MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of July 13, 2022

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, July 13, 2022 – 9:00AM**

***Note: The July 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 June 8, 2022. **(Vote)**
2. **DETERMINATIONS OF NEED**
	1. Request by Baystate New England Orthopedic Surgeons Alliance, LLC for a substantial change in service (**Vote**).
	2. Request by Cape Cod Healthcare, Inc. for a substantial capital expenditure (**Vote**).
	3. Request by Shields Healthcare of Cambridge, Inc. for DoN-required equipment (**Vote**).
3. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 153, *Licensure procedure and suitability requirements for long-term care facilities.*
4. **PRESENTATIONS**
	1. Informational presentation on Mosquito-borne Disease Surveillance in Massachusetts.

*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: July 13, 2022

Start Time: 9:10am Ending Time: 11:33pm

| **Board Member** | **Attended** | **First Order: Approval of June 8, 2022 Meeting Minutes (Vote)** | **Second Order: DoN: Request by Baystate New England Orthopedic Surgeons Alliance, LLC for a substantial change in service. (Vote)** | **Third Order: DoN b. Request by Cape Cod Healthcare, Inc. for a substantial capital expenditure (Vote).** | **Fourth Order: DoN c. Request by Shields Healthcare of Cambridge, Inc. for DoN-required equipment (Vote).** |
| --- | --- | --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Absent | Absent | Absent | Absent | Absent |
| **Kathleen Carey** | Yes | Yes | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes | Yes | Abstained |
| **Harold Cox** | Yes | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes | Yes | Abstained |
| **Michele David** | Yes | Yes | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | Absent | Absent | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Absent | Yes | Yes | Abstained |
| **Mary Moscato** | Yes | Yes | Yes | Yes | Abstained |
| **Secretary Cheryl Poppe** | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 11 Members Present; 2 Absent | 10 Members Approved; 3 Absent | 11 Members Approved; 2 Absent | 11 Members Approved; 2 Absent | 7 Members Approved; 4 Abstained; 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, July 13th, 2022 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Kathleen Carey PhD; Secretary Elizabeth Chen, PhD; Harold Cox; Alba Cruz-Davis PhD; Michele David, MD; Elizabeth Evans, PhD; Stewart Landers, JD; Mary Moscato and Secretary Cheryl Poppe.

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

Commissioner Cooke called the meeting to order at 9:10am and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**Community Health Worker Day**

Commissioner Cooke noted that Community Health Worker Day was June 15th in Massachusetts. She spoke of the appreciation for all that community health staff workers do on behalf of Massachusetts residents. They are trusted and vital members of our communities working tirelessly to improve health outcomes and advance equity.

**Reproductive Health Care**

Commissioner Cooke noted that the Supreme Court has made several high-profile decisions since the Council last met including the overturn of Roe v. Wade. She emphasized that access to reproductive health services in Massachusetts remains protected, intact, and uninterrupted. Within moments of this reversal, Governor Baker released an executive order that bars Massachusetts from cooperating with extradition attempts from other states that pursue criminal charges against those who receive or perform reproductive health services that are legal in our Commonwealth. This order will also ensure that Massachusetts licensed healthcare practitioners like physicians, nurses, pharmacists, and physician assistants can provide reproductive health care services again that are legal in Massachusetts, without the threat of discipline or criminal, or civil consequences, including the threat of losing their Massachusetts licenses. Finally, the order prohibits assisting another state’s criminal or civil investigation of anyone receiving or delivering reproductive health services in Massachusetts. She also mentioned that in late June the Massachusetts house passed legislation that further codifies and protects access to reproductive health care. The bill is now in the Senate, and we look forward to its progress. She highlighted a new public awareness campaign, which launched in June, with our sexual and reproductive health program. This campaign aims to increase awareness of the Massachusetts ACCESS law, which ensures a no cost, 12-month supply of birth control, and no cost emergency contraception to people on eligible health insurance plans.

**Monkey Pox**

Commissioner Cooke mentioned that since the last Public Health Council meeting, the department has continued surveillance and prevention efforts regarding the monkey pox virus in Massachusetts. She stated 31 cases since May have been identified. She described typical symptoms of Monkey Pox and said that Massachusetts was 1 of 10 states to receive a small initial allocation of vaccine, which is being prioritized for individuals who live or work in Massachusetts. Vaccine has been provided to sites across the Commonwealth and is available by appointment.

**COVID-19 Update**

Commissioner Cooke said the Department of Public Health continues to evolve and adapt to the pandemic and focus on the metrics that are most useful at any given time. She stated the early days of the pandemic warranted reporting out a wide variety of metrics every day, but two and a half years later weekly reporting will better reflect the current COVID-19 impact. Moving forward, these data will be uploaded into the interactive dashboard once per week on Thursdays, rather than 5 days per week. DPH will continue to collect and monitor the data and maintain the ability to ramp back up as needed. She urged vaccination as the best way to protect yourself, your family, and your community from getting sick. She said that last month DPH announced the availability of vaccine for children ages 6 months and older, which is very good news for parents and families who have been waiting for this group to be eligible. As of July 13th, nearly 23,000 pediatric COVID-19 vaccine doses have been administered to children under 5 years old in Massachusetts. DPH will be hosting many pediatric vaccination clinics throughout the summer, including two disability friendly clinics with VaxAbilities Organization on Friday, July 15th in Framingham and Sunday, July 31st at the EcoTarium in Worcester. She was pleased to say that the state now reached the milestone of 15 million COVID-19 vaccine doses administered throughout the Commonwealth. Commissioner Cooke announced an additional 7 million dollars for the vaccine equity initiative, or “VEI,” team’s expansive effort bringing awards to a total of 58 million dollars. Massachusetts is second, only to Hawaii, in the Commonwealth fund 2022 state scorecard rankings based on overall performance across the 56 measures of health care access and quality service-use and cost. 88% of people aged 5 years and older in our VEI communities have had at least a first dose and 75% are fully vaccinated and those numbers continue to increase. She added that last month the administration distributed over 2 million rapid tests for municipalities to provide to their residents and we’re pleased to provide and continue to provide residents with the tools that they need to manage COVID-19. She reminded the council that residents age 18 years and older who have tested positive for COVID-19, and have symptoms, can use the Commonwealth’s free telehealth service to determine if they are eligible for Paxlovid treatment and have their prescription delivered to their home or prepared for pick-up at their local pharmacy. This service is available in English, Spanish, Hattian Creole, and Portuguese.

**Public Health Funding**

Commissioner Cooke spoke of public health funding that was announced last month. The Office of Health and Human Services, and the department announced 5 million dollars in funding to two Boston based non-profit organizations; Commonwealth Land Trust, and St. Francis House, to provide rent subsidies and intensive stabilization and support services to individuals impacted by mental health and substance use disorders. She went on to say that housing instability is often a barrier to a successful recovery, and we know that addressing the social determinants of health, including housing, is a core component or our strategy to address substance use and addiction.

With no further questions or comments from the council members. Commissioner Cooke then turned to the docket.

Dean Cox arrived at 9:13am.

Dr. David arrived at 9:15am.

Mr. Landers left at 9:17am.

**1. ROUTINE ITEMS**

*c. June 8, 2022 Minutes (Vote)*

The Commissioner asked if there were any changes to the June 8, 2022 minutes. There were none.

The Commissioner asked if there was a motion to approve the June 8, 2022 minutes.

Dr. Cruz-Davis made the motion, which was seconded by Ms. Moscato. All present members approved.

Mr. Landers returned at 9:22am

**2. DETERMINATIONS OF NEED**

*a. Request by Baystate New England Orthopedic Surgeons Alliance, LLC for a substantial change in service. (Vote)*

Commissioner Cooke invited Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality to review the staff recommendation for Baystate New England Orthopedic Surgeons Alliance’s request for a substantial change of service. She was joined by Rebecca Rodman, General Counsel. Also, representatives from the applicant were available to answer questions after the presentation.

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

Dr. Carey was concerned about future plans for the emergency department services. She asked if things go wrong in the new ambulatory surgery center, how far away from the center are emergency services.

Andy Artenstein, Chief Physician Executive for Baystate Health and Executive Dean for UMass Medical School Baystate stated that the emergency department is less than a mile from the ambulatory campus.

Dr. Carey asked for detail in what the difference will be to help lower costs.

Dr. Artenstein stated that Baystate New England is the owner of Health New England, the largest commercial payer in Western Massachusetts, but said the cost savings would come from the rate of reimbursement and efficiencies in management.

Ms. Moscato asked if there were concerns about staffing.

Dr. Artenstein prefaced by saying that staffing throughout healthcare, after several years of the pandemic, is difficult for everyone. He passed the question on to his colleague, Sheldrick Streete.

Sheldrick Streete, VP Surgical Services, Baystate Health stated that there were very few vacancies and current staff is matched to patient volume. Staff will be offered to take positions in the ASC.

Ms. Moscato asked if there was a plan for the area that is currently being vacated for the new ASC.

Dr. Streete stated that the space will be converted to an ASVC location.

Dr. Artenstein added that the changing procedures of orthopedics will allow those that are currently being treated in the Baystate campus, if medically appropriate will now be sent to the new ASC, freeing up room for those more complex cases to be done in the hospital.

Dr. Bernstein asked if there is a screening for the social determinants of health, in terms of race/ethnicity and will cultural training be provided to staff?

Dr. Artenstein said that health equity is important throughout their system and the medical school students minor in community-based health equity. He turned this over to his colleague, Annmarie Golden.

Annamarie Golden, Director, Community Relations, Baystate Health asked to clarify the original question from Dr. Bernstein and he added that the wording of non-discrimination, race and ethnicity is not mentioned. Ms. Golden stated that she was not sure why that was not in the wording but would certainly ensure that it is.

Dr. Bernstein asked about staff and social determinants of health. Annamarie Golden said that staff are trained to refer to community services and have a community health worker.

Dr. Arenstein added that they use a platform healthy intent, part of their electronic health record which screens for social determinates of health.

Dr. Bernstein asked how patients are supported after discharge.

Dr. Streete stated they are challenged with matching community needs of the populations served and they are dedicated to support the communities by expanding outreach and staffing to reflect the community.

Dr. Cruz-Davis asked what the policy on diversity and inclusion for staffing and recruiting people of color as well as individual that represent the communities they serve.

Dr. Artenstein stated they start with providing support and scholarships with high school students with Springfield and other areas to provide training through educational opportunities through higher education support and training. The board of trustees to the provider and support staff has been diversified and offer various programs to recruit and support communities they serve.

Ms. Golden added that Baystate has a hyper focus on workforce development and recently had two grants they’ve invested in with local organizations to include supporting women of color to recruit staff as well educational partnerships to support these populations. Workforce hiring goals are set to review lower wage employees and improving diversity and inclusion to provide stronger pathways for employees and potential employees.

Secretary Chen asked if the facility is a dementia friendly system and if the expansion will support age and dementia friendly environment and principles during the expansion.

Dr. Arenstein stated that Baystate built the first acute care for elders, which showed substantial improvement in the patient experience concerning fall rates, use of psychotropic medication, use of restraint and have a large geriatric and palliative care unit and this is very important to them.

Secretary Chen asked they strongly consider prioritizing creating age and dementia friendly environment that includes signage and wayfinding. She asked the applicant to consider these options while building the new space.

Dr. Arenstein thanked her for these points and mentioned that it is a fairly new facility and it is a good opportunity through the transition period to take a look, and make adjustments that will help their patient population based on Secretary Chen’s points.

With no further questions, Commissioner Cooke asked if there was a motion to approve Baystate New England Orthopedic Surgeons Alliance, LLC’s request for a substantial change of service.

Dr. Cruz-Davis made the motion, which was seconded by Mary Moscato, all present members approved.

**2. DETERMINATIONS OF NEED**

*b. Request by Cape Cod Healthcare, Inc. for a substantial capital expenditure (Vote).*

Commissioner Cooke invited Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality to review the staff recommendation for a request by Cape Cod Healthcare, Inc. for a substantial capital expenditure. She was joined by Rebecca Rodman, General Counsel. Also, representatives from the applicant were available to answer questions after the presentation.

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

Secretary Chen asked if the demographics of Barnstable County indicate 3.5 percent of the population is Hispanic, why does the table presented to the Council show 0%?

Michael Lauf, President and Chief Executive Officer of Cape Cod Healthcare answered that Cape Cod Healthcare is a mission driven organization that treats a people regardless of income, race, or gender. He noted that he could not speak to the specific panel in terms of percentage of Hispanics, but said that Cape Cod Healthcare (CCH) creates access for the entire community.

Secretary Chen asked if the hospital may not be aware that they may be unfriendly to certain populations, using the incorrect data for Hispanics as an example, and they should take the time to examine this.

Mr. Lauf offered to put together more specific data for the Council that represented the true demographic data and appreciated the recommendation from Secretary Chen.

Crystal Bloom, outside Counsel, believed this to be an error in the report and they will follow up to acquire the correct data.

Dr. Bernstein stated that collecting the data could give the option as “other” rather than Hispanic/Latino.

Ms. Rodman stated this does seem like an error and that in the application from CCH, there are patients identified as Hispanic.

William Agel, Chief Medical Officer, Cape Cod Healthcare agreed that it is likely a reporting error. He said many of his patients are Hispanic.

Mr. Landers asked what is impacting their availability to provide services to elderly in Barnstable County with one of the largest growing populations of elderly in the country.

Mr. Lauf stated that 30% of their population is over 65. They take pride in being there for their elderly patients. They joined the Dana Farber Cancer Collaborative to get best practices, continuing education and peer review, and access to therapies and clinical trials on Cape Cod. This assures, he said, that they are adhering to best practices which have led to the recruitment of three new full-time medical oncologists, bolstering the services provided to cancer patients and ensuring timely access. He went on to explain the need to increase the number of infusion bays, enhance the network to serve the population, recruit additional physicians and staff so patients do not have to go to Boston to get care.

Dr. Bernstein asked if they would be collecting data on how many patients must be treated at the Farber or other specialty hospitals.

Mr. Lauf answered yes, they will collect the data but in their collaborative with these hospitals when a patient goes to Boston for a second opinion, they now return to CCH to receive chemotherapy, lab work, and radiology, significantly cutting medical costs for the patient.

Dr. Bernstein asked if the beds are single occupancy.

Mr. Lauf said yes, they are single occupancy but learning from the pandemic, they have the ability to immediately convert them into intensive care unit beds.

Ms. Moscato what their plans were for recruiting and retaining staff.

Lori Jewett, Chief Operating Officer, Cape Cod Healthcare, answered by saying that for the cardiac component, as it moves over, there is no increased staffing needs. The staff will simply move over from the old unit to the new space. For the oncology suite, full capacity will require 13 full-time employees for full service. There is a robust program with Cape Cod Community College allowing the hospital to bring in novice nurses and train specialty nurses from the floor.

Ms. Moscato asked if they are an age-friendly health system.

Mr. Lauf stated they were an age-friendly health system. He said they built two new ERs about six years ago and every room has been designed with elderly patients in mind; how the lighting is done, how the sound is muted, natural light from outside and positioning of beds and chairs as well as color palette.

Secretary Poppe stated that Barnstable County is getting an increased number of veterans. How many are coming to Cape Cod Healthcare?

Mr. Lauf said he could not give an accurate number, but CCH has contracted actively with the military and the VA. They accept all military insurances and then work through case management, social work to get them into the right setting whether it be CCH or the withing the Veterans Administration program.

With no further questions, Commissioner Cooked asked if there is a motion to approve Cape Cod Healthcare, Inc.’s request for a substantial capital expenditure.

Elizabeth Chen made the motion, which was seconded by Alba Cruz-Davis. All present members approved.

**2. DETERMINATIONS OF NEED**

*c. Request by Shields Healthcare of Cambridge, Inc for DoN-required equipment, (Vote)*

Commissioner Cooke again invited Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality to review the staff recommendation for Shields Healthcare of Cambridge Inc.’s request for DoN required equipment. She was joined by Rebecca Rodman, General Counsel. There was also a representative to speak from a ten taxpayer group that formed related to this application. Also, representatives from the applicant were available to answer questions after the presentation.

Upon conclusion of the presentation, Commissioner Cooke invited John Fernandez from the Mass General Brigham ten taxpayer group to provide remarks regarding the application.

Mr. Fernandez made remarks in opposition to the application.

Commissioner Cooke asked if Council members had any questions.

Dr. Bernstein asked Mr. Fernandez if he had data for waiting times for MRIs.

Mr. Fernandez stated that he did not but believes it would be important to consider.

Secretary Chen clarified with Mr. Fernandez that his opposing comments were specific to his fears that should the applicant be granted the MRI it would pull imaging revenues away from St. Elizabeth’s.

Mr. Fernandez agreed that it was a very good possibility.

Secretary Chen was curious if images taken at an independent imaging facility like Shields could be accessed by patient care providers.

Carmel Shields, Executive Vice President, Shields Health Care Group, introduced colleagues in the room with her agreed that sharing images is difficult and passed the question to her colleague.

Steven Sweriduk, Medical Director Shields Health Care Group stated images are available to all their referring physicians with an account to Shields Express link.

Dr. David said that she was never aware that she had the ability to access images from Shields. She also asked the applicant to address Mr. Fernandez’ implication that those local hospitals will suffer from the cheaper images at Shields and those with public insurances may not be accepted at Shields.

Nicky Lamos, Senior Analyst for Shields, stated that the patient panel is physician driven and they accept all forms of public insurance.

Ms. Shields added that they have made overtures to St. Elizabeth’s, Mt. Auburn, and Charles River Community Health Center and were rebuffed.

Dr. Bernstein asked if they could comment on MRI waiting times.

Dr. Sweridek said waiting times vary depending on the time of the year, but the Brighton location is 10 to 14 days and at other locations waiting time can be anywhere from 2 to 3 days up to over 14 days.

Dr. Bernstein asked about waiting times for facilities outside of Shields

Dr. Sweridek said he did not have that data and went on to say that a wait time of 10 to 14 days is unacceptable, and they would like to get to 2 to 3 days and for an emergency, immediately.

Secretary Chen asked why a physician would refer to an independent facility as opposed to staying within their system.

Ms. Shields answered that there are a number of factors but the first being patient choice, convenience and access and the other is cost.

Secretary Chen confirmed that it cost less to do an MRI at Shields than the hospital system.

Ms. Shields said yes, and directed Secretary Chen to look at the Health Policy Commission’s report on variation in imaging pricing where it validates what they have said about being cheaper than hospital systems.

Mr. Fernandez added that the costs are the same as other free-standing sites.

Kerry Whelan, Vice President of Government Affairs, Shields Health Care Group, repeated the referencing in the staff report from the Health Policy Commission that says the variation of imaging costs from a free-standing sector can be upward of 60% less expensive than a hospital scan.

Mr. Lamos claimed based on several tools, Shields imaging is less expensive than other free-standing imaging companies in the area.

Dean Cox said that he was having difficulty understanding benefits versus non-benefits the same as Secretary Chen, considering cost and wait times versus the issues concerning competition.

Ms. Kelley explained that the cost difference between the free-standing facility and the hospital is significantly less expensive, and it helps to meet the Commonwealth’s cost containment and the application based on cost, was considered reasonable.

Ms. Rodman added that this is a center that currently exists and has an MRI. The need for another MRI is to serve a patient panel that is currently unable to be served. This is not a question of expanding, she said, but to serve patients that cannot be served now, at a lower cost and more efficiently.

Dr. Sweridek was asked to speak of the difference between the 1.2 MRI system that exists currently in Brighton, to the 1.5 that will serve a specific patient panel that was displaced by the installment of the 1.2. He spoke of the involvement that Shields has with dementia patients and research and that they currently cannot offer the Brighton facility and these patients must travel to the next available facility. Also, there has been an uptick in implanted medical devices which are unsafe to scan on the 1.2 machine but can be scanned with the 1.5 Tesla MRI. There has been rapid growth in what is called specialty scans and he mentioned the magnetic resonance for detection of lesions and cancers for the prostate, live, pancreas, colon, and ovaries are all lacking with the current 1.2 MRI.

Ms. Moscato asked if there is opportunity for there to be partnership with other facilities to limit competition and to enhance collaboration.

Ms. Shields responded that they have, in fact attempted collaboration with St. Elizabeth’s and Mt. Auburn, but they were not successful. She said that it is their model to partner with local hospitals but they felt they were rebuffed by both these hospitals.

Ms. Whelan added that it was their belief that the cost rate structure would be significantly lower for the patient if such partnership existed.

Secretary Chen asked the applicants if they can address the billing comparison to Shields’ two other sites located at hospitals.

Ms. Whelan explained that the difference at their Cambridge facility is it is the only open bore freestanding machine.

Secretary Chen stated that she was interested in the cost differences. She then asked, can a clinician get a comparable MRI at Shields MRI located at a hospital as that of one located outside the hospital.

Mr. Lamos was asked to go over the price transparency tools. He said there may be other free-standing options in that area but the free-standing rates at Shields are lower and considered to be the best option for patients while maintaining a high-quality image.

Dr. Bernstein asked what other free-standing competitors may be affected by the approval of this machine at Brighton.

Mr. Lamos said there was Longwood MRI located in Brighton.

Mr. Landers inquired as to whether there are any industry standards around saturation per population. He said he understands that there are a lot of variables but the number of college students in the area was already stated, is there any data on the older adult population?

Dr. Carey said that there is evidence that free standing sites are less expensive and that there seems to be a high demand for these services, specifically amongst the college population. She said it doesn’t appear that the problem of too much capacity in the area for imaging really exists, and if there is a problem, it is the unmet demand that patients deal with which could be alleviated.

Dr. Sweridek mentioned that there has been an increase in student athlete patients. He confirmed that the current wait time is 10 to 14 days for an MRI which is unacceptable.

Ms. Moscato asked Mr. Fernandez where the two sites he represents are located in relation to the Shield’s Brighton location.

Mr. Fernandez said one is in Coolidge Corner and the other in Somerville near Assembly Row.

Dr. David expressed that competition is good to help drive down the cost of health care.

Dr. Bernstein said that Mr. Fernandez raised some compelling arguments, but ultimately, it is apparent that the cost savings will benefit the patient and the lower wait times will benefit the patient. He was concerned however, how this could be accomplished while not negatively impacting other institutions.

Dean Cox pointed out there were two ten taxpayer groups, yet the Council had heard from only one. He wanted to know if the other were here to speak.

Ms. Kelley answered that the other group, which was St. Elizabeth’s, had offered written comments.

With no further questions, Commissioner Cooke asked if there was a motion to approve Shields Healthcare of Cambridge, Inc.’s request for DoN-required equipment.

Mr. Landers made the motion, which was seconded by Dr. David. Secretary Chen, Dr. Cruz-Davis, Mr. Landers, and Ms. Moscato abstained. All other present members approved.

**3. PRELIMINARY REGULATIONS**

*a. Overview of proposed amendments to 105 CMR 153, licensure procedure and suitability requirements for long-term facilities.*

Commissioner Cooke invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Healthcare Safety and Quality, to present an overview of proposed amendments to 105 CMR 153.

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

Dr. Bernstein stated that this is an important proposal and that he appreciates the work done on this effort.

No further questions.

**4. PRESENTATIONS**

*a. Informational presentation on Mosquito-borne Disease Surveillance in Massachusetts.*

Commissioner Cooke welcomed back Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to provide the update on mosquito borne disease surveillance in Massachusetts.

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

Dr. Cruz-Davis appreciated the information, in particularly to protect vulnerable family members and friends.

With no further questions, Commissioner Cooke reminded Council members that the next meeting would be held on Wednesday August 10, 2022.

Commissioner Cooke then asked if there was a motion to adjourn. Dr. Bernstein made the motion which was seconded by Dr. David. All present members approved.

The meeting was adjourned at 11:33am.