MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of January 11, 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, January 11, 2023 – 9:00AM**

***Note: The January 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 due to COVID-19.***

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

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1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held December 14, 2022 **(Vote)**.
2. **REGULATIONS**
	1. Request to promulgate amendments to 105 CMR 700, *Implementation of MGL c.94C* **(Vote).**
3. **PRELIMINARY REGULATIONS**
	1. Overview of proposed regulations 105 CMR 800, *Registration of Sanitarians* and 105 CMR 801, *Certified Health Officers.*
4. **INFORMATIONAL PRESENTATIONS**
	1. Overview of Massachusetts Services for Older Adults.

*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: January 11, 2023

Start Time: 9:03 am Ending Time: 11:00am

| **Board Member** | **Attended** | **First Order: Approval of December 14, 2022 Meeting Minutes (Vote)** | **Second Order: Request to Promulgate Amendments to 105 CMR 700, Implementation of MGL c.94C (Vote)** |
| --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Abstain | Yes |
| **Kathleen Carey** | Yes | Abstain | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Absent | Absent | Absent |
| **Michele David** | Yes | Absent | Yes |
| **Elizabeth Evans** | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Secretary Cheryl Poppe** | Yes | Abstain | Yes |
| **Gregory Volturo** | Yes | Yes | Yes |
| **Summary** | 13 Members Present;2 Absent | 9 Members Approved;3 Abstained; 3 Absent | 13 Members Approved;2 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, January 11, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey, PhD; Secretary Elizabeth Chen, PhD; Dean Harold Cox; Michelle David, MD; Elizabeth Evans, PhD; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Secretary Cheryl Poppe, and Gregory Volturo, MD.

Also in attendance was Rebecca Rodman, General Counsel at the Massachusetts Department of Public Health.

Dr. Eduardo Haddad arrived at 9:06 AM

Dr. Michelle David arrived at 9:20 AM

Secretary Cheryl Poppe left the meeting at 10:30 AM

Commissioner Cooke called the meeting to order at 9:03 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**Inauguration**

Commissioner Cooke said the Commonwealth celebrated the inauguration of Governor Healey and Lieutenant Governor Driscoll and DPH looks forward to working with the new administration.

**2022 Accomplishments**

Commissioner Cooke reported several noteworthy DPH accomplishments from 2022, including:

* Expansion of vaccination and treatment for COVID-19.
* Distribution of 700,00 naloxone doses since 2007, while training of over 3,200 people in naloxone response and distributing 100,00 fentanyl test strips, in response to the opioid epidemic.
* DPH mobilized to respond to the m-pox outbreak with testing, detection, prevention, and vaccine management.
* During a national shortage of infant formula, the Nutrition Division worked with WIC to address supply challenges.
* The four public hospitals run by DPH navigated changes in health care operations showing many improvements,
* The SANE program expanded Pediatric SANE services and moved its Pediatric SANE training online,
* The Suicide Prevention Program implemented the 3-digit National Suicide Prevention Lifeline, 988.

**New Health Professions Coming to DPH**

Commissioner Cooke announced that DPH completed the transfer of 13 professional licensure boards from the State Division of Occupational Licensure.

**Reminder – Get Boosted**

Commissioner Cooke reported the “Get Boosted” campaign has administered over 48,000 doses since October 24th with the majority of these going to Black, Indigenous, and people of color (BIPOC) communities. With this success, the campaign has been extended to March of 2023.

**News - $9 Million for Low Threshold Housing**

Commissioner Cooke announced $9 million in grants to six organizations with extensive experience providing low-threshold and Housing First models, to expand access to temporary low-threshold housing and support services. She emphasized the importance of stable housing in public health for those struggling with addiction, mental health needs, or chronic illness.

**News - $15 Million CHC Funding**

Commissioner Cooke shared the announcement of $15 million in funding for Massachusetts Community Health Centers (CHCs) coming from the American Rescue Plan Act (ARPA) which will be allocated to 24 CHCs to promote primary care workforce development, recruitment, and retention.

**News - $4.1 Million for Reproductive Health**

Commissioner Cooke said DPH announced last month, $4.1 million in grants to 11 community-based organizations and health care providers in the Commonwealth to improve access for reproductive health including abortion care. Grantees will use the funds to expand access to abortion services in new regions in the state, increase telehealth for abortion care, train providers, and improve outreach.

**Healthcare Capacity**

Commissioner Cooke addressed the topic of healthcare capacity. She reminded the Council that an agreement was reached among health plans, nursing facilities and hospitals to help alleviate capacity issues. For example, for 90 days starting on December 9th, health plans agreed to waive prior authorization for admissions from acute care facilities to sub-acute and rehabilitation facilities, while nursing facilities agreed to extend their admissions hours, and hospitals agreed to start discharges early in the day. Although there is much more to be done, in just one month since the start of this agreement, a positive impact has been seen.

Upon conclusion of the updates and presentation, Commissioner Cooke asked if the members had any questions.

With no questions, Commissioner Cooke turned to the docket.

**1. ROUTINE ITEMS**

*c. December 14, 2022 Minutes* ***(Vote)***

Commissioner Cooke asked if there were any changes to the December 14, 2022, minutes.

Dr. Bernstein requested that his final comment from the last PHC meeting regarding healthcare capacity be added to the December minutes.

Commissioner Cooke asked if there was a motion to approve the December 14, 2022, minutes as amended.

Secretary Chen made the motion, which was seconded by Mr. Landers. Ms. Blondet, Dr. Carey, and Secretary Poppe abstained. All other present members approved.

**2. REGULATIONS**

1. *Request to promulgate regulations 105 CMR 700, Implementation of MGL c.94C (****Vote****)*

Commissioner Cooke invited Lauren Nelson, Acting Deputy Director for the Bureau of Health Professions Licensure, to present a request to promulgate amendments to the Department’s regulations regarding the Drug Control Program.

At the conclusion of the presentation, Commissioner Cooke asked if the members had any questions.

Mr. Landers asked why terminology changed from scientific laboratory to analytical laboratory.

Ms. Nelson replied it was simply to align with terminology in federal regulations, so the state registration and federal registration have the same name.

Dr. Bernstein asked if there were any changes in regulations regarding naloxone or Narcan. He was concerned whether ordinary citizens should have the ability to acquire it without a prescription and distribute it.

Ms. Nelson explained that anyone can get naloxone at the pharmacy without prescription. They can use their name to get insurance coverage or purchase it out of pocket should they wish to stay anonymous. She mentioned that the new regulation clarifies that municipalities do not require registration prior to purchase. She added that the regulation outlines how anyone can administer naloxone, EpiPens, rescue inhalers in an emergency.

Ms. Blondet asked what the cost of naloxone is if one were to pay out of pocket.

Diedre Calvert, Director of the Bureau of Substance Addiction Services answered that she believed the cost is around $75 but she will confirm it.

Ms. Nelson mentioned that the FDA received an application for over-the-counter sale of naloxone, which they anticipate approving this year.

Commissioner Cooke asked Ms. Calvert to speak to the different organizations that have distributed naloxone and the ability for people to acquire it through those channels.

Ms. Calvert spoke of the Community Naloxone Program for community organizations to get naloxone. There is the Overdose Education and Naloxone Distribution Program (OEND) which distributes naloxone in conjunction with the safe syringe program.

Ms. Blondet mentioned the Massachusetts Association of Community Health Workers, which trains community health workers on administering naloxone and making it available to clients. She stated that she would like to see the 5,000 or more community health workers be a critical workforce in the distribution of efforts for naloxone.

Ms. Calvert responded that they would encourage such a collaboration. She said community health workers, recovery coaches and others have been covered under the standing order as individuals who are able to possess and administer naloxone.

Secretary Poppe applauded the work on these regulations as it helps to save lives and the lives of Veterans.

Mr. Landers announced that he had researched to find that the cost of naloxone is about $37 and change.

Dr. Volturo said it was about $80 covered by Medicaid.

With no further questions, Commissioner Cooke asked for a motion to promulgate regulations 105 CMR 700, Implementation of MGL c.94C.

Dr. David made the motion which was seconded by Dr. Bernstein and approved by all other present members.

**3. PRELIMINARY REGULATIONS**

1. *Overview of proposed regulations 105 CMR 800, Registration and Sanitarians* and*105 CMR 801, Certified Health Officers*

Commissioner Cooke invited Sam Wong, Director of the Office of Local and Regional Health, to present an overview of proposed regulations regarding Sanitarians and Certified Health Officers.

Upon conclusion of the presentation, Commissioner Cooke asked the council members if there were any questions or comments.

Dean Cox asked how many Registered Sanitarians and Certified Health Officers are there.

Mr. Wong said there are currently just under 300 licensees of the two credentials combined.

Dean Cox asked if there was a push to have more licensees and if so, he went to on ask how it is happening.

Mr. Wong said they are streamlining the process and making it easier for applicants to obtain a license without lowering standards. Second, they are releasing the phase 1 performance standards for local health which will include the workforce standards adopted by the special commission in the blueprint document including a recommendation to have the registered sanitarian (RS) credential for anyone that is administering any environmental health programs or conducting any environmental inspections and recommending that agency management have the certified health officer (CHO) credential.

Dean Cox thanked Mr. Wong and emphasized the importance of the work he has done.

Mr. Landers agreed that the consolidation of this licensure within DPH is a good idea. But he asked to what extent does DPH believe that this will or will not ease the financial barriers that some of the localities across Massachusetts face in terms of adequate staffing for public health and if there are any other strategies happening within the Office of Local and Regional Health to ensure access to these.

Mr. Wong answered that there are many ways that DPH is supporting local health systems. They are setting clear standards for some individuals that work in local and regional health to have the right credentials to do their work while also providing grant funding to help local health increase capacity and help pay for licensing fees.

Mr. Landers asked if there was any analysis of whether there are municipalities currently struggling to provide these services.

Mr. Wong replied that they have completed a statewide capacity assessment of which more than 300 municipalities participated. They are analyzing the results and anticipate release of the report in early summer of this year. This is the first time ever that they have done a system wide capacity assessment.

Dr. Evans asked how to go about preparing the next generation of workforce to take on careers in local public health and how collaboration with schools and universities may showcase this work and understand credentialing if not as a career but as interns while in school.

Mr. Wong said that workforce is the number one issue for local and regional health. They are working with their academic public health partnership, of which UMass Amherst is their largest partner. Through this partnership they offer paid internships to students to engage in local and regional health and encouraging training, possibly paid for through shared services grant funds, which may lead to fulltime employment. They also are looking at other academic partnerships such as supporting curriculum development geared toward the local health workforce.

Dr. Evans offered her collaboration as an employee of UMass Amherst and expressed her concern for the deficit of workers in the local public health departments and belief that there is a pool of candidates in the university system.

Dean Cox added that he did not believe that schools are not doing a good job in helping students to understand the roles of governmental public health as a career path. He said he was happy to hear about the collaborations that Mr. Wong has achieved but in general, there is not an emphasis on public heath careers. He encouraged anyone that works in higher education to help schools understand the importance of local governmental health and not just emphasize the CDC as the only governmental health career.

Mr. Wong said that they have created a workforce unit within their office due to its importance.

Dr. Kathleen Carey agreed with the comments made by Dean Cox.

Ms. Blondet said that community health workers are perfect candidates to work within Boards of Health, arriving from a different path than academics. A survey of career development interests they conducted among their members demonstrated an interest in mental health work and she would hope to see such in interest in public health. She felt at the very least, an orientation among community health workers to understand the roles of boards of health and push them to more involvement within the public health system. And now that the Office of Local and Regional Health is doing such a good job of converging health departments into real public health entities, she would like a method to spread the word of this good work to entice community health workers to become more involved with the boards of heath. She would like a presentation for the Council on the various professions that are overseen by the Bureau of Health Professions Licensure.

Commissioner Cooke agreed that they could provide such a presentation stating that with the many new licensing professions, it is a good idea that the Council be aware of that.

Dr. Bernstein mentioned sustainability of the workforce through job satisfaction and recognition, recalling a letter the Council sent to the local boards of health praising them for their work during COVID. He asked how this strategy could apply to governance and leadership of local boards of health, considering the vast expertise in this field within the members of the Council and how the Council could have some influence over demonstrating support for the local board members.

Mr. Wong said that board members are a critical component of the transformation of local and regional health systems. The recommendation of the special commission suggests working toward a standardized certification of board members. They work closely with the Massachusetts Association of Health Boards (MAHB) to revamp and bring in excellent certification programs for board members, but sadly few have taken advantage of this. They are actively partnering with MAHB to promote the certification programs and are making grant funds available to local boards of health to pay for the certification programs to train in organizational skills to run a board efficiently and effectively. These grants will function to lower any financial barrier allowing access to the certifications.

Dr. Volturo asked about a discrepancy in the regulation defining continuing education by “continuing education units” and then later by “hours.”

Mr. Wong was thankful for pointing out the discrepancy and said it will be adjusted for the sake of consistency and referred to as “contact hours.”

With no further questions, Commissioner Cooke moved to the next presentation.

**4. INFORMATIONAL PRESENTATIONS**

1. *Overview of Massachusetts Services for Older Adults*

Commissioner Cooke invited colleagues at the Executive Office of Elder Affairs to kick off an overview of Massachusetts Services for older adults. Halfway through the presentation, DPH staff joined in to share programming within the Department that impacts this population.

Upon the conclusion of the presentation, Commissioner Cooke asked the council members if there were any questions or comments.

Mr. Landers asked about the funding for the Aging Services Access Points (ASAPs) and the Councils on Aging (COAs) and their sources of revenue, understanding the tremendous workload that is put upon them.

Secretary Chen explained in the budget of the Executive Office of Elder Affairs (EOEA) that there is allocated $12 per person over 60 years old to each municipality, and that is how the COA gets their dollars. There are also organizations that function under their town’s budget, and it depends on how each town prioritizes services for older adults. There are also grants available to COAs which are intended only to fund a new innovative approach and not intended for long term funding. Regarding non-profit organizations, they can raise money separately. They also operate, depending on the program, on fee per member, per month or a fee per service. For those above a certain income level, the fees are on a sliding scale based on income. Meals are paid for through the nutrition program.

Mr. Landers said also the healthy aging programs as well as the Mass in Motion program share more upstream activities to create environments and policies that not only serve the aging population and address equity issues.

Dean Cox thanked EOEA and Secretary Chen for all they did. He then spoke of how we learned through COVID the disparities across the state in specific communities that have become more evident, how we are aware of issues around isolation and food, and although the work being done is commendable, he questioned what is still missing and how can it be identified.

Secretary Chen responded that the work is ongoing, and they are focusing on equity and inclusion to help bridge the gaps in these programs by working with cities and towns to determine what populations are not being served.

Ms. Moscato also applauded the work being done and brought up the future trajectory of growth of the older population in Massachusetts, where 20% to 24% of the population will be older adults. She then asked if EOEA is monitoring this on the state level and if growth is determined, and where there may be specific geographic demographics.

Robin Lipson, Deputy Secretary of the Executive Office of Elder Affairs, answered that EOEA does track the growth of the older population. She stated that in nearly every community, about 24 or 25% of the population is over 60. She believes this ratio is why there is so much grassroots movement around age-friendly activities. She noted safer streets for older adults and park benches with backs as a few examples. She said that Massachusetts is ahead of other states in its ability to look at issues through an aging lens.

Nassira Nicola, Deputy Director for Programs and Operations added that because the question was around the tracking of data, she said the Department of Public Health and the Office of the of Population Health operate the Population Health Information Tool, or PHIT, which is a resource of data broken down by age, for use by the general public and local health.

Dr. Carey said she was impressed by range of services shown in the presentation and asked if there is a role for volunteerism in helping older adults and are there ways of leveraging that through schools or local communities.

Ms. Lipson replied that those who deliver meals, those who help older folks with their finances, and many of the Councils of Aging are all run on volunteer energy. Also on the local level, many individual programs have started to pair school age kids with older adults. However, with the help of volunteers comes the knowledge that they are not full-time workers and EOEA is cognizant of this and always working to provide consistent services.

Secretary Chen added that it is estimated that there are over 35,000 volunteers helping with programs.

Ms. Blondet addressed Dean Cox’s comments and stated that what she observed to be missing is the lack of seniors being community health workers and there should be encouragement for that and she suggested also, with new emerging dollars, that an assessment be provided to look at the impact of community health worker programs serving seniors of color, and determine if there is an increase in seniors utilizing services or the using the activities of the Council on Aging.

Ms. Nicola said sometimes there is a misconception of older adults being only service recipients and not providers, but as Secretary Chen mentioned of the large number of volunteers that are older and not to mention the many Options Counselors or Shine counselors are themselves, older adults and these should be highlighted to change the face of older adults only being recipients of services.

Dr. Evans shared that her town partnered local students with older adults that were experiencing loneliness during the pandemic. She then asked if these, and other services are being evaluated in terms of utilization.

Secretary Chen said there is a new position within EOEA, the Director of Program Evaluation, but that they don’t evaluate under or over utilization because most clients are in a per member/per month payer approach and there is a contractual aspect which determines utilization. At the moment, they do not assess utilization and focus more on meeting demand.

Dr. Bernstein added he believed that there are structural issues that prevent people from doing necessary work and there should be data in financial equity and wealth knowing that the older population is one of the poorest in state, and it would be important to have metrics by which to measure our success. He was concerned about the Federal government cutting back on Social Security and Medicare, warning that we cannot be content only in our world of Massachusetts.

With no further questions, Commissioner Cooke stated that this concluded the final agenda item for the day and reminded the council that the next meeting is scheduled for Wednesday, February 8, 2023, at 9 AM.

Commissioner Cooke asked if there was a motion to adjourn.

Dr. Bernstein made the motion which was seconded by Ms. Blondet and approved by all other present members.

The meeting was adjourned at 11:00 am.