**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of May 15, 2019**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

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**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: Wednesday, May 15, 2019 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH.
   3. Record of the Public Health Council April 3, 2019 Meeting. **(Vote)**
2. **PRESENTATIONS** 
   1. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.
3. **PRELIMINARY REGULATIONS** 
   1. Informational briefing on proposed amendments to 105 CMR 721.000, *Standards for Prescription Format and Security in Massachusetts.*
4. **FINAL REGULATIONS**
   1. Request to promulgate amendments to 105 CMR 700.000, *Implementation of M.G.L. c. 94C.* **(Vote)**

*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 time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, May 15, 2019

**Start Time:** 9:11am **Ending Time:** 10:14am

| **Board Member** | **Attended** | **Record of the Public Health Council April 3, 2019 Meeting (Vote)** |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Edward Bernstein | Yes | Yes |
| Lissette Blondet | Yes | Yes |
| Derek Brindisi | Absent | Absent |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Absent | Absent |
| Michael Kneeland | Yes | Abstained |
| Keith Hovan | Yes | Abstained |
| Joanna Lambert | Yes | Yes |
| Paul Lanzikos | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Secretary Francisco Ureña | Yes | Abstained |
| **Summary** | **11 members present, 2 members absent** | **8 members approved, 2 members absent, 3 member abstained** |

**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, May 15, 2019 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; Edward Bernstein; John Cunningham, PhD; Paul Lanzikos; Lucilia Prates-Ramos; Joanna Lambert; Lissette Blondet; Harold Cox; Michael Kneeland, MD; Secretary Francisco Ureña; and Keith Hovan

Absent member(s) were: Derek Brindisi; and Michele David, MD.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:11 AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

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

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department across the state. Last week, Secretary Sudders and the Commissioner toured the first-and-only in the nation museum dedicated to public health, as part of the ongoing celebration to mark DPH’s 150th year. In the photo on the screen, you’ll see Kathie Domoto from the museum’s board of directors in addition to Secretary Sudders and the Commissioner. The museum has some fantastic public health artifacts, and is currently featuring an exhibit on the history of smoking advertisements and smoking prevention messaging – including our two newest campaigns you’ve seen here previously. Secretary Sudders presented the Department with a proclamation marking DPH’s 150th anniversary.

Commissioner Bharel then stated that last month marked the running of the 123rd Boston Marathon with 30,000 runners; 10,000 volunteers; and 1,900 medical personnel. While the Boston Athletic Association plans and conducts the race, state and local agencies, including DPH, assist in their planning for race day. As part of Marathon Planning, DPH develops a Health and Medical Operations Response Plan that outlines how the department will ensure:

* Communication with hospitals along the route
* EMS capabilities in the event of a Mass Casualty Incident
* Patient tracking and family reunification in the event of an MCI
* Situational awareness of events occurring along and around the Marathon route

Staff in the 26 course medical tents tracked the volume of runners seeking medical care, which was 853 and the total number of EMS transports to hospitals, 53. In 2018 when the runners experienced the worst weather conditions in the Boston Marathon’s 122-year history, 1300 runners were treated for various medical conditions with 89 transports. So this was a much more typical year and we were thankful that weather conditions were far better than initially forecast. The Commissioner then thanked the 52 staff members from across the agency positioned at the starting and finish lines, at the 26 course medical tents, at the BAA Operations Center, the BPHC Medical Intelligence Center, the State Unified Coordination Center and we fully activated the DPH Department Operations Center here at 250 Washington Street.

Commissioner Bharel then announced the Residential Rehab Grants for Behavior al Health. Just after April PHC, the Baker-Polito Administration announced funding for 26 programs with community-based treatment providers across the state. Through contracts with DPH, these providers will open new specialized residential rehabilitation treatment programs to serve individuals with co-occurring mental health and substance use disorders. The 398 treatment beds in these programs will provide round-the-clock services in a safe, structured environment in communities across the state, with continued support as individuals reintegrate into the community and return to work, school, and their social environments.

In late April, DPH awarded more than $7.5 million in grants to 123 public school districts and 11 non-public schools across the Commonwealth to enhance comprehensive school health services, primarily in areas where students have greater economic disadvantage. These grants vary based on student enr4ollment and community need – they will provide mental and physical health services aimed at improving student attendance and boosting their academic achievement. Each awarded school district will receive from $3,000 to $250,000 annually

Earlier this month, the Administration awarded more than $8M to 10 community organizations to prevent and reduce gun violence and other violent crime among youth and young adults, supporting communities with some of the highest rates of gun violence in the Commonwealth. All 10 awardees plan to promote and identify effective services to reduce gun and other violence, and incorporate support from behavioral health programs with protocols designed specifically to reduce gun violence. This programming highlights gun violence as the public health issue it is, while also creating programming to address comprehensive social needs often connected with gun violence, including issues of housing, academic support, food access, employment, mental and behavioral health needs, and family support.

The Commissioner then reported that she joined Secretary Sudders at Lowell House’s brand new offices to announce the selection of eight new Recovery Support Centers. These centers offer a place that provides education and nonjudgmental support for individuals in recovery, help prevent relapse, and promote sustained recovery. The eight new centers are backed by $3.5M in new state funds and are in addition to the 10 sites currently funded by DPH, establishing a broad network of culturally welcoming places for people seeking support for recovery form alcohol and substance use. The Commissioner shower a photo of Lowell House’s executive director pictured with the Secretary and herself. Additionally, there’s an example of some of the artwork at Lowell House, all created by their clients in recovery.

Commissioner Bharel congratulated Dr. Bernstein, who was invited by the CDC to present at their recent Drug Summit in Atlanta. Dr. Bernstein’s presentation focused on linkages to care, using Boston Medical Center’s Project Assert and Faster Paths to Treatment ED linkages strategy as examples.

Commissioner Bharel announced that she presented DPH’s Community Health Initiatives process within Determination of Need as a model for other states to obtain investments in communities’ public health at the National Academies of Sciences. She discussed the social determinants of health, including housing and nutrition, and how we’ve used the DoN process to have providers contribute to community needs. The Commissioner wanted to share all of the collective efforts in retooling the DoN process. There was great interest in this as a model, which speaks to the work we’ve engaged in together.

Commissioner Bharel shared with the PHC members the newly created DPH At-a-Glance one-pager. We created this as a way to help educate those around us about what DPH does in a given year. While it doesn’t include every facet of our work, it does give a snapshot of all the important things the Department does in what we hope is a digestible way. We’ll be sure to send this to you all, and encourage you to share with those you interact with.

Commissioner Bharel announced that Assistant Commissioner Elizabeth Chen is moving on from her role leading Health Care Licensing and Quality to serve as the Secretary of the Executive Office of Elder Affairs. During her time here, Elizabeth has overseen the Bureaus of Health Professions Licensure and Health Care Safety and Quality, as well as the Determination of Need Program.

The Commissioner then welcomed Keith Hovan, President and CEO of Southcoast Health System to the PHC. Mr. Hovan has over 25 years leadership experience in various healthcare settings, and started his career as an emergency services nurse. I know we will benefit from the knowledge and experience Keith brings to the Council.

Commissioner Bharel then begin her presentation on the Quarterly Opioid Data Report.

Ms. Blondet asked there are any gender specific programs.

Commissioner Bharel stated this is recently releases data but does not have gender specific information and will be using this data to inform the work moving forward.

Dr. Bernstein stated around the clock medically assisted treatment and safe injection sites as well as the criminal justice system have best practices in other states to be considered.

Commissioner Bharel responded that high risk populations are highlighted when receiving and providing grants.

Ms. Prates Ramos asked if there is any data on age.

Commissioner Bharel stated yes and can send it to the PHC.

Mr. Lanzikos asked about the nursing home closures.

Commissioner Bharel stated they are following an orderly process but do not have the exact numbers.

Mr. Lanzikos asked is the Commissioner could provide an update on the closures for the next meeting.

Commissioner Bharel stated she will and the main concern is the nursing home resident have a safe transition to another site.

Secretary Urena announced the loss of a Megan Burns Navel Seal and asked for a moment of silence.

With no further questions or comments, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council April 3, 2019 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the April 3, 2019 meeting minutes.

Commissioner Bharel asked for a motion to accept the amended minutes. Motion to accept minutes, Mr. Lanzikos made the motion and Ms. Lambert seconded it. Mr. Hovan, Secretary Urena and Dr. Kneeland abstained. All other present members approved.

**1. Presentation**

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

Commissioner Bharel invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to the table for an update on tick-borne disease and surveillance in Massachusetts. This briefing is particularly timely: you may have seen our recent press release announcing the arrival of tick season in the Commonwealth and request that all Massachusetts residents be mindful of ticks during outdoor activities. Like each year, these presentations are an important reminder of all we do in Massachusetts related to tick and surveillance and the critical role we all play in protecting ourselves and our loved ones from tick bites.

Dr. Bernstein asked how the emergency department knows to report a tick-borne disease since it takes time for the test results to be complete.

Dr. Brown stated that there is a lot clinical familiarity with these diseases and it is not always difficult to make a diagnosis. Although some may be made prematurely, we are using the testing not for case ascertainment but to look at trends.

No further comments/questions.

**2. Preliminary Regulations**

**a. Informational briefing on proposed amendments to 105 CMR 721.000, Standards for Prescription Format and Security in Massachusetts.**

Commissioner Bharel invited Jim Lavery, Director for the Bureau of Health Professions Licensure; Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau; Dave Johnson, Director of the Bureau’s Drug Control Program; Diane Barry, Deputy General Counsel at the Department, and Rebecca Rodman, Deputy General Counsel at the Department, to the table to review proposed changes to the Department’s prescription format and security requirements.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Dr. Kneeland asked how this would affect a prescriber.

Ms. Nelson stated that prescribers will have to issue electronic prescriptions for all Schedule II-VI medications and for medical devices unless an exception applies.

Dr. Kneeland asked the presenter to clarify drug schedules differences.

Ms. Barry stated that drug scheduling was determined by the Federal Food and Drug Administration based on perceived drug diversion value and additional risk, with Schedule II including higher risk items such as opioids and Schedule VI including lower risk items such as antibiotics.

Dr. Kneeland asked for a summary for a typical prescriber in an office.

Ms. Nelson stated it would depend on their capabilities of the system. If the office does not have a system currently, they would have to procure a system for electronic prescriptions.

Dr. Kneeland asked if there would be a paper prescription.

Ms. Nelson stated the Care Act mandated that all prescriptions be issued electronically by January 1, 2020 with potential exceptions by the legislature with required flexibility to continue to practice without impact

Mr. Lavery stated the statute allows time limited waivers with potential to waive requirements limited to a specific time frame through an application process.

Mr. Lanzikos asked about the plans in place to work with departments for support during transition.

Ms. Nelson stated that guidance and outreach and education plan for prescribers with or without systems in place are in development to clarify the requirements of the law as well as guidance for waiver application.

Mr. Lanzikos asked if prescribers have any additional cost to make these changes and are there resources for cost if additional costs are incurred.

Ms. Nelson stated there are affordable systems available but no resources for this cost.

Mr. Lanzikos asked if the department has properly promoted this change.

Mr. Lavery stated yes, the department will reach out to various outlets that the regulation might affect, and they are working to get the word out with information about affordable systems. They recognize this can be challenging for some facilities and offices.

Commissioner Bharel asked the PHC members to share this information for the option of public comments.

Dr. Cunningham asked if the receivers at the pharmacies prepared for this transition.

Mr. Lavery said yes, the vast majority are aware and already have compliant systems.

Dr. Bernstein asked in the event that these systems go down is there a backup plan.

Ms. Nelson stated in the case of emergency of a technical issue the options are oral or valid paper prescriptions with signature requirements through a fax system.

**4. Final Regulations**

**a. Request to promulgate amendments to 105 CMR 700.000, Implementation of M.G.L. c. 94C. (Vote)**

Commissioner Bharel stated for the final agenda item, Ms. Nelson will review post-comment changes to the Department’s drug control regulation.

With no further questions or comments Commissioner Bharel asked for a motion to approve the proposed amendments to the regulation. Secretary Urena made the motion and Mr. Lanzikos seconded, all approved. The proposed amendments to 105 CMR 700.000 are approved.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, June 12, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. Cunningham made the motion, Dr. Bernstein seconded it. All present members approved.

The meeting adjourned at 10:14AM.