MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of May 17, 2023

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 17, 2023 – 9:00AM**

***Note: The May 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:

<https://us06web.zoom.us/j/89266906935?pwd=Z2dXS3hZRzNWZFRZeUxCby82cGpvZz09>

Dial in Telephone Number: 312-626-6799 Webinar ID: 892 6690 6935

Passcode: 960327

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Robert Goldstein.
	3. Record of the Public Health Council Meeting held April 19, 2023 **(Vote)**.
2. **REGULATIONS**
	1. Request to promulgate amendments to Overview of proposed amendments to 105 CMR 171, *Massachusetts First Responder Training* **(Vote)**.
3. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 430, *Minimum standards for recreational camps for children: State sanitary code chapter IV*.
4. **INFORMATIONAL PRESENTATIONS**
	1. Overview of Serious Reportable Events in Healthcare Facilities, 2022.
	2. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

Attendance and Summary of Votes:

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

Date of Meeting: May 17, 2023

Start Time: 9:07 am Ending Time: 10:45 am

| **Board Member** | **Attended** |  **First Order:** **Approval of** **April 19, 2023** **Meeting Minutes** **(Vote)** | **Second Order:****Request to Promulgate Amendments to Overview of Proposed Amendments to 105 CMR 171 (Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Abstain | Yes |
| **Kathleen Carey** | No | Absent | Absent |
| **Secretary Elizabeth Chen** | No | Absent | Absent |
| **Harold Cox** | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes |
| **Michele David** | No | Absent | Absent |
| **Elizabeth Evans** | No | Absent | Absent |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Secretary Jon Santiago** | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes |
| **Summary** | 10 Members Present;5 Members Absent | 9 Members Approved;1 Abstained5 Absent | 10 Members Approved;5 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, May 17, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Dean Harold Cox; Alba Cruz-Davis, PhD; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Secretary Jon Santiago, and Gregory Volturo, MD.

Also in attendance was Beth McLaughlin, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:07 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:

**May is Mental Health Awareness Day**

Commissioner Goldstein highlighted that May is Mental Health Awareness Month.

He said the Department’s mission to protect and promote health extends beyond physical health and healthcare. The Department is committed to prioritizing initiatives that expand access to behavioral health services and resources for all residents of the Commonwealth, especially those most at risk.

**Mental Health Media Campaign**

Commissioner Goldstein said the Department is also currently running a media campaign, focused on adults 20-35 years old, to normalize open conversations about mental health by reducing stigma, providing advice and guidance, and giving people the tools and confidence to talk with others if they are struggling.

The campaign began in March and runs until the end of this month, with the tagline “Be the strong *unsilent* type.”

**EPI Conference**

Next, Commissioner Goldstein shared a few events that he has attended in his first month as Commissioner.

He provided opening remarks for the 8th Annual DPH Epidemiology Conference, which focused on core public health work in a pandemic- and equity-focused landscape.

**Opioid Round Table**

Commissioner Goldstein also participated in a roundtable discussion hosted by the Hampden County Sheriff’s Department on improving health outcomes for justice-involved individuals, with a focus on opioid use.

He joined U.S. Representative Richard Neal, Health and Human Services Undersecretary Dr. Kiame Mahaniah and BSAS Director Dee Calvert, as well as partners from the statehouse, in this conversation and received a tour of the All-Inclusive Support Services Center in Springfield.

**Tour of Western Mass Hospital**

While in Springfield, Commissioner Goldstein also had the opportunity to tour Western Mass Hospital, where he learned about its rich history, and met with leadership and staff.

**Tour of State Lab**

Commissioner Goldstein was pleased to celebrate Medical Laboratory Professionals Week by touring the State Public Health Laboratory in Jamaica Plain, where he met with many of our lab staff who have kept operations running during the extensive renovations that are part of our $125 million modernization.

**End of the Massachusetts Public Health Emergency**

Commissioner Goldstein shared a few updates regarding the end of the state’s COVID-19 Public Health Emergency, which ended last week on May 11th, aligning with the end of the federal public health emergency.

Governor Healey has extended a few key flexibilities through legislation, particularly around staffing for the health care industry and emergency medical services – these extensions are now reflected in updated Department guidance.

In addition, with the end of the emergency, several orders have been lifted, including the state’s universal masking order for health care facilities.

Masking requirements per CMS regulations will still apply and we continue to work closely with CMS and CDC to apply their updated guidance and regulations in the local setting.

In addition, in response to this Order being lifted, DPH issued guidance to all licensed health care facilities and EMS providers, requiring that they update their infection prevention and control policies to be proactive, and to incorporate actions they will take to mitigate the risk of respiratory illness, during periods of increased transmission in their communities.

This guidance clearly states that prevention measures should include, but are not limited to, implementing masking policies for health care personnel, visitors, and patients, either in all parts of the facility, or in select areas with increased risk, like emergency rooms, urgent care centers, or inpatient units for those who are immunocompromised.

Our guidance also makes it clear that all healthcare facilities must continue to provide masks to patients, visitors, and staff who request one.

**Mung Bean**

The Commissioner concluded by highlighting one example of the Department’s ongoing public health detective work.

Two weeks ago, the Bureau of Infectious Disease and Laboratory Sciences responded to reports out of New York about mung bean sprouts possibly contaminated with *Listeria monocytogenes*, a bacteria known to result in significant illness to vulnerable populations.

They spent the following week conducting further tests of these products at our state public health laboratory. The contamination was traced to Chang Farm in Whatley, Massachusetts.

DPH shared the testing results with our sister agency, the Massachusetts Department of Agricultural Resources, which has jurisdiction over the farm, and MDAR was able to encourage the manufacturer to suspend operations and voluntarily recall additional products. DPH epidemiologists worked with our Communications Office to inform the public that these products were potentially contaminated and should not be consumed. The epis followed up with local health departments, who reached out to restaurants and retail establishments to inform them that these products should be discarded.

The Commissioner applauded the collaboration and swift action that likely prevented significant illness.

**Discussion**

Upon conclusion of the updates, Commissioner Goldstein asked if the members had any questions.

Dr. Bernstein said that though the COVID health emergency is over, the epidemic continues. He is worried for those that are immunocompromised or elderly and asked if there were statistics on their numbers and a plan for their protection.

Commissioner Goldstein said that we must think broadly about those that are at risk for COVID-19. He said that there are necessary layers of protection with vaccination being the most important. Masking is another layer and the guidance from DPH including that masks must remain available to those that request them.

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

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

*c. April 19, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the April 19, 2023, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the April 19, 2023, minutes.

Dr. Haddad made the motion, which was seconded by Mr. Landers. Ms. Blondet abstained. All other present members approved.

**2. REGULATIONS**

1. *Request to Promulgate Amendments to Overview of Proposed Amendments to 105 CMR 171, Massachusetts First Responder Training (****Vote****)*

Commissioner Goldstein invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality, to present a request to promulgate amendments to the Department’s regulations regarding first responder training.

At the conclusion of the presentation, Commissioner Goldstein asked if the members had any questions.

With no questions, Commissioner Goldstein asked for a motion to approve the request to promulgate amendments to overview of proposed amendments to 105 CMR 171, Massachusetts First Responder Training.

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

**3. PRELIMINARY REGULATIONS**

1. *Overview of Proposed Amendments to 105 CMR 430, Minimum standards for recreational camps for children: State sanitary code chapter IV.*

Commissioner Goldstein invited Jennifer Robertson, Director of Strategic Initiatives to present a request to promulgate amendments to the Department’s regulations regarding recreational camps for children. She was joined by Jim Ballin, Deputy General Counsel.

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

Dr. Haddad said regarding current practice for diabetes management in children, the use of a pump to administer insulin differs from newer pumps which requires no action from the patient or provider to the older pumps, which do require action. He asked if the children in these camps will be able to administer their own insulin.

Ms. Robertson said with parental consent and approval from the health care consultant, self-administering of insulin by the child is allowed.

Dr. Volturo pointed out the inconsistency of the requirement to ban nicotine products entirely throughout the camp, yet alcohol and recreational marijuana will be allowed during non-operational hours.

Ms. Robertson said they would review the language to align any inconsistencies.

Dr. Bernstein said there was no mention of training or stocking of Naloxone, Narcan, epinephrine or automatic defibrillators.

Ms. Robertson said there is a provision addressed directly for training and administering of epinephrine. She said they could explore the feasibility of maintaining a supply of Narcan. She said with three-thousand camps, many of which are day camps, the cost restraints for automatic defibrillators is somewhat prohibitive. She agreed they could look into this further.

Mr. Landers asked for a more detailed description of direct supervision.

Ms. Robertson explained that a licensed health care worker will be on the site but added that the professional may have a large area to oversee and is not required to be within arm’s reach, but should be available phone and able to get to the unlicensed staff quickly.

With no further questions, Commissioner Goldstein moved to the next presentation.

**4. INFORMATIONAL PRESENTATIONS**

1. *Overview of Serious Reportable Events in Healthcare Facilities, 2022*

Commissioner Goldstein invited Katherine Saunders, Manager of Data Analysis and Integrity in the Bureau of Health Care Safety and Quality and Dr. Katherine Fillo, Deputy Bureau Director for Clinical and Health Care Systems Quality for the Bureau, to provide the annual overview of serious reportable events (SREs) in healthcare facilities in 2022.

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

Ms. Blondet asked in the data collection methods, if race, ethnicity, as well as non-binary patients are identified by the reporter of the incident, or if a back check to admissions, where the patient may have self-identified themselves is done.

Ms. Saunders said that race, ethnicity, and gender are currently collected. They are working to add gender identity. In her analysis, where there is missing data, she goes through the narratives and text and pulls the information from there if it was missing from the original field.

Dr. Fillo added that when the facility is reporting an SRE, the patient is asked about their race and ethnicity. There are gaps in identifying and they are working with the facilities for better collection.

Ms. Blondet asked in the reporting of pressure ulcers if there is a breakdown of race, ethnicity, and sexual identity.

Ms. Saunders said that she has the information available but did not do a breakdown for this presentation.

Dr. Volturo noted the increase in Serious Reportable Events (SREs) in the past few years. He said, more concerning is the Emergency Departments on the front edge of this. This is due to the boarding crisis in the emergency departments, creating longer stays and increased SREs such as pressure ulcers, falls and suicide attempts.

Dr. Fillo agreed and said though there is an increase in SREs, she believes that there are still many unreported events.

Ms. Moscato asked if SRE data was collected based on age.

Ms. Saunders said yes, and she could provide more detail.

Dr. Fillo said there is a positive correlation of age to falls with injury but not necessarily with stage three and four pressure injuries.

Ms. Moscato noted the improvement in lowering the rate of falls and pressure wounds in non-acute hospitals and asked what guidance they were given.

Dr. Fillo answered that these facilities were given an emphasis on nursing basics, along with appropriate equipment like mattresses. In the case of pressure injuries, methods of skin integrity, such as diet, amend the standard practices.

Dr. Bernstein referred to Dr. Volturo’s comments about the overcrowding crisis in EDs and hospitals and hopes this begins a conversation to include reports back from the Department. He noted that workforce development needs to be discussed. Secondly, he spoke of the importance of population data and said that he did not see a denominator used in the statistics, and it is difficult to compare variables without a denominator. He also felt that the data collection of race and ethnicity was not necessarily collected properly, speaking specifically of “Hispanic” as a race but not necessarily an ethnicity.

Dr. Fillo responded to the issue of workforce. She said within the Department there is a robust health care workforce center that looks at the number and types of healthcare professionals in Masschusetts. She spoke next of the data denominator, saying that there are so many factors impacting a rate in the data collection, such as facility type and location all making a denominator very fluid. She said they often are able and do use a data denominator with more discrete but similarly measured data like healthcare associated infections.

Ms. Saunders addressed the issue of race and ethnicity data collection. She said race and ethnicity are collected separately, making it possible to create the categories described by Dr. Bernstein. She offered to provide that data at a later time.

With no further questions, Commissioner Goldstein moved to the next presentation.

**INFORMATIONAL PRESENTATIONS**

1. *Informational Presentation on Tick-Borne Disease Surveillance in Massachusetts*

Commissioner Goldstein invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to provide an annual update on tick borne disease surveillance in Massachusetts.

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

Dr. Haddad mentioned a paradox in the slides demonstrating the infection rates from ticks for babesia and anaplasia, in contrast to the reporting where the instances of these infection rate is much less. He asked what the reporting criteria is.

Dr. Brown stated the definition for reporting requires both clinical and laboratory data. She said that while it is expected that all age groups are exposed to babesiosis and anaplasmosis, these pathogens are typically seen is older age groups. It suggests that younger people, though infected, may not show symptoms.

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, June 14, 2023, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

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

The meeting was adjourned at 10:45 am.