**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of January 13, 2016**

**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, January 13, 2016 9:00 AM**

1. **ROUTINE ITEMS:**
2. Introductions
3. Updates from Commissioner Monica Bharel, MD
4. Record of the Public Health Council Meeting December 16, 2015 **(Vote)**

**2. FINAL REGULATIONS**

a.Request for Final Promulgation on Proposed Amendments to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs* **(Vote)**

**3. PRELIMINARY REGULATIONS**

a. Informational briefing on proposed regulatory amendments to 105 CMR 180- *The Operation, Approval, and Licensing of Clinical Laboratories*

b. Informational briefing on proposed regulatory amendments to 105 CMR 125.000 – *Regulations Governing the Licensing of Radiologic Technologists*

c. Informational briefing on proposed rescission of 105 CMR 330- *Vaccination of Dogs and Cats against Rabies*

d. Informational briefing on proposed rescission of 105 CMR 340- *Reporting and Control of Sexually Transmitted Disease (STD)*

*e.* Informational briefing on proposed rescission of 105 CMR 345- *The Establishment of State Certified Clinics for the Diagnosis, Treatment and Control of Sexually Transmitted Diseases*

f. Informational briefing on proposed rescission of 105 CMR 350- *Determining Active Tuberculosis*

*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**

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

**Date of Meeting:** Wednesday, January 13, 2016

**Beginning Time: 9:13AM**

**Ending Time:** **10:34AM**

**Attendance and Summary of Votes:**

| **Board Member** | **Attended** | **Item 1c**  **Minutes of the November 18, 2015 Meeting** | **Item 2a**  **Request for Final Promulgation on Proposed Amendments to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*** |
| --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes | Yes |
| Harold Cox | Absent | Absent | Absent |
| John Cunningham | Absent | Absent | Absent |
| Michele David | Yes | Yes | Yes |
| Meg Doherty | Yes; Arrived at 9:50AM | Not present for vote | Yes |
| Michael Kneeland | Yes | Yes | Yes |
| Paul Lanzikos | Yes | Yes | Yes |
| Denis Leary | Absent | Absent | Absent |
| Lucilia Prates-Ramos | Yes | Abstained, as not present for December 16, 2015 meeting | Yes |
| Jose Rafael Rivera | Yes | Yes | Yes |
| Meredith Rosenthal | Absent | Absent | Absent |
| Alan Woodward | Yes | Yes | Yes |
| Michael Wong | Yes | Yes | Yes |
| **Summary** | **11 Present; 4 Absent** | **9 Yes; 1 Abstention; 5 Absent** | **11 Yes; 4 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 13, 2016 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: Department of Public Health Commissioner Monica Bharel (chair); Edward Bernstein, MD; Derek Brindisi; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos; Jose Rafael Rivera; Michael Wong, MD; and Alan Woodward, MD.

Absent member(s) were: Harold Cox; John Cunningham, PhD; Denis Leary; and Meredith Rosenthal, PhD.

Also in attendance were Margret Cooke, General Counsel at the Massachusetts Department of Public Health and Jennifer Barrelle, Interim Deputy Chief of Staff for Policy and Regulatory Affairs at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:13AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

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

To open the meeting, Commissioner Bharel gave several updates to Council members.

She announced a change to the order of the docket, as follows: vote on December 2015 minutes; vote on amendments to 105 CMR 164.000 – Licensure of Substance Abuse Treatment Programs; and informational presentations on 105 CMR 180.000 – The Operation, Approval, and Licensing of Clinical Laboratories, 105 CMR 125.000 – Regulations Governing the Licensing of Radiologic Technologists, 105 CMR 330.000 – Vaccination of Dogs and Cats Against Rabies; 105 CMR 340.000 – Reporting and Control of Sexually Transmitted Diseases, 105 CMR 345.000 – The Establishment of State Certified Clinics for the Diagnosis, Treatment, and Control of Sexually Transmitted Diseases, and 105 CMR 350.000 – Determining Active Tuberculosis.

Commissioner Bharel noted that the annual America’s Health Rankings report was released in December, ranking Massachusetts as the third healthiest state. She remarked that factors examined include community and environment, behaviors, public and health policies and clinical care – which are all related to work done by DPH.

Additionally, the Commissioner noted that the Centers for Disease Control and Prevention annually recognizes states that have achieved the highest rates of immunization coverage, and that Massachusetts was recognized for outstanding progress towards the Healthy People 2020 targets for fully vaccinating infants, vaccinating adolescents, flu vaccination among children, and pneumococcal vaccination among high risk adults.

Commissioner Bharel highlighted Tewksbury Hospital’s recent Joint Commission survey, during which the Hospital received full accreditation.

The Commissioner highlighted a couple of DPH staff:

* Marc Nascarella, Director of the Bureau of Environmental Health’s Toxicology Program, was asked to join the National Bio-monitoring Network Steering Committee as the toxicology representative.
* Dr. Katie Brown, Massachusetts State Public Health Veterinarian, has assumed the additional role of Deputy State Epidemiologist, joining Drs. Al DeMaria and Larry Madoff to advise the Bureau of Infectious Disease and DPH on foodborne, waterborne, zoonotic, vector-borne, healthcare acquired, and vaccine-preventable infectious disease prevention measures and outbreak control efforts.  She will also serve as senior epidemiologist for the BID Division of Epidemiology and Immunization.

Commissioner Bharel discussed some of DPH’s tobacco prevention and reduction work, noting that nearly two thirds of adults who ever smoked have now quit, based on data from the Massachusetts Behavioral Risk Factor Surveillance System. She also noted that DPH will work to ensure vulnerable populations have access to the right tools, as adults with private insurance and higher income or a college degree are more likely to successfully quit smoking than their peers.

The Commissioner concluded with an update on DPH’s efforts to address the opioid crisis:

* She discussed efforts to house residents displaced by the closure of the Long Island facility. The Commissioner noted that Andrew House has been working to find a place to house these patients, and recently opened 24 of the 60 beds taken offline with the Long Island closure. She noted DPH is working with the program to bring the remaining 36 beds lost back online.
* Regarding the Naloxone Bulk Purchasing Program, the commissioner noted that in December five communities had purchased naloxone through the state. She announced to members that now, nearly 40 communities have either purchased or begun the process of purchasing, naloxone through this state system. She also noted that Governor Baker announced $700,000 will be awarded to police and fire departments in 31 communities heavily impacted by the opioid epidemic; funds will facilitate purchase, carry, and administration of naloxone.
* The Commissioner discussed the recent DPH contract award to Appriss to oversee implementation of the new online Prescription Monitoring Program (PMP), which will include: an improved user-friendly interface; interoperability with other states; integration to link Massachusetts healthcare providers’ electronic medical record systems; and efficient onboarding for system users. She noted that the new system is expected to go live in the summer of 2016, and that she would provide updates to the Council regarding that roll-out.

Dr. Bernstein congratulated the Commissioner for adding residents to the PMP system, and asked if this was in effect.

The Commissioner responded that yes, residents presently do have access.

Mr. Rivera asked if DPH had a breakdown of tobacco use in Massachusetts by race and ethnicity.

Commissioner Bharel responded that she would get that information and follow up with Council members.

Dr. David congratulated the Commissioner for DPH’s work to combat the opioid epidemic.

Mr. Lanzikos asked for the number of communities that have increased their tobacco purchase age to 21.

Dr. Woodward responded that the number of communities exceeds 65 and could be up to as many as 80. He stated that there has been a local push in the past three years, and there is a bill that would raise the age statewide to 21. He indicated Hawaii is currently the only state that has raised the age to 21.

Mr. Lanzikos asked if a copy of that legislation could be circulated.

Dr. Woodward confirmed he would circulate a copy of that legislation.

Dr. David asked if we know what progress we’re making regarding the number of treatment facilities and the number of people enrolling in treatment.

Commissioner Bharel responded that a core part of the opioid working group recommendations is increasing the number of treatment beds. She indicated that approximately 200 have been added, and several hundred more are planned to be added. She noted that so much of this work is around getting people into the right treatment at the right time, so DPH has done a lot of work to ensure its Helpline is up to date, providing information to and triaging callers.

Mr. Brindisi asked if the DPH Helpine number and triage system is live.

Commissioner Bharel responded that the Helpline has been in place for several years, and bed availability is being linked to that.

Mr. Brindisi responded he had a recent meeting with High Point and they were unaware of the Helpline number, but think it could be an effective strategy if all were aware of it.

Commissioner Bharel replied that she agrees, and noted that the functionality of that Helpline has changed over the years. She noted that initially callers would get a list of services in a geographic area, whereas now there’s a navigation piece where callers can get real time bed availability in a geographic area.

Mr. Brindisi asked if treatment facilities were linked into that.

The Commissioner responded that those facilities are linked into that system.

1. **ROUTINE ITEMS**
2. Minutes

Commissioner Bharel asked if any members had any changes to be included in the December 16, 2015 meeting minutes.

Dr. Wong made a motion to approve, and Mr. Lanzikos seconded the motion. All approved, except Ms. Prates-Ramos who abstained as she was not present at the meeting.

**2. FINAL REGULATIONS**

a.Request for Final Promulgation on Proposed Amendments to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs* **(Vote)**

Commissioner Bharel invited Erica Piedade, Director of Quality Assurance and Licensing for the Bureau of Substance Abuse Services (BSAS), to the table for a presentation and request for final promulgation on proposed amendments to 105 CMR 164.000.

Before beginning her presentation, Ms. Piedade gave Council members the number for the DPH Helpline phone number and noted she would follow up with High Point. She indicated that, as the Commissioner stated, the current functionality of the Helpline has shifted. She stated further that the Helpline has access to the available bed capacity for ATS, CSS, and TSS services. She noted that beds are only part of the solution, and DPH is also looking at other ways to expand and enhance the existing system, such as ambulatory detox and medication assisted treatment. After this update, Ms. Piedade presented on proposed final amendments to 105 CMR 164.000: Licensure of Substance Abuse Treatment Programs.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Ms. Piedade regarding the presentation.

Mr. Lanzikos noted that while funding is beyond the scope of this regulatory process, he wondered what avenues were available for providers to seek compensation and additional revenue.

Ms. Piedade indicated that the regulation pertains to what these sites are required to do when providing services, and does not prohibit providers from advocating on their behalf.

Mr. Lanzikos asked further if this was a legislative issue in terms of state budget, or on the private side.

Ms. Piedade responded that she feels it is a mix of all of those reimbursement types. She noted that often with behavioral health and substance abuse services reimbursement is often complex, whether public or private.

Dr. Woodward noted that he did not receive Attachment A, as indicated in the presentation, and asked if there were any additional changes not noted in the memo.

Ms. Piedade responded that no other additional issues or additional changes beyond what is included in the memo were made. She indicated the Attachment listed comments in support of the changes, and that the concern overall was implementation of unfunded mandates.

Dr. Bernstein noted that one of the driving forces of Chapter 258 was to improve access to care and limit barriers, particularly insurance barriers. He asked if these large office-based opioid treatment (OBOT) providers would fall under the same law.

Ms. Piedade responded that there was a major movement that took place in the summer of 2015 between DPH, the Department of Mental Health, and the Division of Insurance. These agencies jointly released a memo to providers that stated prior authorization is no longer allowed for acute services like ATS and CSS. She indicated requests for prior authorization are not required for these levels of care and any insurer review cannot occur until after seven days, with 14 days of reimbursed service required at minimum. She noted that the BSAS and Division of Insurance are in touch on this, and have not heard provider issues to date.

Dr. Bernstein asked if those provisions of Chapter 258 would apply to OBOTs.

Ms. Piedade responded that she did not believe those provisions of Chapter 258 would apply to OBOTs.

Dr. Bernstein noted further that as we try to direct people to this evidence-based form of care that there is still a huge barrier to these services with regard to insurance reimbursement.

Ms. Piedade responded that through DPH’s initiatives, BSAS has increased funding for OBOTs by working with primary care centers, and noted that many licensed substance abuse services provide buprenorphine through their outpatient services. She noted that those programs licensed as substance abuse treatment programs are covered, and providing access. She also indicated BSAS is working closely with the Massachusetts League of Community Health Centers to increase the number of DATA-waived doctors, so there are lots of initiatives to increase access to OBOTs. She noted that they are trying to encourage individual primary care or physician practices to include buprenorphine services. She noted that for the substance abuse treatment programs, they are looking to ensure there is a link to OBOTs.

Commissioner Bharel noted that the Department sent a memo in 2015 to all licensed programs affirming all providers will accept individuals on medication assisted treatment so that’s not a barrier either.

Dr. Woodward asked Ms. Piedade if she’d seen any indication that this regulation may impede willingness to provide these services as providers approach the 300 patient threshold.

Ms. Piedade responded that she thought comments on this topic may be received at public comment, but she heard none. She indicated she was contacted by one large OBOT, but they contacted relative to the licensure process versus any concerns.

The Commissioner asked Ms. Piedade to clarify who this regulation would apply to.

She responded that programs provided by Department-licensed hospitals or clinics, or small practice, would not be subject to licensure under this regulation.

Mr. Rivera asked when talking about coordination, including family supports, if community health workers were included.

Ms. Piedade responded that generally treatment providers try to identify supports for the individual, and a community health worker may be included in that list of supports. She noted that many providers do have linkages with community health workers, but sometimes geography can be a challenge if individuals seek services in a different community. She indicated that providers must have linkages to places in the community that can serve the needs of the individual, such as linguistic services. She also indicated that BSAS conducts peer reviews with providers, and get feedback on support or information providers need to accomplish this.

Commissioner Bharel asked members for a motion to approve the proposed amendments to 105 CMR 164.000.

Mr. Rivera made a motion to approve, and Dr. Bernstein seconded the motion. All approved.

**3. PRELIMINARY REGULATIONS**

a. Informational briefing on proposed regulatory amendments to 105 CMR 180- *The Operation, Approval, and Licensing of Clinical Laboratories*

Commissioner Bharel invited Lauren Nelson, Director of Policy and Quality Improvement for the Bureau of Health Care Safety and Quality, and Pamela Waksmonski, Manager of the Clinical Laboratory Program, for an informational briefing on a proposed revision of 105 CMR 180.000: The Operation, Approval, and Licensing of Clinical Laboratories.

Dr. Michele David briefly left the room at 9:48AM, and returned at 9:49AM.

Meg Doherty joined the meeting at 9:50AM.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Ms. Nelson or Ms. Waksmonski regarding the proposed regulation.

Dr. Wong noted that this is a Herculean process, and commended staff for taking it on. He indicated that staff is correct about performance of genetic testing, and that standards and licensure around this testing will be an ongoing process. He asked that staff keep a pulse on this issue, and leave language flexible for further interpretation as the genetic testing process continues to be developed.

Mr. Lanzikos noted that the presentation indicates this revision aligns with federal standards except where state statute differs. He asked if there were areas in the statute presently that present a challenge.

Ms. Waksmonski indicated that one such area is the staff qualification for the laboratory director, as there are statutory standards that do not align directly to CLIA standards.

Mr. Lanzikos asked if this is something that could be changed statutorily moving forward.

Ms. Waksmonski responded that there would likely be stakeholder interest if there was a move to change the statute or provide a different interpretation.

Mr. Lanzikos noted that the laboratory licensure fee seems somewhat modest and asked for an overview of the process to develop the fee.

Commissioner Bharel invited Sondra Korman, staff attorney for the Clinical Laboratory Program, to respond.

Ms. Korman responded that the statute provides DPH with the authority to promulgate fees. She stated that under the prior administration Administration and Finance set this particular fee of $300, which tripled the previous amount. She stated further that while the regulation was under review the Clinical Laboratory Advisory Committee (CLAC) proposed raising the fee but the Bureau ultimately decided not to amend fees at this time.

Mr. Lanzikos indicated that while we are trying to contain healthcare costs, there should be equitable distribution of the required expenditure burden so this may be something that this administration may want to return to.

Dr. Woodward offered follow up on Dr. Wong’s comments, and indicated that in many instances genetic testing is being provided by many commercial ventures. He noted that some of the testing provided has limited clinical validity, and asked if the Program is able to look at and control some of this and consider the clinical efficacy.

Ms. Waksmonski responded that it is a point well taken, and indicated that the CLAC did address questions that came up about whether clinical efficacy should apply but it was determined that was beyond the scope of what could be done by the Clinical Laboratory Program.

Dr. Woodward indicated that many of these commercial ventures do this by mail order, and subsequently make pronouncements on the results. He asked if there was a way to look at the advertising by these laboratories around the validity of their testing and claims.

Ms. Korman responded that no laboratory [in Massachusetts] can conduct a test without a physician order.

Ms. Waksmonski responded the Program is looking to federal review of Laboratory Developed Tests, and expects to see further information released shortly from the federal government.

Commissioner Bharel clarified that Dr. Woodward’s question pertains to laboratories outside of Massachusetts.

Ms. Korman responded that laboratories in Massachusetts, which this regulation has authority over, cannot perform direct access testing.

Dr. Woodward confirmed that is his question, and asked that if this is something the state does not have oversight of if the federal government is looking at this issue relative to claims versus efficacy.

Ms. Waksmonski indicated it is something the federal government is looking at, and she expects that more information may be released on this in 2016 as to what other requirements may be put in place for Laboratory Developed Tests. She stated that currently those tests are considered to be high complexity under CLIA and the possibility of oversight by the FDA is being evaluated.

Mr. Lanzikos asked if this regulation applies to the State Laboratory.

Ms. Waksmonski noted that this regulation does not apply to state programs.

Ms. Korman indicated that the State Laboratory and other agencies are exempt from licensure under the statute.

Dr. Al DeMaria responded that while the regulation does not apply to the State Laboratory, the State Laboratory does follow all CLIA standards and laboratory practice guidelines.

Seeing no further questions or comments, Commissioner Bharel thanked Ms. Nelson and Ms. Waksmonski for their presentation.

b. Informational briefing on proposed regulatory amendments to 105 CMR 125.000 – *Regulations Governing the Licensing of Radiologic Technologists*

Commissioner Bharel invited John Halter, Chief of Regulatory Implementation for the Bureau of Environmental Health; Jack Priest, director of the Radiation Control Program within the Bureau of Environmental Health; and Karen Farris, Supervisor for the Mammogram Program within the Radiation Control Program, to the table for an informational presentation on proposed amendments to 105 CMR 125.000: Regulations Governing the Licensing of Radiologic Technologists.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Mr. Halter, Mr. Priest, or Ms. Farris.

Dr. Woodward noted that the presentation did not indicate the program involved the American College of Radiologists – Massachusetts Chapter. He asked if the radiologists were involved in the working group and consulted when amending this regulation.

Ms. Farris responded that the American College of Radiologists was not part of the working group reviewing this regulation.

Dr. Woodward responded that it may be helpful to review the draft regulation with the Massachusetts Chapter, even prior to public comment.

Seeing no further questions or comments, Commissioner Bharel thanked Mr. Halter, Mr. Priest, and Ms. Farris for their presentation.

1. Informational briefing on proposed rescission of 105 CMR 330- *Vaccination of Dogs and Cats against Rabies*

Commissioner Bharel invited Kevin Cranston, Director for the Bureau of Infectious Disease and Dr. Al DeMaria, State Epidemiologist and Medical Director for the Bureau of Infectious Disease, for four informational briefings. The first briefing pertained to the proposed rescission of 105 CMR 330.000.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Mr. Cranston or Dr. DeMaria.

Dr. Woodward asked when the last case of rabies being transmitted to a human by a dog occurred in Massachusetts, and the last case of rabies in a dog in Massachusetts.

Dr. DeMaria responded that the last transmission to human via dog occurred in 1934, while dogs are infected by wildlife more frequently.

Mr. Lanzikos asked when the last time this regulation was considered or utilized.

Dr. DeMaria responded not within 27 years.

Mr. Brindisi asked for the status of regulations under the Department of Agricultural Resources (DAR) concerning this matter.

Mr. Cranston responded that he is not aware of the status of DAR’s review.

Ms. Doherty asked for information on the process for determining the presence of rabies in an animal.

Dr. DeMaria responded that the test is a test of the brain tissue. He indicated that veterinarians and animal control officers collaborate closely with DPH on this.

Commissioner Bharel responded that this testing occurs at the state laboratory. She asked Dr. DeMaria if he knew how many tests occurred annually.

Dr. DeMaria responded that over 1,000 tests are conducted annually, the vast majority of which are wildlife, with a significant number of feral cats and bats.

Dr. Bernstein asked if rescinding this regulation would change any of the veterinary responsibility of DPH.

Dr. DeMaria and Mr. Cranston indicated it would not.

Seeing no further questions, Commissioner thanked Mr. Cranston and Dr. DeMaria for their presentation, and asked them to move to their next presentation.

1. Informational briefing on proposed rescission of 105 CMR 340- *Reporting and Control of Sexually Transmitted Disease (STD)*

Mr. Cranston and Dr. DeMaria next provided an informational briefing on the proposed rescission of 105 CMR 340.000: Reporting and Control of Sexually Transmitted Disease (STD).

Dr. Woodard asked if this regulation has been amended since being promulgated in 1917.

Dr. DeMaria responded it has been updated since.

Mr. Lanzikos asked if the reported information is presently contained in 105 CMR 300.000, the infectious disease reporting regulation.

Mr. Cranston indicated that these reporting requirements are presently contained in 105 CMR 300.000, and no further updates would be required.

Seeing no further questions, Commissioner thanked Mr. Cranston and Dr. DeMaria for their presentation, and asked them to move to their next presentation.

1. Informational briefing on proposed rescission of 105 CMR 345- *The Establishment of State Certified Clinics for the Diagnosis, Treatment and Control of Sexually Transmitted Diseases*

Mr. Cranston and Dr. DeMaria next provided an informational briefing on the proposed rescission of 105 CMR 345.000: The Establishment of State Certified Clinics for the Diagnosis, Treatment and Control of Sexually Transmitted Diseases.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Mr. Cranston or Dr. DeMaria.

Dr. Bernstein noted he has seen in expenditure surveys that 25% of the population utilizes the emergency room for primary care, so it is somewhat idealistic that everyone will end up in a primary care setting for their primary care.

Mr. Cranston responded that there are 21 sites in operation that operate on a walk-in basis. He indicated DPH is working to maximize reimbursement through insurance where individuals do have insurance particularly for services provided by the state laboratory as these are services provided by contract and essentially free of charge to the individual. He further indicated that often these services can be a bridge to primary care, and help identify insurance an individual may qualify for.

Ms. Doherty asked for an example of one of the 21 sites.

Mr. Cranston responded that sites are located in urban centers around the state at clinical sites and community sites. He indicated a list of sites could be provided to the Council.

Dr. Bernstein asked what would be eliminated if this regulation is rescinded.

Mr. Cranston responded that just the regulation would be rescinded, while the services are maintained. He indicated that clinics like this regulation is designed to oversee have since closed.

Commissioner Bharel added that the last of such clinics closed in 2009, while many of the providers are still presently providing these services.

Mr. Lanzikos asked if there was an associated statute that should be rescinded.

Mr. Cranston responded that the program is actually recommended maintaining the statute should there be a need for such clinics in the future. He confirmed that the Department would not be out of compliance with state law by rescinding the regulation, as regulation is not required.

Dr. Kneeland left the meeting at 10:31AM and did not return.

Seeing no further questions, Commissioner thanked Mr. Cranston and Dr. DeMaria for their presentation, and asked them to move to their next presentation.

1. Informational briefing on proposed rescission of 105 CMR 350- *Determining Active Tuberculosis*

Mr. Cranston and Dr. DeMaria next provided an informational briefing on the proposed rescission of 105 CMR 350.000: Determining Active Tuberculosis.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Mr. Cranston or Dr. DeMaria.

Seeing no questions, Commissioner thanked Mr. Cranston and Dr. DeMaria for their presentations.

Commissioner Bharel reminded Council members that the next meeting is scheduled for Wednesday, February 10, 2016.

Commissioner Bharel asked for a motion to adjourn the meeting

A motion was made by Dr. Woodward, and seconded by Mr. Rivera. All approved. Meeting adjourned 10:34AM.

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

* Minutes of the Public Health Council Meeting December 16, 2015
* Copy of finalized amended regulation and presentation discussing a request for final promulgation on proposed amendments to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*
* Copy of existing regulation, revised regulation, and presentation discussing proposed regulatory amendments to 105 CMR 180 - *The Operation, Approval, and Licensing of Clinical Laboratories*
* Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 125.000 – *Regulations Governing the Licensing of Radiologic Technologists*
* Copy of regulation and presentation discussing proposed rescission of 105 CMR 330.000 - *Vaccination of Dogs and Cats against Rabies*
* Copy of regulation and presentation discussing proposed rescission of 105 CMR 340.000 - *Reporting and Control of Sexually Transmitted Disease (STD)*
* Copy of regulation and presentation discussing proposed rescission of 105 CMR 345.000 - *The Establishment of State Certified Clinics for the Diagnosis, Treatment and Control of Sexually Transmitted Diseases*
* Copy of regulation and presentation discussing proposed rescission of 105 CMR 350.000- *Determining Active Tuberculosis*

Commissioner Monica Bharel, Chair