MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of February 12, 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, February 12, 2025 – 9:00AM**

***Note: The February 12 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:

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Passcode: 569795

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Robert Goldstein.
	3. Record of the Public Health Council Meeting held January 15, 2025 **(Vote)**.
2. **DETERMINATION OF NEED**
	1. Request by West Bridgewater MA Endoscopy ASC, LLC for a Substantial Change in Service and Transfer of Site **(Vote).**
3. **FINAL REGULATIONS**
	1. Request to promulgate amendments to 105 CMR 130.000, *Hospital licensure* **(Vote).**
	2. Request to promulgate amendments to 105 CMR 140.000, *Licensure of Clinics* **(Vote).**
	3. Request to rescind 105 CMR 142.000, *Operation and maintenance of birth centers* **(Vote).**
4. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 125.000, *Licensing of radiologic technologists.*
5. **INFORMATIONAL PRESENTATION**
	1. Update on the Department of Public Health Strategy Map.

*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: February 12, 2025

Start Time: 9:06 am. Ending Time: 11:48 am.

| **Board Member** | **Attended** | **First Order:****Approval of****January 15, 2025 Minutes (Vote)** | **Second Order: DON****Request by West Bridgewater MA Endoscopy ASC, LLC for a Substantial Change in Service and Transfer of Site (Vote)** | **Third Order: Request to Promulgate amendments to 105 CMR 130.000 Hospital Licensure (Vote)** | **Fourth Order: Request to Promulgate amendments to 105 CMR 140.000 Licensure of Clinics (Vote)** | **Fifth Order: Request to rescind 105 CMR 142.000 Operation and maintenance of birth centers (Vote)** |
| --- | --- | --- | --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Emily Cooper** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Abstain | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | No | Absent | Absent | Absent | Absent | Absent |
| **Michele David** | No | Absent | Absent | Absent | Absent | Absent |
| **Robert Engell** | No | Absent | Absent | Absent | Absent | Absent |
| **Elizabeth Evans** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Absent | Absent | Absent | Absent |
| **Gregory Volturo** | Yes | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 11 Members Present;4 Members Absent | 10 Members Approved;4 Members Absent;1 Member Abstained | 10 Members Approved5 Members Absent | 10 Members Approved5 Members Absent | 10 Members Approved5 Members Absent | 10 Members Approved5 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, February 12, 2025, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey; Emily Cooper; Dean Harold Cox; Liz Evans; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

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

Commissioner Goldstein called the meeting to order at 9:06 am and made opening remarks before reviewing the docket.

Mary Moscato left the meeting at 10:15 am.

Emily Cooper left the meeting at 11:00 am

Eduardo Haddad left the meeting at 11:30 am

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

**Black History Month**

In honor of Black History Month, Commissioner Goldstein paid homage to Dr. William Augustus Hinton, a trailblazer in public health. The William A. Hinton, MD, State Laboratory Institute in Jamaica Plain bears his name. Dr. Hinton’s story is one of remarkable perseverance, determination, and achievement. The Commissioner spoke of Dr. Hinton’s many achievements including defying the restraints of racial prejudice while going on to graduate from Harvard Medical School, with honors, in 1912. Dr. Hinton turned to research when racial prejudice would not allow him to be accepted into any of Boston’s hospital clinical training program. Dr. Hinton’s skill and expertise in the laboratory coupled with advances in bacteriology led to a growing demand for diagnostic services in the State Laboratories. He remained keenly interested in figuring out a better way to test for the syphilis bacterium, spirochete. He later created a simplified technique in diagnosing syphilis which was to be known as the Hinton Test, and later a global standard for testing. He authored the first medical textbook by a Black physician, “Syphilis and Its Treatment.” He taught at many prestigious institutions, including Harvard Medical School, while continuing his research work, despite the barriers he faced as a Black man during the Jim Crow era. Commissioner Goldstein said the best tribute to Dr. Hinton is to continue breaking down barriers and advancing health and well-being and equity in the Commonwealth.

**Working Groups**

Commissioner Goldstein provided an update on the progress of the working groups that Governor Healey convened last year in the wake of Steward Health Care’s closure of Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer. These working groups were tasked with identifying health care gaps in the communities most affected by these closures and providing recommendations for addressing the problems. Members of the working groups include health care industry leaders, union representatives, elected officials, social service organization representatives, and community members. The Dorchester Working Group is co-chaired by Dr. Bisola Ojikutu, Commissioner of Public Health for Boston, and Michael Curry, President and CEO of the Massachusetts League of Community Health Centers. This group has been meeting since October, reviewing community needs, assessing data, and identifying unmet health concerns. Community members have had multiple opportunities to provide perspectives and opinions through public listening session, direct outreach a door-knocking campaign, and engagement at various events in the Dorchester region. The Dorchester Working Group expects to provide short- and long-term recommendations to Governor Healey and Mayor Michelle Wu next month. Similarly, the Nashoba Valley Working Group, co-chaired by Joanne Marqusee, Assistant Secretary in the Executive Office of Health and Human Services, and Robert Pontbriand, Town Manager of Ayer, has met regularly for the last five months. The issues most pressing in North Central Massachusetts are somewhat different from those of the more urban Dorchester region. One of the greatest concerns highlighted in the Nashoba Valley group has been the impact of the hospital’s closure on emergency medical services in the region, specifically the increased transport time to emergency departments that are further away. Because of these longer transport times, EMS vehicles are not always readily available when a call comes in. This situation is challenging for patients and families who need emergency care, and it also takes a toll on first responders. In addition, the closure of Nashoba Valley Medical Center has increased patient activity at other hospital emergency departments in the region, resulting in longer waits. In December, UMass Memorial Health CEO Dr. Eric Dickson announced that in response to the need for emergency services, UMass Memorial is planning to develop a standalone emergency department in the region and is currently reviewing possible locations for such a facility. Unfortunately, the former Nashoba Valley Medical Center building, which was the preferred option, will not work out as a possible site. Nevertheless, the forthcoming standalone emergency department is great news for the region. Realistically, the planning, regulatory approval process, and construction will take about two years before a new standalone emergency department can open. The need to find temporary solutions to transportation and emergency care challenges will continue to be a focus. The Nashoba Valley Working Group expects to deliver a report to Governor Healey and local officials in the coming weeks.

**Influenza**

Commissioner Goldstein shared a brief update on influenza. There is a continued rise in seasonal influenza in Massachusetts in the past few weeks and the Department has raised its estimated severity level from low to high as it receives reports of an increase in cases in the state. The Department continues to strongly recommend vaccination. It remains the best way to prevent serious illness from COVID-19, influenza and RSV. COVID and flu vaccines in Massachusetts are available in a wide variety of health care settings including pharmacies, primary care provider offices, community health centers, mobile vaccination clinics, and local health department and community sponsored clinics. DPH also offers an In-Home Vaccination Program for COVID-19 and Flu, which is available for anyone who has difficulty getting to or using a community vaccination location. Commissioner Goldstein urged us to continue to practice core respiratory illness prevention strategies in addition to vaccination.

**Avian Flu**

Commissioner Goldstein said evidence suggests that H5N1 avian flu is widespread in wild birds in Massachusetts, and multiple communities have reported wild bird mortalities. MassWildlife has estimated that approximately 500 to 1,000 wild bird deaths, likely due to avian flu, have been reported around the state. There was also a 30-bird domestic poultry flock in Plymouth County that was infected. Risk to the general public from the H5N1 avian flu virus remains low.

However, people who have direct contact with infected animals can be exposed and may rarely become ill. Across the U.S., 67 people have tested positive and most the cases were generally very mild. There have been no confirmed human cases in Massachusetts. Although the risk to people is low, he hopes people have awareness of the presence of the virus in wild birds and to know how they can help protect themselves. The Department is asking people to avoid contact with sick or dead wild birds and to report their observations of these birds to MassWildlife through their on-line reporting form. People who own backyard bird flocks are advised to keep their birds indoors to prevent contact with wild birds. If owners identify signs of illness or death in their backyard poultry, they should contact the Massachusetts Department of Agricultural Resources to determine if testing is necessary. Domestic cats are very susceptible and can become seriously ill. We recommend that people keep their pets, especially cats, from having contact with wild animals. Also, pets should not be fed raw milk, raw pet food, or uncooked poultry. Lastly, people with flu-like symptoms, particularly with conjunctivitis, and have been in contact with sick or dead animals, should contact their healthcare provider or The Department of Public Health.

**Pappas Rehabilitation Hospital for Children**

Commissioner Goldstein said the Department will be improving the care that we deliver to youth across the state with complex medical conditions by relocating the services of Pappas Rehabilitation Hospital for Children to Western Massachusetts Hospital. This change will enable DPH to provide higher acuity care, such as mechanical ventilation services, for the patients we have a responsibility to serve, while managing state resources effectively over the long term to best meet the needs of patients in the midst of a challenging financial landscape. He acknowledged the shared loss of the complementary services and community that have been possible at the Canton campus, including educational, rehabilitative, and animal-assisted therapy opportunities, as well as the historical connection of the disability community to this campus. The Department is working with all families at Pappas on next steps and is committed to supporting all affected staff in maintaining or securing employment as this transition takes place over the course of 2025.

**Administration Change**

Commissioner Goldstein said that the launch of the new Trump Administration has sparked questions and discussions at DPH about how to respond, prepare and adapt to fulfill the public health mission in the Commonwealth. The barrage of executive orders and changes in these initial weeks have created a challenging and uncertain environment for public health agencies across the nation. In particular, the restrictions on information and the removal of vital health guidance from the CDC website on topics such as HIV and LGBTQ+ care have the potential to jeopardize the health of some of our most vulnerable populations. These shifts do not change the values that have driven this Department including the pursuit of health equity, the elimination of disparities in health, and the protection of public health for all. DPH will continue to guide this work. The impact of these executive orders are still unclear, and the Department is mindful that it may need to be creative in adapting strategies, or changing the words chosen to describe programs, or finding new funding sources for crucial initiatives. The commitment to serving individuals and communities in Massachusetts is unshakable. DPH will continue to provide accurate, comprehensive health information to Massachusetts residents and communities, advocate for equitable access to health care and health resources, support vulnerable populations, including LGBTQ+ individuals, racial minorities, those with disabilities, children, and older adults, and maintain our strong commitment to science and evidence-based decision-making. Navigating this rapidly shifting landscape, DPH will remain vigilant and proactive in identifying areas in which it can step in to fill gaps created by federal policy changes. In addition, we will leverage the state’s robust public health infrastructure and valuable long-standing partnerships to protect and promote the health of all Massachusetts residents.

Commissioner Goldstein asked if there were any questions.

Ms. Moscato was grateful for the background about Dr. Hinton and asked what is the population of patients at Pappas Rehabilitation Hospital being transferred to Western Mass.

Commissioner Goldstein said there are 36 patients at the campus in Canton, many of them 22 years old or older. They are being placed in residences and 25 of them will transfer to the medical facilities of Western Mass.

Ms. Moscato shared that Massachusetts Health and Hospital held its annual meeting recognizing those that have gone above and beyond for the State, and that Commissioner Goldstein was recognized with the Health and Hospital Hero Award.

Mr. Landers asked if gender affirming healthcare has been affected in Massachusetts due to the current policies around it.

Commissioner Goldstein said there is a lot of discussions between clinics, caregivers, and families concerned about the future of care for transgender people and youth. He said there is a commitment across the board to stay true to the values that are intrinsic in Massachusetts to protect the rights of transgender people.

Mr. Landers was concerned about the protection of providers of reproductive healthcare in Massachusetts and asked if the Commissioner feels that our current laws are sufficient to protect these providers.

Commissioner Goldstein said DPH, their legal teams, and the Attorney General’s Office are watching the implication of national lawsuit cases. He said we have strong shield laws in place to protect providers of reproductive healthcare as well as gender affirming care. He said that the Department of Public Health codified the Shield Laws into the regulations of the boards that sit under the Bureau of Health Professions Licensure to add a stronger protection for the providers, and all healthcare workers.

Dr. Bernstein mentioned the story of Dr, Hinton and regretted the years of exclusion that could have offered many more talented professionals like Dr. Hinton. He fears the new federal DEI policies will be a return to the same inequity as well as the attacks on the immigrant population will lead to a new Jim Crow era.

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

*c. January 15, 2025 Minutes* ***(Vote).***

Commissioner Goldstein asked if there were any changes to the January 15, 2025, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the January 15, 2025, minutes.

Mr. Landers made the motion, which was seconded by Dr. Volturo. Dean Cox abstained. All other present members voted to approve the minutes.

**2. DETERMINATION OF NEED**

*a. Request by West Bridgewater MA Endoscopy ASC, LLC for a Substantial Change in Service and Transfer of Site* ***(Vote).***

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for West Bridgewater MA Endoscopy ASC, LLC’s request for a substantial change in service and transfer of site. He was joined by Jaclyn Gagne, Chief Deputy General Counsel.

Following the presentation, Commissioner Goldstein asked if there were any questions from the council members.

Ms. Moscato had questions in three areas: ownership, public health collaboration within the community, and the size and scope of the new facility. She began by asking the applicant to clarify the ownership.

Mr. Chris Fenore, Director of Operations, Massachusetts, AmSurg said that 51% of ownership is AmSurg, which is Ambulatory Surgery Center Management, and 41% is owned by the physicians.

Ms. Moscato asked if the percentage of ownership will remain the same with the new facility.

Mr. Fenore confirmed that will be the case.

Ms. Moscato mentioned the collaboration in the community and intention to strengthen relationships pointed out often in the application noting Morton, Good Samaritan, and Brockton hospitals in the community of West Bridgewater. She asked if the physicians have a relationship with these hospitals, if they are on staff, and if the collaboration between the full continuum of care with the ambulatory surgery center hospitals, health care centers and they see that advancing in the future.

Howard Salomons, MD, Medical Director, Commonwealth Endoscopy Center said they have covered Brockton Signature Healthcare and Morton Hospital in Taunton over 20 years and are on staff there.

Ms. Moscato said it’s important in the healthcare systems to have strong relationships throughout all levels of healthcare.

Dr. Salomons said this endoscopy center has been open for 28 years, servicing both the Taunton and Brockton areas as well as Bristol and Plymouth counties. They have had a great relationship with the local facilities and hospitals including Signature Healthcare, Morton Hospital and Good Samaritan Medical Center. They have transfer agreements with these hospitals should they encounter difficulties with procedures at their facility. They have experienced some difficulties through the Steward Healthcare problem which affected Good Samaritan and Morton Hospital, and the fire at Brockton Hospital. Because their volume has increased, they want to expand to continue to serve these communities and offer an alternative should the healthcare system see another trauma like Steward Healthcare. He said that their payer mix parallels the demographics of the Taunton and Brockton communities.

Ms. Moscato asked if four procedure rooms will be enough in 2029 when they have more than 13,000 cases.

Dr. Salomons predicts that they will do 3,000 cases a room per year, which translates to 12 to 13 procedures per day, per room. That is the equivalent to what they do now.

Dr. Carey noted that the 51% ownership by AmSurg, a large management company serving over 250 ASCs in over half the states and 41% is CEC, the physician group. She had concerns with physician ownership which have often been self-referral and treating more risky patients with implications for quality. But she said it’s interesting that the physician owners are the minority interest, and the controlling interest is AmSurg. She asked how on a day to day basis are these interests aligned when it comes to patient quality.

Mr. Fenore said that AmSurg, a Nashville based company, hoped to align operations better and created a local Massachusetts manager in their restructure. He said AmSurg offers back end support freeing the doctors up to do patient care. He mentioned many resources like HR, legal and others that are run by AmSurg and he as the point person.

Dr. Salomons said they have partnered with AmSurg for 16 years with a very good relationship. AmSurg has been a great partner in helping to provide quality care for the people of the Commonwealth.

Dr. Carey questioned the projected increase in nurses at the new facility, which is more than doubled. She asked how they were planning on bringing this increase in nurses on board.

Dr. Salomons said from the clinical side they anticipate an increased need for full-time nurses staff in the pre-op and discharge post-op areas. They will increase from 6 bays to 12 bays, 6 pre-op and 6 post-op.

Dr. Carey said she understood the need for more nurses but asked if they will be able to fill the open positions.

Dr. Salomons said they have a decent sized per diem pool where they can gather nurses.

Ms. Blondet questioned how West Bridgewater MA Endoscopy intended to handle the navigation of patients from the point of referral to discharge, and after, considering that they are serving possibly the most diverse communities in Massachusetts. She wanted to know how they will navigate a multi linguistic, socio-economically diverse community.

Dr. Salomons said they have a full complement of services to help their patients. They have translational services for non-English speakers. They make sure that the patient has the proper follow up information after discharge.

Ms. Blondet wanted to know how they can be sure that patients don’t fall through the cracks, as is often the case with the Medicaid population. She explained she was not asking about strategies only about non-English speakers and language, but LGBTQ patients that may need another level of support.

Dr. Salomons said they work with the primary care physicians who receive reports of the procedures that were done. They try to get the patient into whatever other services they may need. Discharge nurses help with the post procedure process along with upfront administrative care that arranges some appointments before the patient leaves the facility.

Mr. Fenore said they reach out to a referred patient, and it may be difficult to reach them so there is communication with the PCP to help get a procedure scheduled. On post-procedure, the patient is helped with next steps.

Dr. Bernstein said he didn’t see any mention of anesthesiologists for the center.

Dr. Salomons said for the present 2 room facility, there are 3 anesthesia personnel on site. They also have another anesthesiologist doing pre and post operative care. Should an emergency arise the CRNAs and the anesthesiologist work together. Prior to EMS arriving, they are able to stabilize the patient, if elderly, or with a higher ASA score in a way they wouldn’t be able to do without the anesthesiologists who are also capable of intubating a patient. EMS is down the street and are there within minutes. They have a transfer agreement with all three local hospitals within minutes to emergency rooms.

Dr. Bernstein asked if they provided Uber Health for people that don’t have transportation.

Mr. Fenore said they are exploring situations to use Uber Health.

Dr. Bernstein asked how they are prepared to handle possible cutbacks in Medicare and Medicaid.

Mr. Fenore said they accept referrals from PCPs and specialist and try to stay payer blind. They are there to care for the patients in the community, provide access to efficient, low cost healthcare and accommodating the Medicare population is part of that.

Dr Bernstein specified that he was speaking about radical changes in the marketplace. The flow of funds will not be the same. As a 51% owner this is a risk if money is being lost.

Mr. Fenore said they have to adapt and adjust and stay true to their core values.

Ms. Blondet suggested that they consider the community health worker model to effectively address the non-medical needs of their clients. A good community health worker can help a client to navigate through a very complex system. Post intervention will help clients adhere to appointments by reminders, transportation, and language services.

With no further questions, Commissioner Goldstein asked if there was a motion to approve West Bridgewater MA Endoscopy ASC, LLC’s request for a substantial change in service and transfer of site.

Dr. Haddad made the motion which was seconded by Dr. Carey. All present members approved.

**3. FINAL REGULATIONS**

*a. Request to promulgate amendments to 105 CMR 130.000, Hospital licensure* ***(Vote).***

*b. Request to promulgate amendments to 105 CMR 140.000, Licensure of clinics* ***(Vote).***

*c. Request to rescind 105 CMR 142.000, Operation and maintenance of birth centers* ***(Vote).***

Commissioner Goldstein invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality, to present an overview of proposed amendments to the Department’s regulations regarding hospital licensure, clinic licensure, and birth centers.

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

Dr. Bernstein commented that the regulations for birth centers is a step toward reproductive rights, improving child mortality and health equity.

Mr. Landers concurred with Dr. Bernstein.

With no further questions, Commissioner Goldstein asked if there was a motion to promulgate amendments to 105 CMR 130.000, Hospital licensure.

Dr. Volturo made the motion which was seconded by Dr. Bernstein. All present members approved.

Commissioner Goldstein asked if there was a motion to promulgate amendments to 105 CMR 140.000, Licensure of clinics.

Dr. Bernstein made the motion which was seconded by Ms. Blondet. All present members approved.

Commissioner Goldstein asked if there was a motion to rescind 105 CMR 142.000, Operation and maintenance of birth centers.

Ms. Blondet made the motion which was seconded by Mr. Landers. All present members approved.

**4. PRELIMINARY REGULATIONS**

*a. Overview of proposed amendments to 105 CMR 125.000, Licensing of radiologic technologists.*

Commissioner Goldstein invited Kris Callahan, Director of Policy and Regulatory Affairs for the Bureau of Climate and Environmental Health, to present an overview of proposed amendments to the Department’s regulations regarding licensing of radiologic technologists.

Commissioner Goldstein mentioned remarks he made last month about Reducing Barriers to Entry work. He said DPH is fully committed to making necessary changes to our testing and licensure processes in order to encourage people across the state to join the health care workforce, to ease the bureaucratic burden for those who do, and to build career ladder pathways for those who are interested in a long term career in health care. Just as the Bureau of Health Professions Licensure identified solutions to streamline and simplify customer-facing processes for critical workforce categories, the Bureau of Climate and Environmental Health has identified a regulatory solution to enhance the radiologic technologist workforce, recognizing that a lack of workforce can often lead to healthcare capacity concerns.

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

Mr. Landers asked what the guiding principles were in attempting to expand access.

Jack Priest, Director of Radiation at the Division of Radiation Protection, said they had discussions with the Commissioner’s Office about needs and how to streamline and take some of the burdens off of emergency room care. Because of long waits in the ER for non-critical emergencies like fractures, it became essential to move them to urgent care. They wanted to increase the capacity of individuals that can perform that. He felt it was important to develop a career laddering where someone could start down the pathway, obtain a limited scope license and provide opportunity in practice with the ability to do a more advanced practice. He said there are opportunities to work with the Massachusetts Society of Radiological Technologists and community colleges to further develop successful career pathways for entry into the healthcare field.

Dr. Volturo said that a limited license would not work well in an urgent care center and provided an example of why. He felt these limited licenses would work best in a hospital setting. He felt the changes were beneficial for opening up career pathways for people and to free up some positions.

Mr. Priest said they imagined they could free up positions with these amendments and used a podiatrist’s or chiropractor’s office where you won’t take up the time of a fully credentialed radiologic technologist (RT).

Dr. Volturo predicts that in the outpatient setting there will be specific offices for these credentialed people but doesn’t believe, because of the variety of injuries and illnesses, these specific qualifications are not prudent.

Ms. Blondet asked what the salary range would be for these career path employees.

Mr. Priest said it would vary across the state and where you live, and the position you eventually work in. He said a fully licensed RT earns $60.00 or more an hour.

Ms. Blondet felt that it was important to promote the salary while trying to attract recruits. She said her organization, the Massachusetts Association of Community Health Workers, is committed to creating a pathway system in every area of community health, and have created partnerships in behavioral health services, public health and even nursing.

Mr. Priest said he didn’t have the salary data with him but would provide it. He said like the Massachusetts Association of Community Health workers, his office, the Mass Society of Radiological Technologists and community colleges are developing an educational pathway to provide career opportunities and draw from the local communities.

With no further questions, the Commissioner moved to the next item of the docket.

1. **INFORMATIONAL PRESENTATION**
2. *Update on the Department of Public Health Strategy Map.*

Commissioner Goldstein invited Karen Cosmas, Senior Director of Strategy for the Department, to provide an update on the DPH Strategy Map.

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

Ms. Blondet noted her frustration as an outside entity with accessing DPH data, specifically that which concerns community health workers. She asked how data can be more accessible to everyone.

Ms. Cosmas answered that data accessibility is the underpinning philosophy of the of the Data Front Door workstream. She said throughout its implementation it’s become clear where gaps in the data exist. They have started to conduct gap analysis in this category. She is hopeful about the Healey Driscoll administration’s commitment to particular categories of workforce; they’ve named direct care, behavioral health and nursing as high priorities. Community health workers fall into that category. She is hopeful through collaboration with sister agencies, they will be able to provide the data Ms. Blondet is requesting.

Ms. Blondet said she was referring to data that DPH has already acquired but inaccessible to those outside DPH. She stated that demographic data is collected by DPH and very important to her programs, yet she cannot access it.

Commissioner Goldstein suggested that they have an ongoing conversation about this. He said the data that the Department has will take years to move into the data front door, not weeks. Prioritizing what data goes out and who is going to use it the most is the first step in this. Then more data will be able to be added.

Ms. Cosmas offered in the meantime to connect with Ms. Blondet to see where there may be roadblocks in her ability to access data.

Dean Cox said that the strategy map addresses things like infrastructure and workforce which he said is important, yet it is internal to the Department. He said public health in Massachusetts is more than DPH. It’s municipal groups as well as many community organizations. He suggested public health outside the department be elevated.

Commissioner Goldstein agreed. He said because of the vast amount of work that the department does, not everything can be represented on the strategy map or demonstrated in this meeting, but there are key performance indicators that are focused on the local health department workforce.

Ms. Cosmas emphasized the interconnectedness of this document and how it serves as a guidepost for their teams. The Office of Local and Regional Health is very involved in using the document for their own strategic work. She said you can see the influence of local public health in the data front door initiative as they prioritize the local public health data solution in entering those data into our enterprise data platform.

Mr. Landers asked that progress on the DPH Strategy Map be brought periodically to the Public Health Council.

Dr. Bernstein asked what was to be achieved collecting data of people that weren’t referred to DCF.

Commissioner Goldstein said there was a change in the “abuse and neglect” definition that DCF uses in its reporting. Previously, any pregnant person on a medication for opioid use disorder or using the opioids in other ways was reported to DCF. Now the medications for opioid use disorder, those individuals who are in recovery are not required to be reported to DCF. A pathway is being created at the Department of Public Health so those individuals that are in recovery, or who for any reason might have an infant with prenatal substance exposure, are known to the department, making sure they're getting the resources they might need.

Dr. Bernstein asked what the outcome measure would be.

Ms. Cosmas said it's the percentage of birthing facilities who are reporting to their pathway and meeting the data requirements outlined in federal guidance. This is not a program that is yet launched, but we look forward to being able to report those data in the coming year.

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 March 20, 2025 at 9:00 am.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. Volturo made the motion which was seconded by Ms. Blondet. All present members approved.

The meeting was adjourned at 11:48 am.