MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of February 14, 2023

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 14, 2024 – 9:00AM**

***Note: The February 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://us06web.zoom.us/j/83723256508?pwd=x0HykaMYYUQC2I7-RQJXp5EzEhgO3w.Oa_IGphmIONrGcRU>

Dial in Telephone Number: 929-436-2866 Webinar ID: 837 2325 6508

Passcode: 900388

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held January 10, 2024 **(Vote)**.
2. **REGULATIONS**
   1. Request to promulgate amendments to 105 CMR 430, *Minimum standards for recreational camps for children: State sanitary code chapter IV* **(Vote).**
3. **PRELIMINARY REGULATIONS**
   1. Overview of proposed amendments to 105 CMR 721, *Standards for prescription format and security in Massachusetts.*
   2. Overview of proposed amendments to 105 CMR 722, *Dispensing procedures for clinic and hospital pharmacies.*

*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 14, 2023 - Start Time: 9:10 am. Ending Time:10:17 am.

| **Board Member** | **Attended** | **First Order:**  **Approval of**  **January 10, 2023 Minutes (Vote)** | **Second Order:**  **Request to**  **Promulgate Amendments to 105 CMR 430**  **(Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Abstain | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes |
| **Michele David** | No | Absent | Absent |
| **Robert Engell** | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes |
| **Summary** | 13 Members Present;  2 Members Absent | 12 Members Approved;  2 Members Absent  1 Abstained | 13 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, February 14, 2023, 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; Secretary Elizabeth Chen; Dean Harold Cox; Alba Cruz-Davis; Robert Engell; Elizabeth 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 9:10 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Before addressing the docket, Commissioner Goldstein welcomed Governor Healey to the Public Health Council to share her remarks and concerns regarding the financial challenges of Steward Health Care and the potential impact of this situation on health care and public health in Massachusetts.

Commissioner Goldstein followed the Governor’s remarks by adding that the Healey-Driscoll Administration and DPH recognize the concern and worry that patients, families, and staff are experiencing. He emphasized the importance of hospitals to a community as an integral part of a larger safety net. He continued to say that DPH is responsible for overseeing the health and wellbeing of all residents by preserving access to safe and high-quality health care. He said this responsibility is taken seriously and pointed out what is being done to fulfill this obligation as the situation continues to evolve.

The Commissioner added that in the backdrop of the Steward issue, the health care system is already confronting unprecedented capacity constraints. Emergency Departments are operating above capacity while staffing shortages are challenging acute care and long-term care facilities. Primary care providers are experiencing backlogs, community health centers have unprecedented waitlists, and behavioral health services are limited in both ambulatory and inpatient settings. He said this situation is challenging and unsustainable.

He closed by saying that this is when Massachusetts, public health, and health care come together to do what’s needed. It will take a multifaceted, long-term approach involving collaboration with all segments of the health care infrastructure, all of government, and all community partners to do this hard, but important work well.

The Commissioner asked if there were any questions.

Dr. Haddad said being from Lawrence General Hospital and the Methuen/Haverhill area, he recognizes the worries that the health professionals and patients have and appreciates the way that DPH is facing this challenge. He fears if the Steward hospitals in that area close, the already vulnerable population will have nowhere to go. His hospital will extend its capacity to the utmost should the Steward hospitals close. He emphasized that the problem will be space for these patients and not the lack of will to care for them. He said as a physician and speaking for the Board at Lawrence General, that they are heavily engaged in this process and hope to be of future aid and support.

Commissioner Goldstein thanked Dr, Haddad and said that he is an example of the importance of regional support.

Ms. Blondet said as we worry about the administrative and legal consequences of these practices, there is anxiousness from those that are currently being cared for by these facilities. She believes that this is a perfect opportunity to tap into the resources that community health workers can contribute. She envisions community health workers to be able to be an informational resource, directing patients whose services may have been cut off to alternative options. She sees their informational role not necessarily through their community health facility, but more of a grassroots dispersion of information.

Commissioner Goldstein agreed that community health care workers and those in the community will be very helpful as DPH tries to get this message out, and that message is that we as a state and a Department are maintaining safety and quality in these facilities. The commitment that DPH needs to make to the community health workers is that they have the necessary information.

Ms. Blondet suggested that there should be a targeted message to this workforce of over 6,000 to view this as an emergency preparedness and clarify what their role is.

Mr. Landers mentioned the importance of assessing equity as the potential impact on the system is considered. He said in this case, it is the geographic access and cost of services and whether there will be a differential impact on low-income people in terms of what the current cost to them is versus the potential new costs.

Commissioner Goldstein added that the Steward facilities have a roughly 70 percent

payer mix meaning, that percentage of patients coming into the facilities are on Medicare or Medicaid. He said these are highly vulnerable populations that are typically in neighborhoods with known inequities. He said they are thinking carefully to move forward considering the needs of health equity.

Dr. Bernstein said we are possibly facing a public health crisis. He asked because of this, what powers do we have to put Steward in receivership or demand accountability. He questioned the place of private equity companies and their place in health care. He quoted from an article in JAMA saying that there was a 25% increase in adverse events under private equity facilities compared to non-profit facilities.

Commissioner Goldstein said they are learning a lot through this. He feels DPH is doing our due diligence with the experience of past public health emergencies and we are thinking through with other people and agencies throughout state government about resources and legal authorities needed.

Commissioner Goldstein proceeded to update the council on the following:

**Health in the Commonwealth Report**

Commissioner Goldstein said last month, the Registry of Vital Records and Statistics (RVRS) published a new report: “Health in the Commonwealth: Mortality, Premature Mortality, and Life Expectancy by Census Tract, 2012 – 2021.”

Analysis of death data based on similar sized population areas shows historically based health inequities throughout the Commonwealth. It demonstrates large areas of the Commonwealth experience above-average health, while poorer health is shown to be concentrated in and immediately around cities, especially gateway cities. Also found was health can change by blocks within cities and towns and that the health of residents of color depends on mor than just place.

He said reports like this are essential for identifying where to intensify health equity efforts and for appropriately allocating resources.

**New Marriage Forms**

Commissioner Goldstein announced RVRS recently issued new marriage forms for the Commonwealth initiated through the 21st Century Modernization Project, with updates to eliminate the “sex of party” fields and to make field labels and language more inclusive.

**Budget Highlights**

Commissioner Goldstein said on January 24, the Healey-Driscoll Administration filed its Fiscal Year 2025 budget recommendation of $967.3 million which includes the following:

* $31.8 toward the work-force at DPH hospitals in response to fiscal strain, staffing vacancies, and need for temporary staff;
* $6 million for the 988 crisis lifeline and suicide prevention program;
* 3.6 million for the school behavioral health program; and
* $1 million for the new doula certification program.

The budget also includes language to address requesting amendments to marriage certificates to remove the sex field, enabling pharmacist administration of some therapeutic interventions, increasing the amount of certain medications that can be dispensed, accessing data for the MA Maternal Morbidity and Mortality Committee, and expanding expedited partner therapy to all treatable sexually transmitted infections.

**Other Legislative Updates**

Commissioner Goldstein said the Massachusetts Senate released its version of a gun violence prevention bill, the Safer Act. The bill includes more public health framing and several measures important to the Department:

* A directive requiring the State Police to enter into an interagency agreement with DPH for the purpose of sharing gun data received by State Police, which would allow DPH to enter into data sharing agreements with researchers for the purpose of advancing gun violence prevention in the Commonwealth;
* Establishing a Violence Prevention Services Commission and naming DPH as a participant;
* A provision adding a representative of both a suicide prevention program and of a sexual and domestic violence program to the commission on federal funding for violence prevention; updates to the state’s ERPO statute; and
* A directive to DPH to develop a pilot program to promote equity to gun safety awareness and firearm licensing education, prioritizing communities that experience barriers to accessing culturally competent and geographically accessible educational resources.

**Photovoice Project at State House**

Commissioner Goldstein said he spoke at an event celebrating the Massachusetts HEALing Communities Study PhotoVoice Exhibit at the State House. The showcase “Voices of Resilience: The Opioid Crisis Through the Lens of Individuals with Lived Experience” showcased photography and narratives featuring perceptions of what drives the opioid crisis and what can help. He shared data and background on the overdose crisis and how DPH is using that information toward overdose prevention and addiction treatment.

**Student Health Policy Forum**

Commissioner Goldstein said also last month, DPH hosted the Massachusetts Health Policy Forum (MHPF) Annual Student Forum giving advanced graduate students in public health, medicine, and health policy the chance to learn more about health policy in state government.

**MHA Annual Meeting**

Commissioner Goldstein participated in the Annual Meeting of the Massachusetts Health and Hospital Association, speaking on a panel focused on the impact of climate change on health care – “The Future of Climate: Health Care’s Central Role.” He said it’s critical that public health and health care focus on the effects of climate change on health and environment in our state.

**Update on Emergency Assistance**

Commissioner Goldstein provided an update on DPH’s work supporting the emergency assistance program.

The Department operationalized weekly vaccination clinics at two Family Welcome Centers where families experiencing homelessness are connected to essential services and shelter. The clinics will provide seasonal flu and COVID-19 vaccines at a critical time in the respiratory illness season.

A new temporary safety net site for families that are on the emergency assistance waitlist opened at the Melnea Cass Recreation Center in Roxbury. DPH Rapid Response Team nurses have been providing onsite clinical triage for urgent and emergent issues and connecting family members to local community health centers for care as needed. This site was supported by F.O.R. Families, a home visiting program for families transitioning from homelessness to stable housing.

DPH staff identified additional ways to support families unable to find overnight shelter space. Staff have collected more than 250 blankets for these families.

**Respiratory Illness Season**

Commissioner Goldstein reminded us that we are still in the respiratory illness season and still seeing COVID-19, flu and RSV in our communities.

ED visits and hospital admissions are stable or slightly decreased in the past few weeks for flu and COVID-19 and hospital occupancy remains high.

Though the severity of the peak of respiratory illness is unknown, it is not too late to get vaccinated.

**Black History Month**

Commissioner Goldstein highlighted that February is Black History Month and an opportunity to recognize and honor the contributions of Black people throughout the history of the Commonwealth and nation. He said Black history is US history and must be celebrated every month. It is foundational to the work at DPH.

Black public health workers, from Bailus Walker, Jr., the first Black Commissioner of DPH, to the many across the department today, have helped shape the work the department does. He said Black leadership has been instrumental in pushing DPH to lead with a racial equity lens and address the structural and systemic root causes of health inequity, a core commitment of the Department.

Commissioner Goldstein asked if there were any questions.

Mr. Landers lauded the updating of the marriage certificates saying it was a major victory for the LGBTQ+ community while making people visible and feel included.

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

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

*c. January 10, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the January 10, 2023, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the January 10, 2023, minutes.

Dr. Haddad made the motion, which was seconded by Ms. Moscato. Ms. Blondet abstained. All other present members voted to approve the minutes.

**2. REGULATIONS**

1. *Request to promulgate amendments to 105 CMR 430, Minimum standards for recreational camps for children: State sanitary code chapter IV* ***(Vote)****:*

Commissioner Goldstein invited Kris Callahan, Director of Policy and Regulatory Affairs for the Bureau of Climate and Environmental Health (BCEH), to present a request to promulgate final amendments to the Department’s regulations regarding minimum standards for recreational camps for children.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Dr. Bernstein asked how many camps are covered under these regulations.

Kerry Wagner, Field Supervisor with the Community Sanitation Program, said they depend on the local boards of health to report to BCEH the number of camps they have licensed and in 2022 the number was 978 camps.

Dr. Bernstein asked how often the camps are monitored to ensure compliance.

Ms. Wagner said that the local boards of health are responsible for camp inspections. BCEH will do spot-check inspections or respond to emergencies.

Mr. Engell asked if there were financial analysis done on impact to the local camps as these regulations come forward as many of our camps are non-profits and profit margins aren’t great.

Mr. Callahan said in the regulatory review process they go over regulatory impact statements and analysis to determine if these regulations would create a financial burden on camps.

With no further questions, Commissioner Goldstein asked if there was a motion to approve the request to promulgate final amendments to the Department’s regulations regarding minimum standards for recreational camps for children.

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

1. **PRELIMINARY REGULATIONS**
2. *Overview of proposed amendments to 105 CMR 721, Standards for prescription format and security in Massachusetts.*

*b. Overview of proposed amendments to 105 CMR 722, Dispensing procedures for clinic and*

*hospital pharmacies.*

Commissioner Goldstein invited Lauren Nelson, Deputy Director for the Bureau of Health Professions Licensure, to present an overview of proposed amendments to the Department's regulations regarding standards for prescription format and security, and dispensing procedures for pharmacists.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Ms. Moscato asked whether the amendment to105 CMR 722 to add the definition of “hospital” was for both acute and non-acute hospitals.

Ms. Nelson confirmed the definition included both.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next meeting is scheduled for Wednesday, March 13, 2023, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Ms. Blondet made the motion which was seconded by Secretary Chen. All present members approved.

The meeting was adjourned at 10:17 am.