

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of March 9, 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, March 9, 2016 9:00 AM

1. ROUTINE ITEMS:

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD
- c. Record of the Public Health Council Meeting February 10, 2016 **(Vote)**

2. PRELIMINARY REGULATIONS

- a. Informational briefing on proposed regulatory amendments to 105 CMR 670.000: *Right to Know*
- b. Informational briefing on proposed regulatory amendments to 105 CMR 220.000: *Immunization of Students before Admission to School*
- c. Informational briefing on proposed regulatory amendments to 105 CMR 335.000: *Treatment of Persons Exposed to Rabies*
- d. Informational briefing on proposed regulatory amendments to 105 CMR 360.000: *Tuberculosis Treatment, Unit Standards for Admission, Treatment and Discharge*
- e. Informational briefing on proposed regulatory amendments to 105 CMR 365.000: *Standards for Management of Tuberculosis outside Hospitals*

3. PRESENTATIONS

- a. Sexual Assault Nurse Examiners (SANE) Program Overview
- b. Formalizing Community-Clinical Partnerships: E-Referral Program

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, March 9, 2016

Beginning Time: 9:29AM

Ending Time: 11:34AM

Attendance and Summary of Votes:

Board Member	Attended	Item 1c Minutes of the February 10, 2016 Meeting
Monica Bharel	Yes	Yes
Edward Bernstein	Absent	Absent
Derek Brindisi	Yes	Abstained
Harold Cox	Yes	Yes
John Cunningham	Yes	Yes
Michele David	Yes	Abstained
Meg Doherty	Yes; Arrived at 9:49	Absent at Time of Vote
Michael Kneeland	Yes	Yes
Paul Lanzikos	Yes	Yes
Denis Leary	Absent	Absent
Lucilia Prates-Ramos	Yes; Arrived at 9:31	Yes
Jose Rafael Rivera	Yes	Yes
Meredith Rosenthal	Yes	Yes
Alan Woodward	Yes	Yes
Michael Wong	Absent	Absent
Summary	12 Members Present, 3 Absent	9 Members Approved, 2 Abstained, 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, March 9, 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: Monica Bharel, MD, MPH; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos; Jose Rafael Rivera; Meredith Rosenthal, PhD; Alan Woodward, MD

Absent member(s) were: Edward Bernstein, MD; Denis Leary; Michael Wong, MD

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 9:29AM 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.

The Commissioner stated that she recently joined Governor Baker and Secretary Sudders in announcing the establishment of a cross-institutional agreement by the three Massachusetts dental schools – Boston University, Harvard, and Tufts – and the Massachusetts Dental Society in developing a first in the nation, cross-institutional set of core competencies to ensure critical and necessary best practices for prescription drug use and management are taught to students. She noted that DPH is in the process of working with advanced practice nurses and physician assistants on similar agreements, as well as working with the Massachusetts Medical Society to establish educational offerings on these core competencies. She concluded by saying that, following the Massachusetts example, Pennsylvania's governor recently announced he is pushing his state to follow suit.

Commissioner Bharel noted that she recently testified at a hearing on the State Public Health Lab, highlighting the critical role the lab plays in supporting DPH as well as state, regional, and federal partners, while recognizing the lab is in need of infrastructure improvements to ensure optimal research and working environments. She highlighted the work the lab does, including confirming diagnoses and detecting infection clusters; identifying patterns of drug resistances for proper treatment of tuberculosis, health care acquired infections, and sexually transmitted infections; testing for novel infections; and ensuring safe operations in the state's food industry. Additionally, Commissioner Bharel noted that the State Lab was one of the first state labs to perform CDC-validated Ebola testing for hospitals; is one of 10 Level-One Chemical Threat Preparedness labs in the country; is one of 22 states able to perform Zika testing in-state; and, in 2012, was the first lab in the nation to detect a new strain of influenza, which was included in the World Health Organization's worldwide seasonal flu vaccine.

The Commissioner asked if Council members had any questions or comments on these updates. Seeing none, she proceeded with the agenda.

1. ROUTINE ITEMS

c. Minutes

Commissioner Bharel asked if any members had any changes to be included in the February 10, 2016 meeting minutes.

Dr. Woodward made a motion to approve, and Mr. Lanzikos seconded the motion. All approved, except Dr. David and Mr. Brindisi who abstained as they were not present at the meeting.

2. PRELIMINARY REGULATIONS

a. Informational briefing on proposed regulatory amendments to 105 CMR 670.000: *Right to Know*

Commissioner Bharel invited Mike Feeney, Director of the Indoor Air Quality Control Program within the Bureau of Environmental Health, and Jim Ballin, Deputy General Counsel, to the table for a presentation on proposed amendments to 105 CMR 670.000: *Right to Know*.

Upon conclusion of the presentation, the Commissioner asked if Council members had any questions for Mr. Feeney or Mr. Ballin.

Seeing none, she thanked Mr. Feeney and Mr. Ballin for their presentation.

b. Informational briefing on proposed regulatory amendments to 105 CMR 220.000: *Immunization of Students before Admission to School*

Commissioner Bharel invited Kevin Cranston, Director of the Bureau of Infectious Disease and Laboratory Sciences, Dr. Alfred DeMaria, State Epidemiologist and Medical Director for the Bureau of Infectious Disease and Laboratory Sciences, and Alison Mehlman, Deputy General Counsel, to the table for a series of presentations on proposed amendments to regulations. The first presentation concerned proposed amendments to 105 CMR 220.000: *Immunization of Students before Admission to School*

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

Dr. Cunningham commended the Department for the proposed amendments and thanked them for their clarity. He asked about the reference in the presentation to the terms middle and high school versus secondary school.

Mr. Cranston responded that Massachusetts is a local control education state, so there is no absolute conformity across the state. He noted that because of this the regulation is trying to capture specific references to the ages tied to the immunization schedule to ensure all students are included.

Dr. Woodward asked a question relative to the religious exemption for immunization, and the number of instances where this exemption is enacted.

Dr. DeMaria responded that he believes the Christian Scientists remain opposed to vaccination.

Mr. Cranston responded that it is not the place of the Department to evaluate someone's religious beliefs, and that the regulation is consistent with the statute. He also indicated that on an annual basis statewide about 1% of students opt out of vaccination, and that represents a combination of instances where vaccination is medically contraindicated and where vaccination is declined based on religious exemption.

Ms. Mehlman added that previously the statute read that if an individual opted out based on religious exemption; they were required to document the religion the exemption was based on. She continued that the Supreme Judicial Court then ruled that unconstitutional and the law was changed to reflect that so that now it reads an exemption must be based on sound religious belief.

Mr. Cranston concluded by saying that while the Department recognizes there are reporting challenges in some communities, we are excited about the opportunity the Massachusetts Immunization Information System presents for better recording and tracking of immunization, and how that will assist schools in this process.

Dr. David raised a question about recent mumps cases, and whether there is lack of immunization.

Dr. DeMaria noted that these breakthrough mumps cases seem to occur mostly on college campuses, and are occurring in previously vaccinated individuals. He noted there used to be a thought that immunity was waning, but evidence hasn't supported that. He also noted it could be due to primary vaccine failure, but the reason these cases occur is not fully understood at this time.

Seeing no further questions, the Commissioner asked the group to move to their next presentation.

c. Informational briefing on proposed regulatory amendments to 105 CMR 335.000: *Treatment of Persons Exposed to Rabies*

Mr. Cranston, Dr. DeMaria, and Ms. Mehlman next gave a presentation on proposed amendments to 105 CMR 335.000: *Treatment of Persons Exposed to Rabies*.

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

Dr. Woodward indicated he feels this regulation is unnecessary, as most suspected cases of rabies are taken to the emergency department and treated without regard for insurance coverage.

Mr. Brindisi noted, from the perspective of local boards of health, this is not the only instance where the board of health is responsible to fund something and asked the Department to consider if this provision has ever presented a barrier to local boards of health regarding referral to the emergency department due to cost concerns.

Ms. Mehlman noted that treatment coverage by local boards of health in instances of exposure to an uninsured individual is a statutory requirement. She further noted that the statute authorizes the regulation.

Seeing no further questions, Commissioner Bharel asked the group to move to their next presentation.

d. Informational briefing on proposed regulatory amendments to 105 CMR 365.000: *Standards for Management of Tuberculosis outside Hospitals*

Mr. Cranston, Dr. DeMaria, and Ms. Mehlman next gave a presentation on proposed amendments to 105 CMR 365.000: *Standards for Management of Tuberculosis outside Hospitals*.

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

Mr. Brindisi asked, when thinking about tuberculosis management at the local level, if nurse case management is a requirement. He said he is aware that many local areas do have such nurses, but was curious if it was a requirement.

Dr. DeMaria noted that nurse case management is a requirement.

Mr. Brindisi asked if, given the limited numbers of tuberculosis cases, if there was any thought to changing this requirement.

Mr. Cranston indicated that other health professionals are engaged when appropriate. He noted that the program utilizes community health workers for education and as a support to nursing activities, but given the complexity of the disease and movement through symptoms, nursing care is necessary.

Ms. Mehlman noted that state law limits who may administer medications to individuals, and said this limits who can oversee that activity.

Dr. Kneeland briefly left the meeting at 10:09AM. He rejoined the meeting at 10:11.

Mr. Brindisi asked if the town's Medical Director could serve in this case management function.

Dr. DeMaria responded that the type of direct care necessary for this case management is best provided by a nurse, but it is helpful to have the support of the Medical Director.

Seeing no further questions, the Commissioner asked the group to move to their next presentation.

e. Informational briefing on proposed regulatory amendments to 105 CMR 360.000: *Tuberculosis Treatment, Unit Standards for Admission, Treatment and Discharge*

Mr. Cranston, Dr. DeMaria, and Ms. Mehlman next gave a presentation on proposed amendments to 105 CMR 360.000: *Tuberculosis Treatment, Unit Standards for Admission, Treatment and Discharge*. Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for the presenters.

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

3. PRESENTATIONS

a. Sexual Assault Nurse Examiners (SANE) Program Overview

Commissioner Bharel invited Carlene Pavlos, Director for the Bureau of Community Health and Prevention, and Joan Sham, Director of the SANE Program within the Bureau of Community Health and Prevention, for an informational presentation on the SANE Program.

Upon conclusion of the presentation, the Commissioner asked if Council members had any questions for Ms. Pavlos or Ms. Sham.

Mr. Cox asked for a better understanding of what the telenursing center does.

Ms. Sham explained that the TeleNursing Center connects with hospitals that do not currently receive MA SANE services, and gives hospital clinicians a way to connect directly with a MA SANE using a real-time audio-visual telemedicine connection. The MA TeleSANE can provide guidance and consultation during a forensic evidence collection examination. This is live-feed and there is no recording of the Telenursing encounter.

Mr. Cox said he is very interested in the telenursing center, and was curious of victim interaction in this setting. He noted that it may be difficult for victims to accept use of a camera in this encounter given recent trauma, and asked how that is managed.

Ms. Sham responded that those concerns are one of the reasons the program is being piloted. She went on to say that so far during the pilot, patients have found the telenursing service comforting. She included that this ensures an experienced SANE nurse is available to a clinician who may be less experienced with the evidence collection kit to help in that collection process. She noted that patients are asked three times if they are comfortable with the telenursing process and have the ability to request the camera be turned away or moved to audio-only, to ensure the patient has control. She concluded that thus far it has been a positive experience.

Ms. Pavlos added that the cameras are on carts that can literally be turned so that just the clinician is interfacing with the nurse, or turned in a way so that the patient, clinician, and nurse are all connected.

Dr. David asked if this program has been or will be expanded to college campuses, given robust campus health services in Massachusetts.

Ms. Sham responded the SANE program has interacted with college campuses previously, and will continue to work with college campuses on ways to align.

Ms. Prates-Ramos asked how the Program and the telenursing site are impacted by and responds to victims with limited English ability.

Ms. Prates-Ramos asked how many rejections of the camera via the telenursing center have occurred.

Ms. Sham responded none.

Commissioner Bharel noted that individuals can ask the camera be turned away.

Ms. Sham agreed, and noted further that this has been requested but that no one has chosen to reject use of the telenursing center.

Mr. Rivera noted that this program interacts with individuals who have experienced trauma from a multitude of backgrounds, but that the presentation did not include references to cultural sensitivity which is concerning.

Ms. Sham responded that the SANE Program's Curricula includes content addressing cultural considerations as well as special populations such as LGBTQ patients, persons with disabilities, and patients who are inmates.

Ms. Pavlos noted that this is an issue the Bureau thinks about as related to rape crisis centers, as well.

Mr. Lanzikos emphasized that there should be a focus in secondary education settings, as well as among younger boys and men.

Ms. Sham responded that SANE recently developed a Curriculum section on sexual assault later in life, and also has curriculum directed toward the sexual assault of males.

Dr. Woodward thanked Ms. Pavlos and Ms. Sham for this important program, and noted that as an emergency physician he appreciates the process and assistance as the exam and encounter take time that emergency physicians do not always have.

Ms. Sham responded that the full encounter takes between four and six hours.

Dr. Woodward noted that the numbers of victims indicate over 900 adults/teens and over 750 children/teens, so there seems to be some overlap across these groups. He asked for clarification on the total annual number.

Ms. Sham responded that the adult/adolescent total represents patients 12 years and older cared by MA SANEs in 29 emergency departments and the pediatric total represents patients cared for by MA Pediatric SANEs in Children's Advocacy Centers. She stated that the annual total is the combination of these figures.

Ms. Pavlos added that there is some overlap in the ages across these groups, as some individuals are seen in an emergency department while some are reported through child advocacy networks.

Mr. Brindisi briefly left the meeting at 11:00AM.

With regard to the telenursing capability, he noted this is a nice application of this technology. He noted that presently this capability is used across state lines, but wondered if this technology will be used in other communities and on college campuses in Massachusetts without SANE sites presently.

Ms. Sham responded that is part of the goal, and one of the reasons the grant was pursued. She added that the grant was instrumental to providing necessary infrastructure. She noted that three of the sites are in California and one in Arizona, so licensure is certainly a consideration in providing these services across state lines.

Mr. Lanzikos noted there are no participating sites in Eastern Essex County and asked if there was a reason for that.

Ms. Sham responded that is mostly a matter of resources available and where people wanted SANE services initially. She added that travel for the nurses across regions is also a consideration.

Ms. Pavlos noted that over the past couple of years two new SANE sites were designated based off a needs analysis. She clarified that was achieved through existing funding.

Mr. Lanzikos commented that maybe this would be an area where hospitals can direct community benefits funding in the future.

Mr. Brindisi returned to the meeting at 11:04.

Seeing no further questions, the Commissioner thanked Ms. Sham and Ms. Pavlos for their presentation.

Mr. Lanzikos and Dr. Cunningham left the meeting at 11:06 and did not return.

b. Formalizing Community-Clinical Partnerships: E-Referral Program

Commissioner Bharel invited Laura Nasuti, Director of the Office of Statistics and Evaluation within the Bureau of Community Health and Prevention, to the table for an informational presentation and demonstration on the e-Referral Program. She was joined by Ms. Pavlos.

Mr. Rivera briefly left the meeting at 11:20. He returned at 11:25.

Upon conclusion of the presentation and demonstration, the Commissioner asked if Council members had any questions for Ms. Nasuti.

Dr. Woodward noted that the potential with this program is tremendous and is very exciting. He asked who awards the SIM grant and for what duration of time.

Ms. Nasuti responded the grant is from the Centers for Medicare and Medicaid Innovation, and anticipated to be in place for at least two more years.

Ms. Pavlos added that the SIM grant was not specific to this program, but part of a larger grant awarded to the Executive Office of Health and Human Services.

Dr. Woodward noted that having a way to track patient origin and prompts for services in the patient's originating community is key. He also noted that accountable care organizations may be helpful as the e-referral program grows.

Commissioner Bharel noted that while part of a smaller pilot, it is interesting to see the lessons learned and now see how to apply those to bigger delivery systems. She agreed that the potential here is huge.

Seeing no further questions, Commissioner Bharel thanked Ms. Nasuti for her presentation.

Commissioner Bharel indicated that the next meeting will be held April 13th, and requested a motion to adjourn.

Mr. Rivera made a motion to adjourn, and Dr. David seconded the motion. All approved.

The meeting adjourned at 11:34AM.

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

- Minutes of the Public Health Council Meeting February 10, 2016
- Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 670.000: *Right to Know*
- Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 220: *Immunization of Students Before Admission to School*
- Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 335.000: *Treatment of Persons Exposed to Rabies*
- Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 360.000: *Tuberculosis Treatment, Unit Standards for Admission, Treatment and Discharge*
- Copy of regulation and presentation discussing proposed regulatory amendments to 105 CMR 365.000: *Standards for Management of Tuberculosis Outside of Hospitals*
- Copy of informational presentation discussing the Massachusetts SANE Program
- Copy of informational presentation discussing e-Referral

Commissioner Monica Bharel, Chair