**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of December 12, 2018**

**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: Wednesday, December 12, 2018 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH.
   3. Record of the Public Health Council November 14, 2018 Meeting. **(Vote)**
2. **DETERMINATIONS OF NEED**
   1. Request by Dana Farber Cancer Institute, Inc. for a substantial capital expenditure related to a new hospital satellite facility. **(Vote)**
   2. Request by Tenet Healthcare on behalf of St. Vincent Hospital to expand behavioral health services. **(Vote)**
3. **FINAL REGULATIONS** 
   1. Request to promulgate amendments to 105 CMR 100.000, *Determination of Need.* **(Vote)**
4. **PRESENTATIONS**
5. Informational overview and update on automating the Massachusetts Controlled Substances Registration process.

*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:** Wednesday, December 12, 2018

**Start Time:** 9:15am **Ending Time:** 11:39am

| **Board Member** | **Attended** | **Record of the Public Health Council November 14, 2018 Meeting (Vote)** | **DETERMINATIONS OF NEED:**  **Request by Dana Farber Cancer Institute, Inc. for a substantial capital expenditure related to a new hospital satellite facility. (Vote)** | **DETERMINATIONS OF NEED:**  **Request by Tenet Healthcare on behalf of St. Vincent Hospital to expand behavioral health services. (Vote)** | **FINAL REGULATIONS**  **Request to promulgate amendments to 105 CMR 100.000, Determination of Need. (Vote)** |
| --- | --- | --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes | Yes | Yes |
| Edward Bernstein | Absent | Absent | Absent | Absent | Absent |
| Lissette Blondet | Yes | Yes | Yes | Yes | Yes |
| Derek Brindisi | Yes | Abstained | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes | Yes | Yes |
| Michele David | Yes | Yes | Yes | Yes | Yes |
| Meg Doherty | Yes | Abstained | Yes | Yes | Yes |
| Michael Kneeland | Yes | Abstained | Yes | Recused | Yes |
| Joanna Lambert | Absent | Absent | Absent | Absent | Absent |
| Paul Lanzikos | Yes | Yes | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes | Yes | Yes | Yes |
| Secretary Francisco Ureña | Yes | Not Present at time of vote | Yes | Yes | Yes |
| Alan Woodward | Yes | Yes | Yes | Yes | Yes |
| **Summary** | **12 Members Present, 2Members Absent** | **8 Members approved, 3 members absent, 1 not present at time of vote** | **12 members approved, 2 members absent** | **11 members approved, 1 recused, 2 members absent** | **12 members approved, 2 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, December 12, 2018 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Secretary Francisco Ureña; Paul Lanzikos; Lucilia Prates Ramos and Alan Woodward, MD.

Absent member(s) were: Edward Bernstein, MD and Joanna Lambert.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:15 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

**Updates from Commissioner Monica Bharel, M.D., MPH**

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department and across the state including opioid overdose deaths. DPH released a new quarterly report on opioid-related overdose deaths in the Commonwealth in a PowerPoint presentation.

Lucilia Prates Ramos arrives at 9:18am.

Dr. David interjected and commented on Prescription Monitoring Program (PMP) system, stating that the PMP system is much easier to use. Dr. David then thanked the Department for their work on creating the new system.

Commissioner Bharel thanked Dr. David for her comment and stated her appreciates that she noticed the difference as a provider who has used both systems.

Commissioner Bharel then presented the transfer of DPH’s Medical Use of Marijuana Program to the Cannabis Control Commission, required by December 31, 2018, by state law. Last week, we - along with the Cannabis Control Commission – announced that the transfer of the MMJ Program would take place on December 23, 2018. Our DPH Staff have worked with the Commission diligently to ensure as seamless a transition as possible. During the transition, patients currently registered with the MMJ Program should not experience any substantial change in their service. As we near the MMJ Program transfer date, I’d like to highlight improvements to the Program. One of the first things I worked on as Commissioner was finding ways to improve and streamline the MMJ Program – and to date, we have strengthened processes, enhanced transparency, and expanded patient access. To date, we have:

* Registered 57,872 new patients;
* Registered 276 certifying physicians; and
* Licensed 47 facilities as “sales ready”.

Commissioner Bharel stated that she is proud of what the MMJ Program staff and leadership have achieved over the past few years and thank them all for their hard work and collaboration leading up to the Program’s transfer.

Commissioner Bharel then discussed the highlights from the Office of Problem Gambling Services recently launched a new public awareness campaign designed to draw attention to problem gambling as an addiction. This awareness campaign is in addition to educational programs the Office offers to educate young people and those most at risk for problem gambling – individuals of color and people with substance use disorders. Victor Ortiz, who heads the Office, spoke to you all before about our strategic plan and how we’re taking a data-driven approach to tackling problem gambling, and he will return this year to give you an update on that work.

Commissioner Bharel went on to recognize the yearly employee that is chosen from all of state government to receive the Equity in Governance Award. This award recognizes a demonstrated commitment to the principle of equity, leadership in promoting the principle of equity, and having achieved significant outcomes in promoting equity in governance in agency operations. I am delighted to announce that our very own Julia Ojeda from DPH’s Bureau of Substance Addiction Services was named this year’s recipient. This award recognizes her groundbreaking work with the deaf and hard of hearing community. She receives this award for her work to organize a training of recovery coaches for deaf and hard of hearing individuals, an effort that included a complete adaptation of the curriculum. Sixteen individuals who received the training are now working on becoming certified recovery coaches.

Finally, Commissioner Bharel reported 2018 highlights. This time of year, we see lots of lists recapping the year and in my December Commissioner’s Update to DPH staff, we look back over 2018 at our successes. I’m glad to email you a copy. Meanwhile, although we have shared some of these achievements with you throughout the year, I think it’s worth noting highlights to truly understand what we’ve accomplished together:

* Governor Baker signed the “Tobacco Omnibus” bill in July raising the statewide age to purchase tobacco to 21, restricting e-cigarette use in the workplace and banning the sale of tobacco in pharmacies. The signing is a milestone and it caps years of effort.
* DPH continued its aggressive response to the opioid epidemic, implementing the second major legislative action Governor Baker signed since taking office to address the opioid crisis.
* As I mentioned a moment ago, opioid-related overdose deaths in Massachusetts declined slightly in the first nine months of 2018 compared to the first nine months of 2017. Only a handful of states have seen a similar stabilization or decline in opioid deaths.
* DPH was awarded $48 million in targeted funding for opioids from the federal Substance Abuse and Mental Health Administration. These funds resulted in increased access to services including medication-assisted treatment and wrap around supports for pregnant women and their families as well as individuals re-entering the community from incarceration.
* DPH’s Prescription Monitoring Program successfully integrated MassPAT data into Electronic Health Records systems, allowing a practitioner to access MassPAT data directly from the patient’s medical record with one click - saving valuable time.
* Approximately 246,000 individuals in Massachusetts received prescriptions for Schedule II opioids in the third quarter of 2018; a 37 percent decrease from the first quarter of 2015.
* Additional treatment beds were added in 2018, bringing the number to more than 1,200. The DPH-funded Helpline fielded nearly 14,000 Helpline calls resulting in over 10,500 referrals.
* We launched the Community EMS and Mobile Integrated Health Care programs that enable paramedics in Massachusetts to treat patients with urgent medical needs at home, decreasing health care costs but also improving health care outcomes.
* In November, DPH launched a voluntary certification program for Community Health Workers to create standards for this emerging workforce. DPH estimates there are more than 3,000 community health workers in Massachusetts.
* DPH launched its Safe Sleep campaign to prevent sudden unexpected infant deaths (SUID), the leading cause of death for infants. It includes a public awareness campaign with ads and social media messaging. So far, 8,000 people have visited the website.
* And, finally, as you know, our DPH Office of Communications responds to the press and informs the public about health-related news and consumer information. In 2018, we issued 40 press releases and responded to more than 3,000 media requests. We reached 27,000 Twitter followers (more than any public health department in the U.S.), published 81 blog posts, and conducted 17 public awareness campaigns on opioids, marijuana, vaping, diabetes, stroke, HIV, and more.
* The Office of Communications also upgraded the DPH website: a project that included 4,000 content pages and tens of thousands of downloadable documents. The result is a more efficient website for visitors to better locate and access our information and services.

Finally Commissioner Bharel stated that we will continue to accomplish more in 2019, and I look forward to working together to ensure all residents have access to high quality public health and health services, and to promote wellness and health equity for all in the Commonwealth.

Meg Doherty arrives at 9:31am.

Mr. Lanzikos voiced a comment regarding the opioid update about a news report regarding a physician based in Merrimack Valley who was charged with manslaughter related to an overdose death. The usage of the monitoring system might have been the basis for that charge.

Commissioner Bharel stated that there are no details since it is out of the AG office.

Dr. Woodward added that thethe individual has given up their license and will be prosecuted.

Commissioner Bharel stated that PMP is meant as a clinical tool to assist in the clinical judgment in terms of the doctor/patient relationship.

With no further questions or comments, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council November 14, 2018 Meeting (Vote)**

Before the vote to accept the November minutes, Margaret noted for the record a legal, technical correction to part of the discussion at last month’s meeting. When reviewing Baystate’s proposed amendment to an existing determination of need, a project cost per square foot of over $18,000 was discussed. This cost per square foot was based upon the capital expenditure for the entire project whereas the cost per square footage calculation for this amendment is based only upon the proposed increase in approved maximum capital expenditure and comes out to $1,661 per square foot. This correction is included as a footnote on page 7 of the draft minutes you received.

Commissioner Bharel asked if any members had any changes to be included in the November 14, 2018 meeting minutes.

Dr. Woodward thanked DoN staff for clarifying comment and adding the footnote to the November minutes.

Commissioner Bharel asked for a motion to accept the minutes. Dr. Woodward made the motion and Dr. Cunningham seconded it. Mr. Brindisi, Dr. Kneeland, and Dr. Doherty abstained, all other present members approved.

**2. DETERMINATIONS OF NEED**

**a. Request by Dana Farber Cancer Institute, Inc. for a substantial capital expenditure related to a new hospital satellite facility. (Vote)**

Commissioner Bharel invited Nora Mann, Determination of Need Program Director, and Rebecca Rodman, Deputy General Counsel, to the table to present the DoN staff recommendation for a substantial capital expenditure related to a new hospital satellite facility. We also have a representative of the Ten Taxpayer Group that formed related to this application here to speak upon conclusion of Nora’s presentation. Additionally, there are representatives of the applicant here with us today.

Secretary Urena arrives 9:40am.

Sturdy Hospital Ten Taxpayer Group representative Joseph Casey President & CEO of Sturdy Memorial Hospital presented public comments at the public hearing in October. Mr. Casey gave an update on the work Sturdy Hospital does on a daily basis stating that they are not part of the Chestnut Hill Service area, and they are concerned about the Foxboro site. The DoN project review should consider the impact on local independent hospitals. They should include the planning of the Foxboro site as it is should be reviewed as the Chestnut Hill location.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Dr. Woodward asked if DoN staff can respond to TTG concern and proposal.

Ms. Rodman stated that they are constrained by statutory limitations and current regulations due to the saturation of capital expenditure minimum. She also stated at minimum, they don’t have the authority to review the project and are looking to amend the regulations to expand our scope of review of projects, but currently constrained by statute and regulations.

Dr. Cunningham asked who decides if it is two separate projects or a single project?

Ms. Rodman replied that right now it is the regulations, historically regulations have looked at a single point in time and single location, moving to look more broadly with proposed amendments.

Dr. Cunningham asked if this is historically done due to preference or constraint.

Ms. Rodman replied that historically they are constrained.

Ms. Doherty stated that they were being asked to consider duplication of services. She asked where do we stand with that and helping us make a decision for the community.

Ms. Rodman informed her that the duplication of services were in the previous regulations in 2017, it is not statutory obligation on DoN, but there aren’t current robust guidelines for how to consider it.

Ms. Mann clarified the question of duplication of services and that it is no longer a part of the analysis since they don’t have the available metrics.

Ms. Doherty replied perhaps in this case, it would be a list of the type of cancers that are seen in a specific community and whether a need is being met currently or not. MA is going global and someone should take a look at the layers of care providers in a different way.

Ms. Mann states that she understands the comments; it is not the role of the department to create barriers to participation except in the context that we are looking into.

Ms. Doherty would like to take a look at or see if there is a need in particular area in terms of setting up barriers.

Commissioner Bharel brought up discussion on public health value and asked Ms. Rodman to review statute language and current authority

Ms. Rodman stated that they have the authority to only look at Chestnut Hill. Don’t have authority to look at Foxboro the same as Chestnut Hill currently, which is why regulation amendments are being proposed.

Dr. Cunningham asked if you look at the patient panel, would there have to be a modification to the panel due to impact.

Ms. Rodman replied that the patient panel is current, and we can’t necessarily ask about projected panel in the future.

Dr. Cunningham stated if there’s a known change that the patient panel is not going to be the same once the satellite is available.

Ms. Mann replied that she appreciates comments and this is further discussion that will be addressed when amendments to regulation are reviewed. As of now, we are constrained as to what we can review which is the existing patient panel.

Mr. Lanzikos asked the applicant to respond as to whether they have reached out to Sturdy Memorial relative to the Foxboro project and if they have not, why not?

Anne Gross, SVP Patient Care Services & CNO and Craig Bunnell, CMO of Dana Farber joined the table to respond to the question.

Mr. Bunnell replied conversation took place between the SVP medical affairs and the CEO of Sturdy with respect to delivery of cancer care in the community, not sure if there were discussions in regard to the Foxboro site which is a separate project from CH project.

Mr. Lanzikos asked since the Foxboro project has taken on some form of reality, have you spoken to Sturdy Memorial.

Ms. Elizabeth Liebow, SVP of Business Planning and Development, Clinical Planning, Community Site Operations for Dana Farber stated they haven’t had specific conversations on the impact with Sturdy although it is standard process to coordinate care to the extent possible so that services are fully coordinated with the same intention for this project.

Dean Cox stated can they make it is stipulation or ask the applicant to ensure they are having impact conversations with Sturdy Memorial in terms of voluntary compliance.

Ms. Rodman states that they can ask the applicant.

Dean Cox asked the applicant if they can have that conversation with Sturdy Memorial as you think about the expansion in Foxboro and larger expansion of your work.

Mr. Bunnell responded they currently we have a relationship with Sturdy Memorial, they send a percentage (15% tertiary) of patients to us, our intent in opening a Foxboro satellite isn’t to steal patients from Sturdy and have good relationships with local hospitals as wellas shared services with mutual patients. Discussion of how they share patients, referrals that are sent back to their referring physician.

Dean Cox replies that they appreciate comments, we are asking in good faith that you continue to have conversations with Sturdy in order for their concerns get addressed as the expansion continues.

Mr. Bunnell replied they would be absolutely happy to have conversations with Sturdy.

Dean Cox asked if they can report back these findings to our staff, despite it not being required along with comments from Sturdy.

Mr. Bunnell agreed.

Dean Cox asked if the community assessment will be collaborative as opposed to a specific project with Dana Farber. How will that data be used by Dana Farber and how does the community process works?

Ben Wood, Director of the Office of Community Health Planning and Engagement within the

Division of Prevention and Wellness, Bureau of Community Health and Prevention stated that they are excited about this process, there are 13 hospitals that participating in this collaborative assessment process for the first time. They have hired a consulting group to handle the process for the group and jointly using the results to comply. If the hospital has chosen to do additional engagement work, they can do so. Dana Farber has already discussed doing additional work and it will be reported to DPH and this is a very fluid process. Ultimately they will be using the assessment to have a needs assessment for the city and have shared priorities and strategies to leverage resources across hospitals, this is currently in process and is expected to be reporting in January 2019.

Dean Cox stated they are glad we’re discussing that kind of collaboration and wanted to understand more about how that process works.

Ms. Doherty asked if it is real time data, how close to reality is the data that they will be working it

Ben Wood replied the applicant will be leading data analysis with the consultant. Some of it is very real time and some of it is older typically.

Ms. Magnolia Contreras, Dana Farber and Co-Chair Boston CHNA/CHIP; replied in terms of data analysis, we are confined by the data that is public that DPH has available. We are working closely the BPHC to access more readily available data which depends on quality of data. BPHC has dug deeper and provided cancer reports released this year.

Ms. Blondet replied they are excited to hear about such collaboration and asked about the possibility of joint interventions, is there any inclination of joint interventions will be part of the next step?

Ms. Contreras replied it is the vision of the collaborative to allow us to look at the social determinants of health and address them in a high impact manner.

Mr. Lanzikos followed up on Dean Cox’s comments, and hopes the conversation is meaningful dialogue following sound health planning principles. We would be skeptical of supporting future applications that don’t go beyond the scope of the regulation.

Mr Bunnell stated they will have genuine conversations and value relationships with surrounding hospitals.

Commissioner Bharel asked if there is a motion to accept the staff recommendation to approve Dana Farber’s request for substantial capital expenditure. Dr. Woodward made the motion, and Ms. Doherty seconded it, all other present members approved. The staff recommendation for approval of this substantial capital expenditure is approved.

**2. DETERMINATIONS OF NEED**b.Request by Tenet Healthcare on behalf of St. Vincent Hospital to expand behavioral health services. **(Vote)**

Commissioner Bharel invited Nora Mann will now present the DoN staff recommendation for Tenet Healthcare’s request to expand behavioral health services at St. Vincent Hospital. Before Nora begins, I would like to give Dr. Kneeland a moment to leave the room as he has recused himself from participating in this determination of need application.

Dr. Kneeland recuses himself at 10:32am.

Upon the conclusion of their presentation, the Council was invited to ask questions or comment.

Dr. Woodward asked the applicant for a few statistics for boarding time for behavioral health patient to be transferred or admitted.

Ms. Ava Collins – Acting CEO St. Vincent Hospital

Mr. Justin Lusser, Executive Director Behavioral Health, St. Vincent Hospital

Ms. Collins replied that the boarding time is 24 hours currently on average.

Dr. Woodward asked how long is the boarding time for Med surge patients for comparison.

Ms. Collins replied that Med Surge are 8 hours on average.

Dr. Woodward replied that part of the problem stuck patients/inability to discharge can help expedite med surge patients, is that correct?

Mr. Lusser replied that is correct.

Ms. Collins 2.5 years ago they opened an additional facility that includes intensive outpatient program and adding behave health clinician to ambulatory and expanding in patient capacity.

Dr. Woodward asked if their outpatient efforts have helped with stuck patient issue significantly.

Mr. Lusser stated they reviewed psych space in the ED has helped them with patients, in the last 3 months they have reduced the 24 hour time by approximately 7 hours by providing psychiatric space in the ED.

Ms. Colling stated as a part on compliance can move forward with use of existing space to provide a dedicated area for BH patients in ED is beyond ideal since they require a quiet, supportive environment. Eight bay area dedicated to BH patients as a solution.

Dr. Woodward replied if they can achieve this solution it would be supported.

Ms. Doherty asked if these are patients admitted to the hospital, what the admission process protocol?

Ms. Collins defer to Justin, different levels of care provided.

Mr. Lusser stated each patient is assessed in the ED to determine level of care and see if they can be released with success. They will utilize St. Vincent’s and Metro West for patients with no additional cost for the patient to move from the ED to their own room, they still remain an ED patient.

Ms. Doherty asked how will that improve wait time statistics.

Mr. Lusser replied that adding beds would reduce crowding in ED, separation for behavioral health. Providing a safe, comfortable space for patients with mental health counselors will be there.

Ms. Doherty asked if this a routine admission or is the patient going to remain in some space where its counted as an admission

Mr. Lusser replied it’s not counted as an admission, solely for patient satisfaction and safety and not as a holding area.

Dr. Woodward stated the reorganization in the ED would allow them to provide better patient quality for med surge patients and stream line care.

Ms. Prates Ramos asked when they are moved from ED are they referred to psychiatric observation.

Mr. Lusser replied no, there is no such thing as psych observation.

Secretary Urena steps out 10:55am returns at 11:01am

Ms. Lissette Blondet leaves at 11:01am

With no further questions, I would now like to ask if there is a motion to accept the staff recommendation to approve Tenet’s request to expand behavioral health services. Dr. Lanzikos made the motion, Dr. Cunningham seconded it. All present members approved.

1. **FINAL REGULATIONS**

**105 CMR 100 Determination of Need**

The Commissioner then asked Nora will now present on final amendments to the determination of need regulation and request approval to file these changes.

Dr. Kneeland returns at 11:01am

Dr. Woodward steps out at 11:04am returns at 11:07am

Dean Cox asked if these changes impact the conversation we previously had this morning?

Ms. Mann replied it wouldn’t impact what we just discussed, however it came after October 1, 2019, the licensed facility would have to include inpatient and outpatient expenses and plans for 12 months in one consolidated application.

Mr. Brindisi asked if a project is under DoN threshold in 2020 and another project were to arrive in 2023, would be able to require them to look back?

Ms. Rodman replied not within that time span however, we would require 12 months and would require them to think broadly about DoN.

Mr. Brindisi asked to consider that as DoN plans are usually planned 5 years out for capital improvement plans. Asked if the Dana Farber project contributed 2.5 million dollars towards statewide HRIA controlled, is there language that require regulatory reporting by HRIA

Ms. Rodman replied that there is, but clarified its’ managed by HRIA and there is an advisory committee that receives reports on HRIA on the funds.

Mr. Wood replied that ultimately, the Commissioner and the advisory committee that approves the plan. HRIA assists as a consultant and will provide reports.

Mr. Lanzikos asked if there is any concern that an applicant would attempt to file and could see this as a target date prior to the implementation of this change.

Ms. Mann responds that they can’t control this possibility and in the past tried to take a measured approach to achieve the goal for the regulation and acknowledging that it is significant shift in regard to planning.

Ms. Rodman responds that this would require a shift in business practices, hoping for a good faith effort that planning is constant.

Mr. Lanzikos suggested keeping a list of projects from now until October 1st that may come under this regulation change. As it may be a concern in the future, we can take them into account moving further with a policy change.

With no further questions, I would now like to ask if there is a motion to approve the proposed amendments to the regulation. Secretary Urena made the motion; Ms. Doherty seconded it, all other present members approved. The proposed amendments to 105 CMR 100 are approved.

Mr. Lanzikos asked about a circular letter being issued regarding out of bed nursing home facilities being treated and what impact on future regulations.

Ms. Rodman replied indicated that the department will look at the moratorium and intends to have a broader conversation about long term care facilities, and will circulate the letter for the council.

**4.PRESENTATIONS**

**a. Informational overview and update on automating the Massachusetts Controlled Substances Registration process.**

The Commissioner then invited Jim Lavery, Director of the Bureau of Health Professions Licensure, to the table for an overview of some upcoming and exciting changes to our Massachusetts Controlled Substances Registration.

James Lavery, Bureau of Public Health licensure presents on MCSR process.

Upon the conclusion of his presentation, the Council was invited to ask questions or comment. Seeing no question, the Commissioner proceeded with the docket.

Dr. David returns at 11:25am

Mr. Lanzikos leaves at 11:35am

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, January 9, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. David made the motion, Ms. Doherty seconded it. All present members approved.

The meeting adjourned at 11:39AM.