MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of December 10, 2020

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\*\*\* Thursday, December 10, 2020 – 9:00AM**

***Note: The December Public Health Council meeting will be held remotely as a video conference due to the COVID-19 State of Emergency declared by Governor Charles D. Baker on March 10, 2020 and consistent with the Governor’s March 12, 2020 Order modifying the state’s Open Meeting Law and July 2, 2020 Order regarding gatherings.***

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

Join by Web: <https://statema.webex.com/statema/onstage/g.php?MTID=e475a37f041615e1dabbccc3285a90670>

Dial in Telephone Number: 1-866-692-3580

Access code: 178 938 8925

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH.
	3. Record of the Public Health Council Meeting held November18, 2020. **(Vote)**
2. **DETERMINATIONS OF NEED**
	1. Request by Baystate Medical Center for Significant Change Amendment to its previously approved Determination of Need Project #1-3B36*.* **(Vote)**

**3. PRESENTATIONS**

a. Informational presentation on COVID-19 vaccine.

*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.*

Public Health Council

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: December 10, 2020

Start Time: 9:09AM Ending Time: 11:03AM

| Board Member | Attended | First Order: Approval of November 18, 2020 Meeting Minutes (Vote) | Second Order: DoNa. Request by Baystate Medical Center for Significant Change Amendment to its previously approved Determination of Need Project #1-3B36. (Vote) |
| --- | --- | --- | --- |
| Commissioner Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein  | Yes | Yes | Yes |
| Lissette Blondet | No | Absent | Absent |
| Kathleen Carey | Yes | Yes | Yes |
| Sec. Elizabeth Chen | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes |
| Alba Cruz-Davis | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | No | Absent | Absent |
| Claude Jacob | No | Yes | Yes |
| Michael Kneeland | Yes | Yes | Recused |
| Keith Hovan | No  | Absent | Absent |
| Joanna Lambert | Yes | Yes | Yes |
| Acting Secretary Cheryl Poppe | No | Absent | Absent |
| Summary | 9 Members Present; 5 Absent | 9 Members Approved; 5 Absent | 9 Members Approved; 5 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 Thursday, December 10, 2020 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present: Monica Bharel, MD, MPH; Edward Bernstein, MD; Kathleen Carey, PHD; Secretary Elizabeth Chen; Alba Cruz-Davis, PhD, MPH; John Cunningham, PhD; Claude Jacob; Michael Kneeland, MD and Joanna Lambert.

Also in attendance was Elizabeth Scurria Morgan, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:09AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Commissioner Monica Bharel, MD, MPH

COVID RESPONSE

Commissioner Bharel stated that DPH is in the second wave of COVID-19 and that COVID-19 remains a major threat to our health and the health of our communities. She indicated that last week, COVID-19 surpassed heart disease and cancer as the leading cause of death in the United States and now on average in the US, the virus is claiming 1 to 2 deaths per minute.

She added that DPH knows this virus is likely to increase in cases over the holiday season. Commissioner Bharel asked the Council to help spread the message about the ongoing need for vigilance. She requested they all be mindful that we are safer at home and safer being with members of our immediate household concluding that while a vaccine is on the way, the path for our return to some semblance of normal is for us to continue to wear a mask or face covering, to practice social distance, hand hygiene and to get tested.

Commissioner Bharel further stated that Governor Baker announced an update to the state’s reopening process as well as several updates to sector-specific guidance to combat rising cases of COVID-19 across the Commonwealth, including a return to Phase 3, Step 1 of the state’s Reopening Plan to begin December 13, 2020 and include closure of performance venues and some indoor recreation facilities, reduce capacity from 50% to 40% for places including gyms and health clubs, Libraries, Museums, offices, retail stores, among others, and requiring masks in restaurants at all times except when eating and drinking with a maximum of 6 people per table with customers encouraged to dine with household only with a 90-minute time limit on tables.

The Commissioner noted that these and other updates to sector specific guidance can be found on www.mass.gov/reopening.

Commissioner Bharel stated that this week, the Department directed that elective hospital procedures be suspended effective Friday in order to preserve hospital bed capacity and redeploy staff where they are most needed. She indicated that services such as preventative services, pediatric care or immunizations, and necessary inpatient procedures that would lead to high risk or significant worsening of the patient’s condition if deferred - may continue during this time to ensure patients have access to these necessary services. The Commissioner added that the state is establishing Field Hospitals in Worcester and in Lowell, to receive COVID-19 patients, if needed, and at the same time as we’ve rolled back some activities to keep us all safe, the Governor also announced this week increased testing capacity and new testing infrastructure.

Commissioner Bharel added that this updated testing plan includes 5 new Stop the Spread locations – a 50% increase in state-funded and organized testing sites – which will enable the state to collect 110,000 tests per week wit each site testing at least 1,000 individuals per day. She noted the Framingham site launched Monday, and the other two will be operational by the end of the month, with additional testing for both Western Massachusetts and the Cape coming online in the coming weeks. She encouraged the Council to visit mass.gov/gettested for more information.

Commissioner Bharel next highlighted a new hub on mass.gov – the COVID-19 Family Information Center – for families and loved ones of residents of nursing homes, rest homes, and assisted living residences that contains information including holiday visitation and infection control.

The Commissioner noted the release of texts and phone calls from the Commissioner and the COVID-19 Command Center which were sent to 4.5 million individuals in Massachusetts via the Everbridge Alert System, reminding residents of the serious risk that COVID-19 poses. She noted you can sign up for these alerts by visiting mass.gov/covidalerts.

Commissioner Bharel informed the Council of the launch of a new statewide campaign called “Get Back Mass” which not only talks about all the activities we miss the most, but also highlights the critical steps everyone must continue to take like wearing a mask and practicing good hygiene, keeping a safe distance, and getting tested if you feel sick – to protect themselves and their loved ones. She noted the multi-lingual campaign is running on several platforms including TV and digital through February, and that we’ve also added a video in American Sign Language.

Commissioner Bharel then turned to COVID vaccine planning, noting that DPH has been closely collaborating with the external COVID-19 Advisory Group to prepare for an equitable and speedy distribution aligned with CDC guidance. She highlighted Massachusetts’ vaccine distribution plan and our COVID-19 Vaccine Advisory Group at mass.gov/COVIDvaccine. She indicated while a vaccine is coming, we all must remain vigilant against this highly contagious disease – and continue all of the protocols – wearing a mask, staying apart, avoiding groups, washing hands frequently and testing if you feel have symptoms or have had a close contact test positive. She thanked the Council for partnership and collaboration and assistance as we continue to combat this pandemic – and continue to conduct all of our public health work on behalf of the people of the Commonwealth.

Next, Commissioner Bharel recognized Ron O’Connor, Director for our Office of Local and Regional Health, was awarded the Massachusetts Health Officers Association’s 2020 President’s Award, indicating this well-deserved award recognizes Mr. O’Connor’s enormous dedication to working with our colleagues in local public health, including his instrumental leadership in the work of the Special Commission on Local and Regional Public Health. She noted the Department’s appreciation for Mr. O’Connor’s over 30 years of dedication and, as such, named him the annual Dr. Alfred DeMaria Jr. Public Health Award for 2020.

Commissioner Bharel also recognized Dr. Hafsatou “Fifi” Diop, who directs our Office of Data Translation within the Bureau of Family Health and Nutrition, as the inaugural recipient of the 2020 Perinatal-Neonatal Quality Improvement Network of Massachustts’ Diop Award. She noted Dr. Diop has been a steadfast and visionary national leader in Maternal Child Health and has significantly developed and advanced the mission and goals of PNQIN.

Lastly, Commissioner Bharel recognized two Council members who recently bid farewell to the Council, Lucilia Prates-Ramos and Derek Brindisi. She asked the Council to recognize their contributions to the PHC during their time on the Council noting that Lucilia served on the Council for 2 terms – meaning 12 years – and brought a vital voice to long term care and access to care for all, in appropriate languages.

Commissioner Bharel also recognized Mr. Brindisi’s 6 years on the Council, during which he was a voice for local and municipal health leaders.

Dean Cox acknowledged and congratulated Ron O’Connor on his well-deserved award, recognized Ms. Prates-Ramos and Mr. Brindisi.

Dr. Edward Bernstein also recognized Lucilia and Derek for their contributions.

dDr. Cunningham indicated Mr. Brindisi brought municipality perspective that may have been overlooked otherwise.

Mr. Claude Jacob recognition and acknowledgements

Ms. Prates Ramos also gave a few words of gratitude.

Commissioner Bharel then asked if there were any questions from Council members. Seeing none, the Commissioner moved onto the docket.

**1. ROUTINE ITEMS**

c. Record of the Public Health Council November 18, 2020 Meeting (Vote).

The Commissioner asked the Council if there were any changes to the minutes. Seeing none, she asked if there was a motion to approve the November PHC minutes.

Dr. Cunningham made the motion, which was seconded Dr. Carey. All members present approved.

1. **DETERMINATIONS OF NEED**
	1. Request by Baystate Medical Center for Significant Change Amendment to its previously approved Determination of Need Project #1-3B36*.* **(Vote)**

Commissioner Bharel then invited the Determination of Need Program Director, Lara Szent-Gyorgi, to review the staff recommendation for Baystate Health’s request for a significant change to a previously approved application. She is joined by Rebecca Rodman, Senior Deputy General Counsel. Before turning it to Lara, Dr. Kneeland has recused himself from participating in this matter so we will give him a moment to leave the call and return once we’ve completed the determination of need.

Dr. Kneeland left the meeting at 9:33am as he recused himself from participating on this matter.

Upon conclusion of Ms. Szent-Gyorgi’s presentation, the Commissioner opened the meeting to questions from the Council.

Dr. Carey was interested in current OR space and what will become of the space upon renovation.

Tejas Gandhi, COO for Baystate Medical Center, responded the Medical Center has not yet identified a use but as recently engaged in a master planning process where the Medical Center will work tho ugh this; he did confirm it would not be OR space.

Secretary Chen noted Baystate Medical Center was one of the first to receive the age-friendly designation and asked how the Medical Center would integrate that into this project.

Kirsten Waltz, Baystate Health Director Facilities Planning & Design, indicated there were not age-friendly design features she was aware of for this project specifically but that this is something the Medical Center is aware of and that the Medical Center could consider ways to include relevant features into construction related to this amendment request.

Secretary Chen urged the Medical Center to familiarize themselves with age-friendly requirements, including for dementia patients, and indicated this goes beyond physical design alone. She then suggested the Medical Center connect with the Executive Office of Elder Affairs (EOEA) throughout the project to ensure the project is responding to the needs of elders.

Andrew Levine, counsel to the Medical Center, indicated the Medical Center will be responsive to all patient needs including elders and works closely with DPH plan review. He indicated they would also engage EOEA.

Dr. Bernstein asked if the Medical Center was considering social determinants in their approach to the community health initiatives (CHI)planning process, noting that COVID-19 has exacerbated existing inequities.

Anne Marie Golden, Baystate Health Director of Community Relations, indicated the Medical Center has been thoughtful and mindful of this throughout the community health initiatives process. She added that this is infused in all they do and reflects how the Medical Center has approached previous CHI processes and their needs assessments. She also noted the Medical Center’s work related to the digital divide and how they have focused on this determinant during the pandemic and that it will also be a component of the CHI process.

Secretary Chen asked if there could be a condition added regarding age-friendly requirements.

Ms. Rodman responded that this condition is beyond the scope of review for significant change amendments which limits the review to ensuring the request for significant change is within the scope of the prior DoN approval and is reasonable.

Dr. Bernstein asked if the applicant could provide assurances of examining and incorporating these features.

Dr. Cruz-Davis requested the same assurances related to health equity and social determinants as well.

Mr. Levine responded that the Medical Center did indicate it would work with EOEA on these points.

Vanessa Smith, Baystate Health Senior Vice President and Chief Legal Officer reiterated the Medical Center’s commitment to social determinants and serving all populations.

Dr. Bernstein indicated that work to address the opioid epidemic should be part of CHI and to address social determinants of health.

Ms. Golden responded that during COVID-19 the Medical Center has been supporting opioid coalitions and taskforces and that will continue to be a component of their community benefits activities, mentioning in particular the opioid taskforce in Franklin County and through Franklin Medical Center.

Seeing no further questions, Commissioner Bharel asked if there was a motion to approve Baystate Health’s request for significant change to its previously approved DoN.

Secretary Chen made the motion, which was seconded by Dr. Bernstein. All present approved. Dr. Kneeland recused himself from this matter.

Commissioner Bharel stated Baystate Health’s request for significant change is approved.

**3. PRESENTATIONS**

a. Informational presentation on COVID-19 vaccine.

Commissioner Bharel then invited Kevin Cranston, Assistant Commissioner and Director for the Bureau of Infectious Disease and Laboratory Sciences, Pejman Talebian, Director of the Bureau’s Immunization Division, and Alison Cohen, Communications Director for the Department, to review where these planning efforts are to date.

Dr. Cunningham left the meeting at 10:15am.

Dr. Kneeland returned to the meeting at 10:17.

Dr. Cunningham returned to the meeting at 10:18. He then left the meeting at 10:30am and did not return.

Dr. Carey asked if the timetable presented assumes that there are other vaccines available in addition to Pfizer and Moderna.

Mr. Cranston responded yes there are plans for multiple formulations making it through phase 3 studies to demonstrate safety and effectiveness, and then approved by FDA. He indicated while awaiting final approvals, each company is engaged in manufacturing which will result in more vaccine being available overtime. He noted that this process is based upon assumptions, and that our greatest confidence is in these earlier assumptions [recording]. He also indicated our early phases are more dependent on Pfizer and Moderna and that the federal government has pre-purchased vaccine – even those not yet approved are being manufactured right now and so they are ready to be allocated once they demonstrate that they meet safety and effectiveness standards.

Secretary Chen asked how second doses will be tracked to ensure individuals receive the second dose of the same vaccine.

Mr. Talebian stated this is a critical part of the campaign, indicating the Massachusetts Immunization Information System (MIIS) will be the primary tool to track administration. HCP can track their patients’ receipt of the first dose, if due for second, and which vaccine they need (e.g. Pfizer or Moderna). He added that there will also be reminder calls for patients who are due, as well as patient vaccination cards handed out. He concluded by noting there is a vaccine safety monitoring program call V-Safe being put in place by the federal government that is voluntary – patients can scan a QR code on their phone to remind them when they’re due. It will also periodically push out questions to patients for another layer of vaccine safety monitoring.

Mr. Jacob asked whether the Department’s communications will help articulate the rationale behind the prioritization. He also asked about the role of the PHC at the nexus of the Advisory Group.

Mr. Cranston indicated our task is to limit morbidity and mortality, protect healthcare workforce to preserve the healthcare system, and importantly promote equity as permeating every stage of this vaccine rollout by acknowledging that COVID-19 has disproportionately impacted certain communities and that those communities also need disproportionate, enhanced access to the vaccine.

Dean Cox asked how we address individuals who are afraid of taking the vaccine.

Ms. Cohen indicated part of our community engagement plan is to test messaging before it goes out so we know what will be successful as motivators to overcome barriers we’ve seen from the Mass League of Community Health Centers survey as well as throughout the pandemic.

Commissioner Bharel added that it is important point that it is one thing to have a vaccine, and another that it will be taken. She noted it is critically important to understand the hesitancy and mistrust so we can respond and improve confidence and understand where they can go for trusted, science-based information.

Dean Cox added there were two things that stood out in the League’s survey, one is that they did not want to feel like they were the only one taking the vaccine, and the other was the trusted relationship with their provider.

Ms. Cruz-Davis noted local health could be a partner for this work and also indicated it is important for the FAQs to really respond to the issues we see come up throughout the vaccination process.

Mr. Cranston indicated we have heard from some of the larger health departments but also acknowledged local health has been busy throughout the COVID pandemic. He added we do not want to assume that work makes vaccination insurmountable and will look for ways to involve them whether through communications or coordinating local clinics.

Ms. Cohen added that the CDC has provided a lot of information we are looking towards, and that we are also working with our surrounding states to partner on our messaging.

Dr. Kneeland thought it may be useful for the PHC to get immunized together to show the group’s trust in the vaccine. He then asked about any contraindications we’re aware of.

Mr. Talebian responded he’s not aware of any beyond the usual ones, but that we are also waiting to see information from the FDA as they evaluate issuing the EUA. He added that we are also awaiting information around safety for immunocompromised, pregnant women, and others and that new information will generate new recommendations. Mr. Talebian concluded by indicating the Department’s view is that these vaccines are highly effective and have low adverse event profiles – we are encouraged by data seen already.

Mr. Cranston added that our review of the data so far shows the vaccines have a high effectiveness rate and so far appear to have a low risk of complications.

Commissioner Bharel added that the EUA submitted to the FDA is available for public review and in looking, it does appear the risk of reaction is low with local site reaction happening less frequently.

Dr. Bernstein asked for a sense of the number of individuals who will be included in Phase 1.

Mr. Talebian responded around 300,000 individuals.

Secretary Chen indicated she understood the home care worker population to be higher and that the estimation for individuals eligible in Phase 1 appeared low.

Mr. Cranston responded they need to confirm this, adding that the supply chain is the limiting factor in the beginning, and that later on when more vaccines are available it will be the capacity of the system itself to vaccinate.

Dr. Bernstein indicated it is important to continue to push protective measures such as social distancing and masking.

Mr. Cranston agreed that this is a critical part of messaging until there is sufficient herd immunity.

Dr. Bernstein raised use of wastewater data in targeting COVID hotspots and whether it could be used to help target vaccine allocation.

Commissioner Bharel responded that is one data source, among many, we review to inform our COVID-19 response.

With no further questions, Commissioner Bharel reminded Council members the next meeting would be held on Wednesday, January 20, 2021. She then asked if there was a motion to adjourn.

Dr. Bernstein made the motion, which was seconded by Mr. Jacob. All members present approved. The meeting adjourned at 11:03 am.