MINUTES OF THE PUBLIC HEALTH COUNCIL FOR REVIEW AND APPROVAL

Meeting of May 12, 2021

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, May 12, 2021 – 9AM**

***Note: The May Public Health Council meeting will be held remotely as a video conference due to the COVID-19 State of Emergency declared by Governor Charles D. Baker on March 10, 2020 and consistent with the Governor’s March 12, 2020 Order modifying the state’s Open Meeting Law.***

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

Join by Web: <https://statema.webex.com/statema/onstage/g.php?MTID=e570631599f0f8795e938b8f2fd90c42d>

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Access code: 161 129 1568

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH.
		1. Review of Opioid-related Overdose Death Data, 2020 and 1st Quarter of 2021
	3. Record of the Public Health Council Meeting held April 28, 2021. **(Vote)**
2. **DETERMINATIONS OF NEED**
	1. Request by UMass Memorial Health Care, Inc. for Transfer of Ownership **(Vote)**

1. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 301.000, *Cancer Registry.*

**4. PRESENTATIONS**

a. New Results and Updates from the COVID-19 Community Impact Survey (CCIS)

*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

Attendance and Summary of Votes:

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

Date of Meeting: May 12, 2021

Start Time: 9:05am Ending Time: 11:36am

| Board Member | Attended | First Order: Approval of April 28, 2021 Meeting Minutes (Vote) | Second Order: DoN Request by UMass Memorial Health Care, Inc. for Transfer of Ownership (Vote) |
| --- | --- | --- | --- |
| Commissioner Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein  | Yes | Yes | Yes |
| Lissette Blondet | Absent | Absent | Absent |
| Kathleen Carey | Yes | Yes | Yes |
| Sec. Elizabeth Chen | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes |
| Alba Cruz-Davis | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent |
| Claude Jacob | Yes | Yes | Yes |
| Michael Kneeland | Yes | No | Yes |
| Keith Hovan | Yes  | Yes | Yes |
| Joanna Lambert | Absent | Absent | Absent |
| Acting Secretary Cheryl Poppe | Yes | Yes | Yes |
| Summary | 11 Members Present; 3 Absent | 11 Members Approved; 3 Absent | 10 Members Approved; 1 Member recused; 3 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, April 28, 2021 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Kathleen Carey, PHD; Secretary Elizabeth Chen; Alba Cruz-Davis, PhD, MPH; John Cunningham, PhD; Claude Jacob; Michael Kneeland, MD; Dean Harold Cox; Keith Hovan and Cheryl Lussier Poppe

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

Commissioner Bharel called the meeting to order at 9:05AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Commissioner Monica Bharel, MD, MPH

**COVID VACCINE**

Commissioner Bharel stated the Administration continues to take steps to reopen the Commonwealth's economy with public health metrics trending in a positive direction. This includes drops in average daily COVID cases and hospitalizations. Massachusetts leads the nation in vaccinations, and over 4 million people are now fully or partially vaccinated.

DPH is focusing more on targeted, community-based ways to increase access to the vaccine.

All seven of the Commonwealth’s mass vaccination sites are open for walk up vaccination and local pharmacies are also accepting walk-ins. Residents can still go to VaxFinder to find one of the more than 500 locations for available appointments.

The DPH Vaccine Equity Initiative teams are going into barber shops and grocery stores to vaccinate individuals. Pop up clinics and mobile vans are being successfully set up in places like parking lots. Commissioner Bharel stated DPH has the data and experience of more than 150 million people across the country who have received the vaccine.

More information can be found on the Highlights page on the Vaccine Equity website.

**NATIONAL NURSES WEEK**

Commissioner Bharel announced National Nurses Week and thanked the many nurses who contribute so much to our public health hospitals, within our DPH bureaus, and within all health care facilities in the Commonwealth.

**LISTERIA DISCOVERY**

Commissioner Bharel stated that all DPH work has continued unabated since the beginning of the pandemic over 18 months ago. Testing was conducted by disease investigators at the State Public Health Lab last week led to the expansion of a national recall of Enoki mushrooms, after two packages the investigators purchased here in Massachusetts tested positive for Listeria.

**OPIOID REPORT**

Commissioner Bharel then turned to the report released on opioid-related overdose deaths in 2020, as well as estimates of deaths in the first quarter of 2021. This new report includes death data from all of 2020 so it represents our first opportunity to get a more complete picture of the pandemic’s impact on opioid-related overdose deaths. Massachusetts was in a steady decline in opioid overdose deaths until the pandemic hit. Before the pandemic, opioid-related overdose deaths in Massachusetts had been trending down since 2016, the pandemic has set back that progress.

Commissioner Bharel stated that DPH is urgently ramping up efforts in communities of color.

Although the pandemic has exacerbated the opioid epidemic in all communities of color, non-Hispanic Black men have been particularly hard hit. This report shows a 69 percent spike in opioid-related overdose deaths among non-Hispanic Black men. No other race or ethnicity or gender experienced this kind of statistically significant increase between 2019 to 2020.

This is a significant increase in the rate of opioid overdose deaths among Black non-Hispanic men it and serves as a reminder of the multiple barriers and challenges experienced. This trend is also seen in the rates of COVID cases and deaths, and many other diseases and chronic conditions.

DPH has changed the strategy from a disease focus, in which we try to prevent or treat a specific illness, to focus instead on populations. This will take a more holistic view of individuals and their overlapping risk factors, social conditions, and identities that in combination create compounded risk for poor health. Our data will be used to evaluate health and the profound impacts of the social determinants of health and target our resources to the people who need them the most. DPH has increased efforts during the pandemic to make available treatment and recovery supports for opioid use disorder.

Commissioner Bharel announced $2.3 million in grants to provide recovery-based services for Black and Latino men who are at risk of fatal overdoses upon their release from incarceration. This pilot program will serve Black and Latino men with a history of substance misuse who are incarcerated in Suffolk, Essex, Worchester, and Hampden counties. The opioid-related overdose deaths in Massachusetts increased by 5 percent in 2020 compared to 2019, with rates among Black non-Hispanic males making up the largest increase, according to our May report.

The DPH opioid epidemic response has always been driven by the data and using the data to inform how we as a Commonwealth respond to epidemic. The work will continue to focus on the disparities indicated by the data and the populations we know are over-represented when it comes to the burden of illness and disease. The COVID-19 pandemic has highlighted the importance of looking at our policies and practices, specifically regarding health and racial equity. This work includes addressing the root causes of these preventable inequities.

Commissioner Bharel then asked if the Council members had any questions before proceeding.

Mr. Jacob asked about the comorbidities that can be association with homeless population and HIV transmission.

Commissioner Bharel stated the data has been collected for individuals with increased risk included homelessness, housing instability and other individuals at risk for co-occurring diseases.

Secretary Chen stated that she is concerned about increased use of substances and how DPH was trying to understand the full impact of isolation during the pandemic as it relates to mental health and SUD.

Commissioner Bharel stated there is a concerned during isolation for accessing those individuals that need support and is planning to provide services for those who are at high risk for SUDs and mental health impacts of the pandemic. She indicated this recovery period is really a rebuilding period and a time to look at how all of these issues impact the same people.

Dr. Bernstein stated he is deeply concerned about the increased deaths related to black men. He called for social autopsies related to these overdose deaths especially among Black men to better understand the factors surrounding their death, particularly given that more people of color died during COVID. He highlighted the need for access to medication.

Dr. Bernstein asked what the mechanism is for the treatment of buprenorphine for those high-risk individuals and recommended working on creating a system that is trustworthy.

Commissioner Bharel responded that the funding will include getting the appropriate resources to these individuals. She also stated that there is community engagement occurring with a hyper-local focus on these high-risk groups for SUDs including structural and economic issues.

No further questions or comments from the council members.

**1. ROUTINE ITEMS**

c. April 28, 2021 Minutes (Vote)

The Commissioner asked if there was a motion to approve the April PHC minutes.

Secretary Chen made the motion, which was seconded by Mr. Jacobs. All members present approved.

Dr. Kneeland recused himself at 9:32am

**2. DETERMINATIONS OF NEED**

**a. Request by UMass Memorial Health Care, Inc. for Transfer of Ownership (Vote)**

Commissioner Bharel invited the Determination of Need Program Director, Lara Szent-Gyorgyi to review the staff recommendation for UMass Memorial Health Care, Inc.’s request for transfer of ownership. Ms. Szent-Gyorgyi was joined by Rebecca Rodman, Senior Deputy General Counsel.

Upon conclusion of Ms. Szent-Gyorgyi’s presentation, Commissioner Bharel opened the meeting to questions from the Council noting that representatives of the Applicant were also available to respond to questions as well.

Dean Cox asked if there are any plans to increase or decrease any of the current services in the Harrington system.

Mr. Douglas Brown stated there are no plans to change services in the system and specifically chose to invest in a community that is low/medium income, including behavioral health services. He stated that they are actively working to support people in community settings.

Dean Cox asked if there are additional protections recommended for engaging the community.

Ms. Szent-Gyorgyi stated that since this is a transfer of ownership, this question can be taken under advisement.

Mr. Brown stated the assets are being leveraged to address community needs including hiring staff and purchasing. This is part of the agreement with Harrington to address the root causes of health to improve vulnerable areas within the community. There is a Harrington Board made up of community members which is critical for success.

Ms. Healy stated that community engagement regarding the transaction was affected by the COVID-19 pandemic which includes lack of in person engagement. There were no ten taxpayer groups or public comments.

Mr. Moore stated that they have begun planning community engagement with the considerations of the pandemic and continuing to address behavioral health needs and its need for growth and social determinants of health.

Dr. Carey asked what happens to the transfer patients when there is full capacity and have to be turned away.

Mr. Brown stated that they are the only trauma center in the area and do have patients coming from various locations. There are times when there is no room, but patients get served appropriately. They are working on improvements with a focus on higher acuity patients. There is a virtual ICU in the facility and recruit specialists to meet patient needs.

Mr. Moore stated for the past decade, our community hospital has been able to keep more patients and continue to work on keeping patients local. They are also exploring ways to improve the ability to keep more patients.

Dr. Bernstein asked what the plans are for creating system to support patients speaking languages other than English as well as providing services for Social Determinants of Health.

Mr. Moore stated they have interpreter services. There are partners within the community to support housing, home care and food security services to our population, including working with local churches and other trusted facilities in the community.

Dr. Bernstein asked if the Applicant could report data by race/ethnicity and age.

Dr. Cruz-Davis agreed with Dr. Bernstein and the proper data is collected to address social determinants of needs.

Ms. Healy stated there is an investment in grants to address the SDOH and sustainable local sourcing.

Mr. Brown stated that the investments have been focused around community needs including housing developments with a focus on underrepresenting areas.

At the conclusion of questions from Council members, Commissioner Bharel asked if there was a motion to approve Campion Health and Wellness’s request for substantial change in services.

Mr. Hovan made the motion, which was seconded by Secretary Chen. All present approved.

Commissioner Bharel stated request for UMass Memorial Health Care’s request for transfer of ownership is approved.

**3. PRELIM REGULATIONS**

**a. Overview of proposed amendments to 105 CMR 301.000, Cancer Registry.**

Commissioner Bharel invited Dr. Susan Gershman, Director of the Massachusetts Cancer Registry, to review proposed updates to the Department’s cancer registry regulation. She is joined by Jim Ballin, Deputy General Counsel.

Dr. Kneeland returns at 10:06am.

Upon conclusion, Commissioner Bharel asked if the Council member had any questions.

Dr. Cunningham asked how the physicians know the institution has received their cases and ehat is the confirmation process to avoid patients falling through the cracks.

Dr. Gershman stated that there is a quality assurance process and will confirm with death clearance to identify missed cases.

Dr. Kneeland stated physicians rely on these institutions to make these reports.

Dr. Gershman stated that they receive paper reports from physicians and are in the process of transferring this process to electronic for better accuracy and efficiency.

Dr. Bernstein asked if this is a longitudinal data system.

Dr. Gershman stated they converted data in 2020 and most comes from acute care facilities. Many of their processes are under review with the hope to streamline information.

Dr. Bernstein asked if the data is public.

Dr. Gershman stated that they have a report for state and local use and other reports to cancer specific entities.

Dr. Bernstein asked if the cancer initiatives from the White House will affect the work and what the impact is from COVID-19 in terms of data set usage.

Dr. Gershman stated they will work with the federal initiative and hope to acquire more funding support. COVId-19 impacts have been delayed treatment in cancer patients and waiting for the data from 2020.

Dr. Bernstein stated that it is important to research, monitor and address toxic chemicals that are known to cause cancer.

Dr. Gershman stated they work closely with the Department’s Bureau of Environmental Health to address these issues.

**4. PRESENTATIONS**

**a. New Results and Updates from the COVID-19 Community Impact Survey (CCIS)**

Commissioner Bharel invited Dr. Sanouri Ursprung to present data on discrimination, including several population-specific spotlights that showcase the depth of disparity we are seeing in the CCIS findings. This ties in well with our earlier discussion around the opioid report and using data to highlight those of us most impacted.

Upon conclusion, Commissioner Bharel asked if the Council members had any questions.

Dr. Cruz Davis commented that this work is highly appreciated and requested more conversation and discussion time for these topics.

Commissioner Bharel stated there are many resources on the website and the team can also be invited back to present further information for discussion.

Mr. Jacob stated he appreciated the detail of the data on this complicated topic and would like to think about how to share this information to empower communities to support the directive.

Dean Cox asked what the challenges when transitioning to a racial justice approach and how you would apply an approach based on your experience.

Ms. Allen stated they understand the influences and concerns. The challenge is that people think this issue is too big to fix.

Commissioner Bharel stated the CHI is a great example of how to address these challenges and include effective trainings for staff to influence the work.

Dr. Ursprung stated that gaining trust from the community is also critical.

Mr. Wood stated finding resources to do multisystem upstream work and welcome partnership and advocacy support. CDC grants have been awarded to help with this work. This work will be focusing on policy work that will address out communities impacted.

Dr. Bernstein stated this data is critical and appreciates the work.

Dr. Bernstein stated that the PHC is also responsible for the health of the public and working to address these issues.

Commissioner Bharel stated that this work is important and includes all our roles to be impactful.

With no further questions, Commissioner Bharel reminded Council members the next meeting would be held on Wednesday, June 9, 2021.

Commissioner Bharel asked if there was a motion to adjourn.

Dr. Bernstein made the motion, which was seconded by Mr. Jacob. All members present approved. The meeting adjourned at 11:36am.