile virus is usually transmitted to susceptible animals and humans through the bite of an infected mosquito. There has been one WNV infected goat identified this year. The Department also identified Eastern equine encephalitis, or triple-E virus in mosquitoes in Massachusetts. When EEE is found in mosquitoes at this point in the season, the risk may increase throughout the rest of the summer. We rely on our mosquito surveillance program to monitor for the presence of virus to inform people when and where the risk is occurring. There are easy ways to prevent mosquitoes from biting you, like using mosquito repellent when you are outdoors and being mindful of peak mosquito activity hours. The hours from dusk to dawn are peak biting times for many mosquitoes. Consider rescheduling outdoor activities that occur during the evening or early morning in areas of high risk.

### **Shield Law**

Commissioner Goldstein said Governor Healey signed “An Act strengthening health care protections in the Commonwealth,” which updates and strengthens our “Shield Law.” The state’s Shield Law was first passed in 2022 in response to the Supreme Court’s *Dobbs* decision. It is in place to protect providers who deliver reproductive care, including abortion, and gender affirming care. The updated Shield Law includes a number of important, additional protections. Some of the principal updates to the Shield Law include protections for families by codifying into law that accessing gender affirming care for minors cannot be used as justification for abuse and neglect charges.

### **Federal Update**

Commissioner Goldstein said the federal policy landscape is shifting constantly, sometimes from one day to the next. Such whiplash means DPH staff spend time chasing the latest guidance, assessing impacts, and recalibrating plans, only to find the rules have changed again. It is disruptive and it diverts energy from the hands-on public health work that changes lives in the communities we serve. From the legal issues surrounding the freeze on COVID-19-associated funding, to restrictions regarding who may qualify for public health benefits, to new federal policies that undermine proven harm reduction and housing-first strategies for people who use drugs, we are working collaboratively with the Attorney General and across the Executive Branch to maintain critical public health services in the face of mounting federal barriers. Communities, health care providers, colleges, law firms, and businesses across the state are impacted. Funds to community organizations are being held by the federal government and not making their way to our state. Federal contracts with Massachusetts-based life sciences companies are being abruptly canceled. The release of a recent Senate budget proposal that rejects the Trump Administration’s suggested deep cuts, instead fully funds Health and Human Services, including the Centers for Disease Control and Prevention. Despite the uncertainty, confusion, and noise out of Washington, DPH remains committed to anchoring our work in science, data, equity, and humanity.

Commissioner Goldstein asked if there were any questions.

Mr. Landers asked if the Shield Law addressed telehealth.

Commissioner Goldstein said the shield law speaks about the delivery of care and the protections and privacy around care. Much of the telehealth regulation does revolve around insurance reimbursement. There are pieces of that insurance reimbursement that are not part of the shield law, but the protections that exist for providers within the shield law like information documented in a chart, the information that is shared with other providers, or the information that may be on a prescription bottle do apply.

With no further questions, Commissioner Goldstein turned to the docket.

## **1****. ROUTINE ITEMS**

*c. July 9, 2025 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the July 9, 2025, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the July 9, 2025 minutes.

Ms. Moscato made the motion, which was seconded by Mr. Engell. Dr. Stinson and Dr. Subbaraman abstained. All other present members voted to approve the minutes.

## **2. DETERMINATION OF NEED**

1. *Request by Everest Hospital, LLC for a Transfer of Ownership* ***(Vote)***

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Everest Hospital LLC’s request for a Transfer of Ownership.

After the presentation, Commissioner Goldstein asked if there were any questions.

Ms. Moscato expressed concerns about this new private entity that was developed within the past year with three owners beginning to operate a long term acute care hospital in Massachusetts. She wanted to confirm by reading the application that the new owner, Everest, will purchase the hospital, the nursing home, the property, and the equipment. She said her concern was that Massachusetts has had private owners in the past take over hospitals, so she wants transparency about the owners and who is responsible for operations. She asked the applicants to share some of their background adding that she has been involved with long term acute care hospitals, skilled nursing facilities, rehab hospitals, and the post-acute network in Massachusetts for years. She said operating a long term acute care hospital (LTACH) requires an expertise different from other care facilities. She noted that the three potential owners show no background in having run a hospital in the past.

Yedidya Danzinger, Executive Director of Operations, Everest Hospital, LLC, said it's true their background is in other areas of the healthcare continuum and not necessarily in long term acute care hospitals. They intend to collaborate with Whittier Health Group for their expertise.

Ms. Moscato asked if this will be a formal arrangement and for how long.

Mr. Danzinger said it is a formal three-year arrangement and will continue after that as needed.

Ms. Moscato then asked if the real estate and the capital equipment is owned and operated by Everest or by the real estate entity that they’ll be developing.

Mr. Danzinger said it is a separate company for legal reasons, but it shares the exact same ownership of the actual operations.

Ms. Moscato asked how Everest Hospital plans to backfill over 50% of the staff and maintain a 24 bed census while in 18 months grow to a 90% occupancy.

Mr. Danzinger said he has extensive experience in staffing of healthcare facilities, and he will be involved in the staffing. They intend to have referral and sign on bonuses. They intend to work with schools to acquire young applicants, provide training and work on retention.

Ms. Moscato mentioned the reporting submitted in the application projecting losses in the first year of ownership but a second year gain. She questioned after rent, depreciation and debt service whether there will be enough left over for staff and capital needs for this type of facility. She said she believed this to be an aggressive financial review that would foresee year two and three of an LTACH currently operating at a loss with 50% census while taking on a new owner. She was also concerned about the number of out of state patients at the facility.

Mr. Danzinger said that an increase in staff would stimulate an increase in census which in turn would quickly make the facility profitable.

Ms. Moscato added that it’s a tough market for staff, especially because these patients are coming from possibly an ICU or the highest level of acute care to a hospital transfer. It is not comparable to long term care, which is a home for seniors as their last stage in life. The need for the best equipment, contract providers, and supply chain is really the level of an ICU or hospital level of care. She said she continues to be concerned about this group operating without other parameters, like a management agreement with a very seasoned LTACH provider deferring any management fees for a year or two until there's a successful bottom net operating income return. She said she would like to provide recommendations to ensure that this would be a positive change of ownership for Massachusetts.

Dr. Subbaraman said there is a large need for all LTACHs and currently there are many referrals to the facility under Vibra. He said it’s evident that the problem now is not the number of beds, but staffing. What isn’t sufficiently explained in this application is the issue around financial viability and quality of care for patients stemming around staffing. Because this is a very high level of care, you need advanced care providers; people who are very well trained. The response on the part of the application indicates that travelling staff would somehow be converted into permanent staff. This doesn’t make sense. Travelling nurses or physicians may not be located in Massachusetts and travel for a higher rate of compensation. He questioned if Vibra could not currently maintain this facility, why would the applicants be able to rapidly staff more beds in a market with limited providers, without a clearly articulated plan to do so.

Rebecca Roman, Consultant, said she brings twenty years of experience in the LTACH industry and will help Everest with operations. They are very familiar with the patient population, and familiar with the services that are required to manage the patient safely to have positive outcomes. They'll be making sure that that's something that is implemented throughout the course of the agreement. In regard to the staffing, Mr. Danzinger highlighted the fact that working on converting the travelers is going to be a goal.  They've been successful in doing this at one of their other locations based upon the COVID staffing crisis. When individuals are comfortable in an environment, they quite often want to remain in that environment and there are other ways to compensate them from a benefit standpoint to encourage them to stay. She said the staffing crisis seems to be improving in terms of more candidates. As Mr. Danziger highlighted that if they focus on being competitive, having appropriate benefits, looking at opportunities to provide loan forgiveness, education, it can be beneficial in terms of recruitment strategies without necessarily taking away from another environment.

Dr. Carey said these ideas will not solve or change a workforce shortage and Everest will still be competing with providers across the Commonwealth. She mentioned that she saw inconsistencies in the application’s “Table 1.” She felt that the decline in unique patients did not match the decline in patient beds. She was also concerned that dialysis had been removed from the facility and now was being returned. Because most dialysis patients are not residents in long-term care, she was confused how this would bring capacity back up.

Mr. Danzinger said their understanding from Vibra is that their largest challenge is staffing. Also, there was a drop in referrals which they intend to work on. He said returning the dialysis will allow those with renal failure and other comorbidities to stay in the hospital.

Ms. Moscato said that the current operation of the campus shows that the LTACH is responsible for about 36% of the cost because it is sharing the cost with the nursing home. Hypothetically, if the nursing home were to close, the the LTACH would be responsible for all the cost, drastically changing the pro forma figures and those of the HMMCPA report; she wanted to know if there was concern for this.

Mr. Danzinger said absolutely not. He has experience in nursing homes and though Vibra has extensive knowledge in LTACHs, this is the only nursing home they operate. They see tremendous opportunity with this nursing home that is not being addressed. They believe very strongly the nursing home will be independently strong and therefore would not be a burden on the hospital whatsoever.

Mr. Engell had concerns about the Determination of Need process aligning with the suitability process.

Commissioner Goldstein said the Department is bound by statute and the Determination of Need is not allowed to evaluate suitability. Licensure of Statute is required to look at suitability. He reassured him that no transfer of ownership would result in licensure and operation absence and evaluation of suitability of the management.

Mr. Engell noted that UMass Bay State and Mercy are the primary referral sources. He wondered what those referral relationships are like if they’ve talked with those referral sources related to the pending transfer and how they may be sustained going forward to ensure their referral base.

Mr. Danzinger has not personally spoken to those referral sources yet. Currently the liaisons that are working for the hospital in question are also simultaneously working on Vibra’s other facilities.

Commissioner Goldstein called upon Ms. Moscato to describe her proposed amendment to the conditions of the determination of need.

Ms. Moscato said she would like participation from other Council members. She then said her motion would be to defer approval for this DoN application until the Council receives some additional information. One additional condition could be a formal management agreement that has been signed to operate the day-to-day operations of the new Everest Hospital, executed by an experienced LTACH provider. Second would be to have more information related to the staffing, specifically knowing what is left for staff if Vibra takes their travel staff out. Third is how the quality program would be managed by physicians and how physician staffing for critical 24 hour coverage is planned. Also, revenue projections should be re-evaluated.

Commissioner Goldstein said that those are substantial conditions that are not conducive to just a simple amendment to conditions and potentially something that should be taken back to work with the applicant on identifying the right information and then getting it back to the Council.

Dr. Subbaraman agreed with Ms. Moscato’s conditions and on deferring this vote, while expressing his request for a robust plan for staffing that presently he finds insufficient.

Mr. Landers pointed out that the earlier request for more information about the three partners was never addressed.

Commissioner Goldstein said this could be added to the other information that will be asked of the applicant.

Dr. Stinson mentioned she would like to know more about their plans for training staff to ensure quality care for the patients. She asked what the next steps for the Council would be if the vote was deferred occurred.

Commissioner Goldstein said that Department staff would go back to the applicant and ask a series of questions, obtain that information and amend the staff report with the updates of that information. They would be able to then share that back with the council prior to the next meeting. Then at the September meeting the members would be presented with the new information or summary of the new information and have an additional opportunity for questions and discussion and then a potential motion at that meeting.

Mr. Renaud confirmed this process.

Mr. Engell was concerned with the long-term care component of the campus, knowing that this is not part of the DoN but was concerned about their “one star” status. He questioned if there is the ability for the members to ask how the applicant is going to respond to improving the quality of care within the long-term care environment as that is part of the sale. He requested for the quality of care be addressed.

Commissioner Goldstein explained that this is a determination of need application regarding the transfer of ownership of the LTACH, not of the skilled nursing facility. Any decision by the council needs to be made based on the viability of the transfer of ownership of the LTACH itself.

Ms. Gagne confirmed this is correct.

With no further questions, Commissioner Goldstein asked if there was a motion to defer action on Everest Hospital LLC’s request for a Transfer of Ownership until additional information is provided by the applicant.

Ms. Moscato made the motion to defer this approval until more information could be provided to the council. It was seconded by Dr. Subbaraman. All other present members voted to defer the approval of Everest Hospital LLC’s request for a Transfer of Ownership.

## **3. INFORMATIONAL PRESENTATION**

Commissioner Goldstein invited Dr. Katherine Fillo, Director of the Office of Health Care Strategy and Planning, Fareesa Hasan, Epidemiologist, and Eileen McHale, Healthcare Associated Infection Coordinator, to give an update on Massachusetts Healthcare Personnel COVID-19 and Influenza Vaccination in Health Care Facilities and Emergency Medical Services for the 2024-2025 season.

After the presentation, Commissioner Goldstein asked if there were any questions.

Mr. Engell said it’s disheartening to see the decline in the number of individuals who are receiving their flu and COVID vaccines. He asked if they could see the outcome of that decline either in terms of outbreak in staff or outbreak in residents of those different facility types and if there's been a level of correlation.

Dr. Fillo answered as an example, they receive cluster information reported by facilities to the Bureau of Infectious Disease and Laboratory Science and Bureau of Health Care Safety and Quality and they’re able to track the number of clusters. This past influenza season has been one of the worst in quite some time with increased hospitalizations and deaths. DPH staff meet with hospitals regularly throughout the respiratory season, and receive updates about the burden of staff illness. They track daily the number of staffed beds that are available in the acute care hospitals and fluctuations during the respiratory virus season when beds need to be closed due to staff illness.

Commissioner Goldstein added that confounding this is the challenge to understand how facilities are using masking as a mitigation strategy during the respiratory virus season. While there are regulations that require a mitigation plan that may include masking, it's variable across the state.

Mr. Andrade said there had been some bills to adapt or change the ability to get exemptions, whether religious or otherwise around vaccinations and asked for an update on those.

Commissioner Goldstein said those specifically reference requirements for school entry at kindergarten, grade 5, and post-secondary education. Those bills had a hearing a few months ago in front of the Public Health Committee. There are various iterations of the bills that are slightly different based on the chamber from which they came, but we would expect that we would see some action out of the legislature on that.

With no further questions, Commissioner Goldstein turned to the next docket item.

## **DISCUSSION**

1. *Roundtable discussion focused on the current state of vaccination in our country and in Massachusetts.*

Commissioner Goldstein introduced the roundtable panel which included Dr. Michael Osterholm, Director, Center for Infectious Disease Research and Policy at the University of Minnesota; Dr. Vincent Chiang, Interim President, Franciscan Children’s Hospital and Executive VP, Boston Children’s Hospital; Dr. Elizabeth Barrett, Division Chief of Pediatric Infectious Diseases, Boston Medical Center; and Dr. Camille Nelson Cotton, Clinical Director of Transplant and Immunocompromised Host Infectious Disease, Massachusetts General Hospital.

Some of the many topics that were covered in the roundtable the following were:

Dr. Kotton provided an overview of the federal Advisory Committee on Immunization Practices (ACIP), it’s purpose, how it functions, its relevance today and the impact of politization of vaccine access at a state level.

Dr. Osterholm spoke about the breakdown and disruption of vaccination infrastructure at the federal level, and opportunities for creating and maintaining access at a state-based level.

Dr. Barnett spoke about the safety and efficacy of vaccines, the process they go through before reaching the stage of ACIP recommendations and finally being presented for licensure to the FDA.

Dr. Chiang spoke about combatting vaccine misinformation and creating conversation with individuals and families without casting aspersions about the safety and science of vaccines.

All the panelists spoke of the possible future of vaccine innovation and equity in this time of politicized views.

Commissioner Goldstein opened the floor for questions from the council members.

Mr. Andrade was concerned about the growing populist misinformation about vaccines that ignores scientific logic.

Mr. Landers felt that as public health providers it’s important to influence communities as a whole regarding vaccine efficacy to lead to an easier discussion with the individual.

Commissioner Goldstein used this opportunity to highlight the Department’s Vaccine Equity Initiative in Massachusetts and the work the Department did with COVID-19, recognizing that there are parts of the state that have had vaccine hesitancy for decades and they were not accepting the COVID vaccine. DPH made a concerted effort to go out into those communities, rural, urban, and suburban, to bring trusted messengers, the vaccine and continue to knock on doors.

Dr. Subbaraman was concerned with the lack of federal guidance and that there may be competing recommendations from states, exacerbating an already confused communication system. He looked forward to cross-state DPH communication to create a unified public health recommendation.

Dr. Mackie considered the opportunity of innovation in this atmosphere of constraint. He wondered about an infrastructure with strategies in place to facilitate learning, highlighted and shared between state and healthcare systems.

Dr. Archer mentioned as the Commonwealth is known for its innovation in public health, he wondered if this is the time for community health centers not to disappear but to expand in primary care and prevention.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next regular meeting is scheduled for September 10, at 9:00 am.

Commissioner Goldstein asked if there was a motion to adjourn.

Mr. Andrade made the motion which was seconded by Mr. Engell; all present members approved.

The meeting was adjourned at 11:46 am.