MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of March 13, 2024

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**

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**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, March 13, 2024 – 9:00AM**

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***Note: The March 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:

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Dial in Telephone Number: 929-436-2866 Webinar ID: 868 6418 1698

Passcode: 225366

1. **ROUTINE ITEMS**
2. Introductions.
3. Updates from Commissioner Robert Goldstein.
4. Record of the Public Health Council Meeting held February 14, 2024 **(Vote)**.

1. **DETERMINATION OF NEED**
2. Request by the Children's Medical Center Corporation for a Substantial Capital Expenditure **(Vote).**
3. Request by Mass General Brigham Incorporated for a Significant Amendment **(Vote).**

1. **PRELIMINARY REGULATIONS**
2. Overview of proposed amendments to 105 CMR 222, *Massachusetts immunization information system.*

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*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.*

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Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: March 13, 2024 - Start Time: 9:03 am. Ending Time: 11:54am.

| **Board Member** | **Attended** | **First Order:**  **Approval of February 14, 2023 Minutes (Vote)** | **Second Order:**  **Request by the Children’s Medical Center Corp. for a Substantial Capital Expenditure**  **(Vote)** | **Third Order:**  **Request by Mass General Brigham Incorporated for a Significant Amendment**  **(Vote)** |
| --- | --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | No | Absent | Absent | Absent |
| **Elizabeth Chen** | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes | Yes |
| **Michele David** | Yes | Abstain | Yes | Yes |
| **Robert Engell** | Yes | Yes | Yes | Yes |
| **Elizabeth Evans** | No | Absent | Absent | Absent |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | Yes | Abstain | Yes | Yes |
| **Stewart Landers** | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes | Yes |
| **Summary** | 13 Members Present;  2 Members Absent | 11 Members Approved;  2 Members Absent  2 Members Abstained | 13 Members Approved  2 Members Absent | 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, March 13, 2024, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Secretary Elizabeth Chen; Dean Harold Cox; Alba Cruz-Davis; Michele David, MD: Robert Engell; Eduardo Haddad, MD; Joanna Lambert; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

Also in attendance was Elizabeth-Scurria Morgan, First Deputy General Counsel at the Massachusetts Department of Public Health.

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

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the Council on the following:

**DPH Language Access Plan**

Commissioner Goldstein said last September, Governor Healey signed Executive Order #615, aimed at improving language access across state government. He recently approved DPH’s new 2024-2025 Language Access Plan, produced by the office of Health Equity. It lays out actions the Department will undertake through December 2025 to ensure meaningful access to DPH services, programs, information, and activities for people who have limited English proficiency and various other communication needs.

**March 11 Budget Hearing**

Commissioner Goldstein delivered testimony on March 11 before the Joint Committee on Ways and Means, stressing the vital investments needed in the FY25 budget to further advance public health in the Commonwealth. Among his speaking points were to right-size the workforce at DPH hospitals, expand access to doula providers in communities, and more – plus key policy initiatives that address barriers to equitable care, and build on modern data infrastructure.

**BU School of Medicine Symposium**

Commissioner Goldstein shared events that he had participated in last month. He spoke at the first health equity symposium held by the “Learn, Experience, Advocate, Discover, and Serve” course at the Chobanian and Avedisian School of Medicine at Boston University. The symposium serves as a culmination of a two-year course, which supports the development of medical students as physician leaders of health equity.

**Reproductive Health Panel with Senator Warren**

Commissioner Goldstein said he joined a panel discussion convened by Senator Elizabeth Warren to discuss the needs and challenges faced by providers across Massachusetts in providing access to sexual and reproductive health services, including abortion. He spoke about the memo and guidance DPH released in January related to anti-abortion centers.

**MA Coalition for Suicide Prevention State House Day**

Commissioner Goldstein said he delivered remarks at the Massachusetts Coalition for Suicide Prevention Annual State House Award Day where recipients of the Leadership in Suicide Prevention Awards were recognized. Because of the efforts of the suicide prevention community, the Commonwealth continues to have the third lowest suicide rate in all 50 states and D.C. but he said we must continue to forge ahead.

**Update on Emergency Assistance**

Commissioner Goldstein thanked the many partners that have been critical in supporting the health care needs of families on the Emergency Assistance wait-list. He mentioned the ways that one can donate items and or money to support families awaiting shelter.

**Respiratory Illness Season**

Commissioner Goldstein said on March 1, CDC announced updated guidance for protecting individuals and communities from respiratory illness, including COVID-19. It recommends people who are feeing unwell to stay home until they’ve been free of fever without medication for at least 24 hours and then use additional precautions such as wearing a mask, avoiding crowded areas and to use good hand hygiene. He noted that DPH has been reviewing this guidance, with an eye toward reinforcing the measures that will keep people in the Commonwealth healthiest and safest and help them make the best decisions regarding their health, the health of their families and communities, and public health. He emphasized that vaccination is the best way to prevent serious illness and death from COVID-19 and flu.

Commissioner Goldstein asked if there were any questions.

Dean Harold Cox reminded the Commissioner and the Council that in the past, the council has sent a “thank you” to the public health work force in April. He suggested it was time to do that once again and offered to draft the letter. He hoped that this would be adopted as an automatic annual occurrence.

Commissioner Goldstein and the council agreed.

Mr. Landers asked if there were any updates concerning Steward Health Care System.

Commissioner Goldstein said that DPH, the Executive Office of Health and Human Services, and the Healey-Driscoll Administration are diligently working on the situation with Steward Health Care. The work that the Department is doing is understanding the care that is being provided in the Steward facilities. He said we don’t know what will happen with Steward Health Care but said that we will make sure that patient health is protected, and jobs are preserved. The state is working with Steward in a setting of transparency, so we are aware of what is happening. We evaluate the situation each day and are ready to take action if needed.

Mr. Landers hoped that the impact on primary care services is also being overseen.

Commissioner Goldstein confirmed that this is the case. He said it is our job to ensure that primary care access persists whether Steward stays or not.

Ms. Moscato asked if DPH was currently monitoring the Steward facilities.

Commissioner Goldstein said DPH is in eight of the hospitals doing health and safety monitoring looking at staffing numbers, supply levels, and patient safety concerns. They are working closely with management and unions making sure there are direct lines of communication to the monitors.

Dr. David mentioned that Steward Health Care is also an academic health care system, and she is concerned about the future of the workforce currently being trained.

Commissioner Goldstein said that this is definitely being considered. They have looked at the students and postgrads, as well as interns in the Steward system. They are working to identify the number in each of the facilities and think of placement should a facility no longer take students. This is particularly important in nursing with the limited placement opportunities.

Dr. Haddad said that being in the Lawrence area, the Steward crisis is close to home and he is concerned that the Steward facilities are losing staff and unable to maintain a volume of patients. He finds it a paradox that the Steward system is for-profit yet serves his low income area, and the majority of the payer mix is government subsidized. He said whatever the future brings for healthcare in the region, it is imperative to protect the healthcare of the community. He fears a new system would shutter existing hospitals that have poor margins and continue to operate those that are in wealthier neighborhoods.

Commissioner Goldstein said DPH has a role in protecting the public health needs of the Commonwealth. This includes its regulatory role, determination of need, essential services closure process, the regional planning that the department does, and the discussions within the council. He assured Dr. Haddad that the Department shared his concerns and goals.

With no further questions, Commissioner Goldstein proceeded with the update.

**Strategic Plan to Advance Racial Equity**

Commissioner Goldstein addressed racism and its effect on public health, noting its destructive impact on individuals and communities across the Commonwealth. He listed multiple areas like education, health care and employment where racism has a presence and it prevents people and communities from achieving, succeeding, and thriving. He emphasized that racism is a serious public health threat in Massachusetts. He said at DPH, we see these effects of racism every day, whether in severe maternal morbidity rates among Black birthing people, or in high opioid related death rates in Black, Indigenous, and Latino communities. Fighting and eliminating racism is hard and will take bold action-oriented steps that need to take place across DPH. DPH’s Strategic Plan to Advance Racial Equity is a comprehensive approach across DPH that seeks to address the root causes of health disparities, promote equality in health care access, and advocate for policies that dismantle systemic racism.

Commissioner Goldstein then introduced the Assistant Commissioner for Health Equity, Dr. Fifi Diop and the Deputy Assistant Director for Health Equity, Stephanie Kang to share more about the DPH Strategic Plan to Advance Equity.

At the end of the presentation, Commissioner Goldstein asked if there were any questions.

Mr. Landers asked if a department-wide community advisory board has been considered to help support the Strategic Plan initiatives and engage the local communities.

Dr. Diop said that they relied on an advisory board to develop the strategic plan and they will be calling on people from the communities. Team members will be interacting with members of the communities. Part of the Advanced Health Equity of Massachusetts (AHEM) community engagement is currently targeting 30 cities and towns implementing community based events and investments. They will also partner with organizations like the Health Equity Compact and other private and public organizations, as well as local public health.

Mr. Landers asked if progress reports will come back to the council.

Commissioner Goldstein confirmed that the council will get regular updates.

Ms. Blondet said in embracing this very important work, it should be recognized that DPH itself, and its leadership lack substantial diversity. She said it should be a goal for DPH to diversify and look like the people that they represent in many communities.

Commissioner Goldstein agreed that there is much work to do regarding diversity in our own workforce. He said that the Strategic Plan to Advance Racial Equity is now publicly available and he urged the council to see the metrics to which the Department holds itself accountable. He said that this is a document of action, not words.

Secretary Chen said the leadership of DPH is felt across state government and this plan will not reflect only DPH but across all agencies.

Dr. Cruz-Davis said that this plan is timely and necessary. She started her career in infant poor birth weight and infant mortality and saw the inequities of these issues.

Dr. Bernstein asked how this will change the determination of need (DoN) process. He said that this is an opportunity to embody this plan in quality and equity measures in the DoN process.

Commissioner Goldstein said that this is an effort that will have touched all aspects of the Department, including regulatory measures like the DoN. He said there are already components of the DoN that are focused on health equity, but those that review the applications will be trained and have the necessary skills in the principles of health equity and racial equity and will be better equipped to evaluate the incoming applications making sure that we are holding the applicants accountable to equity standards.

Dr. Diop added that health equity is not seen as a standalone priority, but will be infused across the Department in all other priorities. The goal is that every bureau and department will do their work through the lens of health equity. It will not be an “add on.”

Dr. Bernstein said that the concept of racism is infused with worthiness and otherness. The powers of racism, like a tsunami, can’t entirely be held at bay from our state. He said that privilege and power also has to be considered in this model. Health equity also speaks to wealth gaps. It’s important that this message is not inclusive to only vulnerable communities and people of color, but all residents must embrace it to have it work.

Dr. Diop agreed, saying that it is the time to think about the structures and policies we have in place. This plan is not just about inter-personal racism but about the barriers that are put in place that enable the privileged. She said that she hopes the work we do here will spread across the country and bring other states to join this movement for justice.

Mr. Landers said that health equity is not about surviving. but thriving. These initiatives should allow communities to thrive and flourish.

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

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

*c. February 14, 32023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the February 14, 2024, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the February 14, 2024, minutes.

Dr. Bernstein made the motion, which was seconded by Dr. Cruz-Davis. Dr. David and Ms. Lambert abstained. All other present members voted to approve the minutes.

**2. DETERMINATION OF NEED**

1. *Request by the Children’s Medical Center Corporation for a Substantial Capital Expenditure* ***(Vote).***

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for the Children’s Medical Center Corporation’s request for a substantial capital expenditure. He was joined by Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality and Rebecca Kaye, Deputy General Counsel.

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

Secretary Chen was struck by the length of time that children and families had to wait for services. She felt that the applicant was not expanding capacity enough based on that wait time. She also commented that there was nothing in the application referring to the length of stay.

Dr. Joseph Mitchell, President of Franciscan Hospital for Children, answered that the plan calls for a 25% expansion in capacity of medical inpatient rehab beds. The increase will be from the current 48 to 60 beds. For behavioral health, the capacity expansion is 32 beds currently to 48 beds. That includes inpatient beds as well as a specialized unit for autism. In addition, not in the DoN are other investments being made to massively expand outpatient capacity and put in place an intensive outpatient program. They have also made investments in school-based care as well as community-based and outpatient support. Behavioral health expansion is only 4 beds, including 12 beds coming from Waltham Children’s. Length of stay is different between the many programs they have on campus. The average length of stay for their inpatient behavioral health is 10 days. Post acute medical beds, of which there are 48, have an average length of stay of 70 days.

Ms. Moscato asked if within the $483 million project, is the Kennedy Day School renovation included, and will that continue on the campus.

Dr. Mitchell answered the Kennedy Day School is not included in the DoN but will continue on the campus.

Ms. Moscato asked if there would be any downtime for services while building on the campus.

Dr. Mitchell said that the way that they’ve staged the construction, there will be no downtime. It will require that they move their CBAT (Community Based Acute Treatment) to another facility on campus, but it will remain uninterrupted.

Ms. Moscato clarified that the bed count is going up to 116 beds but asked if it included the 12 beds being transferred from Waltham.

Dr. Mitchell said it includes the12 beds.

Ms. Moscato asked if all the beds will be licensed under Franciscan Children’s Hospital.

Dr. Mitchell confirmed.

Ms. Moscato had questions regarding their Community Health and Advocacy (CH&A) related to the Ten Taxpayer Group. She said their focus on CH&A was to do more on their Allston Brighton campus, which was also requested by the Ten Taxpayer Group, so she said it is assumed that workforce and outreach services in the Allston-Brighton community will be continued and monitored but asked if they considered moving to another location.

Dr. Mitchell said they had not considered moving locations and are committed to the Allston-Brighton community and their Warren St. location.

Ms. Moscato said in the application it states that the project will begin after 7% is raised from philanthropic efforts. She asked if there was a time frame on that.

Dr. Kevin Churchwell, CEO said as soon as possible.

Ms. Moscato asked to clarify their reporting and hoped they would include transfer from other hospital along with transfers from Boston Childrens. She asked the DoN team if this could be worked on.

Commissioner Goldstein said they would work with the DoN team.

Ms. Blondet asked for clarification around the Community Health Needs Assessment. She asked how they are addressing the social determinants of health as condition of Factor 6.

Dr. Mitchell said they are deeply committed to health equity at Franciscan and have opened an office of Diversity, Equity and Belonging and recruited a nationally recognized expert to lead their efforts. This is a major priority of their Boards. They are engaged in a community needs process. They launched a task force with over 20 representatives of the local community, many of whose core mission is health equity. He said a major part of their program at Franciscan’s is families that have suffered catastrophic and challenging situations. A third of their patients are involved in DCF, with 70% of their patients on MassHealth, and most have very complex social needs, so they have expanded their social work organization to help these families to find solutions to their needs.

Dr. Churchwell said the process that they have in place means decisions of investment will be driven by the community, the 20 institutions spoken of earlier, brought together to determine initiatives important to social determinants.

Dr. Mitchell said part of their work with the joint commission is investing heavily to better understand the gaps in social determinants.

Ms. Blondet asked when they estimate that they will have feedback about these priorities from this commission.

Dr. Churchwell said the groups are already meeting and they should have feedback this year when they will report back to DPH to demonstrate where those investments are intended to be utilized.

Ms. Lambert noticed that wait times are not limited to inpatient psychiatric services, but also outpatient therapy, neurological testing, and dental surgery. She asked if there were any projections on how these wait times will be reduced by this investment. She then asked if there were any hiring strategies, especially for behavioral providers.

Dr. Matthew Siegel, Chief of Clinical Enterprise for Boston Children’s Department of Psychiatry and Chief Behavioral Health Officer at Franciscan Children’s, said in regard to wait times, he said the behavioral health system is a series of dependencies; to move from ED to inpatient, to lower levels of care, and to outpatient and it can experience bottlenecks at every point. They are addressing almost every level of care with this project. Not only are they increasing the bed count but the number of functional beds goes up tremendously because currently they cannot use many of the beds because they are double and triple rooms and many of the children require single rooms. The new bed count are all singles. In terms of work force, they have launched a major effort around behavioral health workforce, specifically how they help local community members move into the workforce.

Dr. Churchwell said that they are building a campus that pushes forward the care of the children and emphasizes training for the workforce.

Secretary Chen mentioned their Diversity, Equity and Belonging efforts and requested if demographic data can be collected in an inclusive manner as it currently does not allow for non-binary gender identification.

Dr. Churchwell said this type of inclusiveness is part of the work that they are doing.

Ms. Blondet said she felt the application plan to community service was lacking. She said she would like to see a more specific plan geared to community investment before she could vote to approve the application.

Dr. Churchwell said in the application for the $50 million, there is an active engagement process and review of those dollars that go through their community sub-committee that gets reported to DPH around the work that is happening and its impact. He said they would be happy to bring that to the council for review. He said it is not what they want to do with the dollars, but what the community wants to do.

Ms. Blondet said that the substantial amount of money, not usually seen, could be utilized to make inroads in disparity with one common vision.

Dr. Bernstein felt that the application was commensurate with the value of the project, especially in the area of mental health. But he was concerned about the threefold increase in boarding in the ED at Childrens. He said he was with the council a few years back when there was a promise by Children’s to reduce the number of ED boarders. He asked why it’s now worse. He also agreed with Ms. Moscato that transfers from other ED’s across the state should be noted.

Dr. Mitchell said in this application they’re building a community asset without barriers to admission. This includes all children across the state. He said boarding issues have been profound. In March, there were 72 children boarding across the state with a disproportionate number of them at Boston Children’s. Dr. Siegel and his team have worked hard to reduce these numbers. He said expansion on their campus would help alleviate the boarding crisis.

Dr. Siegel agreed with Dr. Mitchell and said boarding continues to be a problem because of lack of capacity to provide services to those children at lower levels of care and inpatient care. Children’s is providing bridge and decompression programs out of the ED programs because there are some children that if you can provide them rapid services, you can stabilize them and avoid inpatient boarding.

Dr. Bernstein said the application is a model of all types of care and asked how they are working out their plan for mental health care.

Dr. Siegel said they partner closely statewide and are having a summit this summer of children’s mental health providers to further operationalize the state’s behavioral health road map and to envision a road map 2.0.

Dr. Bernstein suggested going back to the DoN team to find out what conditions have been added on.

Mr. Renaud read the various conditions required of the applicant and said specifically what will be monitored is: 1) the daily average of staff beds for mental health services for both BCH and Franciscan, 2) the daily average of staff beds for post-acute rehabilitation services at Franciscan, 3) the daily average of emergency admissions at BCH, 4) the number of post-acute rehabilitation patient transfers from BCH to Franciscan, and 5) the number of children who obtain dental services at BCH and Franciscan.

Dr. Bernstein suggested adding reporting the sources of referral throughout the state to BCH and Franciscan.

Ms. Moscato said in order to approve the application, she would like to suggest but not limit to adapting some of those measures and specified changes in the language of the conditions for a more understandable and specific criteria. She also agreed with Dr. Bernstein that referrals made, regionally and statewide, should be captured. Also, monitoring the ED boarding numbers to determine if there is a decrease due to this application. She recommends measuring the impact of this proposal for the means of approving it.

Commissioner Goldstein asked the applicant if there is a commitment to address working with the council concerning the language of the conditions of the application while still voting for approval.

Both Drs. Churchwell and Mitchell agreed.

Commissioner Goldstein asked if the council could proceed to a vote.

Ms. Blondet said she could not vote for an application that is not clear in its conditions toward community investments. She suggested postponing the vote until the application is clearer.

Commissioner Goldstein tried to clarify Ms. Blondet’s requirements and asked if she was requesting to amend the conditions of the application to reflect the commitment of the applicant toward community investment. He said if that is the case, they could apply that request as they are applying the requests toward the data collection.

Ms. Blondet asked if there was a timeline for the applicant to clarify the new requests from the council.

Dr. Churchwell asked for clarification stating that they already work within a defined DoN process to submit the application. He wanted to know if the council was asking for something outside the process that they had followed.

Mr. Renaud said that the process is not necessarily being questioned but the council is seeking more specificity and a greater level of detail.

Dr. Churchwell said they would be happy to bring that back to the council.

Dr. Bernstein asked if they were collecting Medicaid data in their demographics.

Mr. Renaud said we have the ability to collect data on all payers.

Ms. Blondet asked if a date could be set to require the applicant to provide the specifics sought by the council and she wants to see a meaningful community impact offered.

Mr. Renaud said that the applicant should be able to provide the specifics within the next four weeks.

Ms. Blondet wanted to know how the council will be able to be assured that the additions to the application are acceptable to the council.

Rebecca Kaye, Deputy General Council said if the applicant fails to provide the data, we would have an opportunity to revisit the approval process.

Dr. Churchwell said that they can provide what the council is requiring as long as they understand the requirements.

Dr. Mitchell said that they have been following a DPH-outlined process which involves convening an advisory group, which takes about three months for that group to establish the funding priorities. He said their understanding is that they would then convene an allocation committee that would weigh in on allocation of those dollars. Historically, this has been a six month process which ends with details specifying the use of those funds, which is what Ms. Blondet is requesting.

Mr. Renaud asked Dr. Mitchell considering the concerns of the council, could the allocation committee finalize their allocations in a four month period.

Dr. Mitchel and Dr. Churchwell said it is reasonable to do, but to remember that they are working with other people’s timeframes as well.

Dr. Mitchell pointed out to Ms. Blondet that the committee is already engaged in topics like food insecurity, housing, mental health, substance abuse and the issues around equity.

Jennica Allen, Manager of Community Engagement Practices from BCHAP explained the engagement of the Community-based Health Initiative (CHI) team during the application process, ensuring that the applicant’s community engagement is robust, that they are on track for a timeline, and that we will see a meaningful investment. But that decision-making lies specifically with the community, using the guidelines offered to them by CHI. This all creates a framework by which they judge applications. She said when the applicant is in front of the PHC, the proper preliminary work has been established, including upstream, root causes, sustainability, justice, and equity. She said it is typical that the decisions of community engagement are on a different timeline than clinical decisions in the application, but the ground floor has been set with community engagement. CHI stays informed with the applicant ensuring that the community engagement team stays on track within the framework.

Ms. Blondet asked whether the Applicant has fulfilled the CHI requirements. Dr. Churchwell and Ms. Allen confirmed.

Ms. Moscato asked, and Ms. Allen confirmed, that the Applicant has their advisory committee, the committee has met, and Ms. Allen’s group monitors that.

With no further questions, Commissioner Goldstein asked if there was a motion to approve the Children’s Medical Center Corporation’s request for a substantial capital expenditure.

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

***b.*** *Request by Mass General Brigham Incorporated for a Significant Amendment.***(Vote).**

Commissioner Goldstein again invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Mass General Brigham Incorporated’s request for a Significant Amendment. He was joined by Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality and Rebecca Kaye, Deputy General Counsel.

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

Ms. Moscato asked if the Waltham campus is current shell space or if it will be additional.

Sally Mason Boemer, MGH said the Waltham campus is existing shell space right now with no patient care and will put it into clinical service.

Ms. Moscato clarified that the ORs will fit into that space with no additional build out.

Ms. Mason Bemer confirmed and said there will be no additional square footage to the building.

Mr. Engell asked within the framework of racial equity, how we can raise in these projects a condition that we speak to racial justice opportunities for veterans concerning the construction companies hired for an application.

Commissioner Goldstein said that this is a much broader question within the DoN program but said that this would be part of the Strategic Plan to Advance Racial Equity, which includes all parts of the Department, including DoN staff.

Ms. Mason Bemer stated that MGH considers themselves an anchor institution, which determines how it directs its supply chain purchasing, including employment but also construction to help advance the economic diversity in the local economy. They are tracking the diversity of the workforce on their construction projects, and work to grow the sub-contractor market. They document and share this work with their Board of Trustees and with other health care and universities within the City of Boston. They are proud to say that their equity measures are trending in the right direction.

Ms. Lambert asked if they have considered subsidized or low-cost or no-cost patient parking, accessibility by public transit, or partnership with the Ride.

Ms. Mason Bemer said they actively collaborate with all modes of transportation on the main campus and will do so also in Waltham, Danvers, and community centers downtown.

Dr. Bernstein asked about the backfill of higher acuity cases and wanted to know how it would be measured.

Dr. Wilton Levine, Medical Director for Perioperative Services, said they track inpatient and outpatient volume very closely and each day have a significant number of inpatients or high acuity patients waiting for surgery. They can track that with their case mix with their inpatient-outpatient ratio and through much of the data that they collect through their standard reporting.

Commissioner Goldstein added for Dr. Bernstein what Dennis described as the conditions associated to this significant change has asked for some of that reporting to come back to the PHC for further review.

Dr. Bernstein said in terms of equity, we should be looking at racial, ethnic, and gender differences in utilization of these services.

Commissioner Goldstein said that from the perspective of the Department and the Determination of Need staff, that is part of the data collection that comes into us.

Ms. Mason Bemer said they have a strong history of collecting that data and try to be transparent in the equity data connected with the services of their own health care. They would be happy to share with DPH.

Dr. Bernstein said it’s very important to collect payer mix data as well. He then asked about their community engagement in Waltham.

Lauren Lele, Senior Director of Community Benefits at Newton-Wellesley Hospital, said the original DoN prioritized the education focus, increasing graduation rates for Latino individuals and newcomers into the Waltham community. Because of its success, they would go through that same process, convening an advisory committee to focus on the Waltham community.

Dr. Bernstein said there are probably pockets of economic and other disparities in that area and asked what they have found.

Ms. Lele said Waltham is one of those communities served by Newton-Wellesley that is most diverse in terms of health needs and socioeconomics. It has continual growth in its migrant population. They utilize the community advisory board for the voices that they hear in the community and build out the board as needed.

With no further questions, Commissioner Goldstein asked if there was a motion to approve Mass General Brigham Incorporated’s request for a Significant Amendment.

Dr. David 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 222, Massachusetts Immunization Information System.*

Commissioner Goldstein invited Pejman Talebian, Director of the Division of Immunization for our Bureau of Infectious Disease and Laboratory Sciences, to present an overview of proposed amendments to the Department’s regulations regarding the Massachusetts Immunization Information System (MIIS).

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

Mr. Landers asked to hear more about the expansion data sharing with health plans and what the rationale for not including them previously was.

Mr. Talebian said the original statute was promulgated over ten years ago, and did not include health plans and that DPH cannot speak to why they were excluded. But since that time, health plans have requested access to this data and so the Department supported that statutory amendment. He stated that this access has been in place operationally for some time, including throughout COVID-19, and so this authority will now simply be mirrored in the regulation.

Mr. Landers asked about the change allowing information to be sent back to help quality improvement in terms of immunization rates and if it will be aggregate data.

Mr. Talebian said they have a bi-directional data exchange with providers so they can pull information on their own patients back into their EHR systems.

Dr. David said as a primary care doctor, this exchange system has been very helpful.

Dr. Bernstein asked to follow up on the expansion to other states.

Mr. Talebian said they are taking each state one by one with the state’s information system able to “talk” to the system in Massachusetts. Rhode Island was eager and pro-active, so they were the first state to connect information.

Dr. Bernstein asked how it would be utilized.

Mr. Talebian said cross-state data is for patients seeking care across state lines ensuring that their primary care provider has their immunization record.

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, April 17, 2024, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

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

The meeting was adjourned at 11:54 am.