MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of May 4, 2022

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 4, 2022 – 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 due to COVID-19.***

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

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1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held April 6, 2022. **(Vote)**
2. **REGULATIONS**
	1. Request to promulgate amendments to 105 CMR 300, *Reportable diseases, surveillance, and isolation and quarantine requirements.* **(Vote)**
3. **DETERMINATIONS OF NEED**
	1. Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital. **(Vote)**
	2. Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Massachusetts General Hospital. **(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.*

Attendance and Summary of Votes:

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

Date of Meeting: May 4, 2022

Start Time: 9:04am Ending Time: 12:06pm

| **Board Member** | **Attended** | **First Order: Approval of April 6, 2022 Meeting Minutes (Vote)** | **Second Order: DoN: Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital. (Vote)** | **Third Order: DoN: Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Massachusetts General Hospital. (Vote)** | **Fourth Order: Regulation: Request to promulgate amendments to 105 CMR 300, Reportable diseases, surveillance, and isolation and quarantine requirements. (Vote)** |
| --- | --- | --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes | Yes | Absent |
| **Harold Cox** | Yes | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes | Yes | Absent |
| **Michele David** | Absent | Absent | Absent | Absent | Absent |
| **Elizabeth Evans** | Absent | Absent | Absent | Absent | Absent |
| **Michael Kneeland** | Yes | Abstained | Yes | Yes | Yes |
| **Joanna Lambert** | Absent | Absent | Absent | Absent | Absent |
| **Mary Moscato** | Yes | Abstained | Yes | Yes | Yes |
| **Secretary Cheryl Poppe** | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 10 Members Present; 3 Absent | 8 Members Approved; 3 Absent; 2 Abstained | 10 Members Approved; 3 Absent | 10 Members Approved; 3 Absent | 8 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 4th, 2022 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey PhD; Secretary Elizabeth Chen, PhD; Harold Cox; Alba Cruz-Davis PhD; Michael Kneeland, MD; Mary Moscato and Secretary Cheryl Poppe.

Also in attendance was Rebecca Rodman, General Counsel at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:04am and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**National Nurses Week:**

Commissioner Cooke recognized National Nurses Week, which begins each year on May 6th and ends on the 12th, Florence Nightingale’s birthday. She then thanked all nurses across the Commonwealth who contribute so much, including the over 620 DPH nurses, who work in our public health hospitals, and within our bureaus. The past two years have been incredibly challenging for all health care workers, including nurses.

**Lab Week:**

Commissioner Cooke also highlighted Medical Laboratory Professionals Week which concluded the week prior.

* At DPH, laboratory professionals work in the State Public Health Laboratory and in the 4 DPH public health hospitals.
* In honor of this week, DPH showcased 6 state laboratory professionals, including chemists, microbiologists, laboratory technicians, and supervisors.

**Boston Marathon:**

Commissioner Cooke stated last month, on Patriot’s Day, the Commonwealth hosted the running of the 126th Boston Marathon, with planning and support from the team in the DPH Office of Preparedness and Emergency Management, or “OPEM.” This year, there were nearly 30k participants.

She then proceeded to congratulations to all who ran - including several runners from DPH, such as our Bureau of Substance Addiction Services Director, Dee Calvert, and our Associate Director for the Division of Epidemiology, Natalie Morgenstern. She thanked the OPEM team for their preparation and planning to help ensure a safe event.

**Ticks/Arbovirus Update:**

Commissioner Cooke stated that tick season has begun and despite the relatively cool Spring, there has been the expected increase in people seeking healthcare related to tick bites and symptoms of tick-borne disease. Peak tick season is May through September. DPH encourages everyone to take steps to protect themselves from tick bites, by wearing repellants and protective clothing, and by checking yourself, as well as children and pets for ticks after spending time outdoors.

The Department has also been preparing for arbovirus, or mosquito-borne disease. Mosquito trapping and testing for West Nile Virus and EEE will start in mid-June and the first findings of infected mosquitoes usually occur in late June to early July.

She continued by stating that it is impossible to accurately predict how much arbovirus activity will occur this year and that State Epidemiologist Dr. Catherine Brown to join the PHC at upcoming meetings this summer to review these topics in more detail.

**COVID-19 Update:**

*Vaccines*

Commissioner Cooke stated that over the April school vacation week, DPH’s Vaccine Equity Initiative hosted 43 family friendly COVID vaccination clinics with local communities and businesses across 10 cities and towns. During these events, more than 1,000 people were vaccinated at trampoline parks, zoos, bowling alleys, and the Six Flags amusement park, with giveaways like free admissions for people who were vaccinated.

Last month, the Baker-Polito Administration awarded an additional $4.5 million for these vaccine equity efforts, and DPH is grateful for this ongoing support to ensure that these innovative programs continue.

*Metrics/BA.2 Update*

Commissioner Cooke stated that there has been an increase in overall COVID cases, and as of April 25th, the 7-day average was 2,237 cases per day. While this is an uptick, these numbers remain far lower than the numbers reported in January, when Massachusetts reached a 7-day average of about 23k cases a day. In addition, the current hospitalization numbers remained low compared to the Omicron surge, and while there has been a recent uptick in people hospitalized, over 65% of those individuals are hospitalized for reasons other than their COVID-19 infection, meaning that they are going to the hospital for reasons other than COVID, and learning upon arrival that they are COVID-positive.

The recent increase in cases is most likely attributable to the rise of multiple Omicron subvariants, but evidence continues to show that while Omicron subvariants are highly transmissible, they do not result in more severe disease.

*Reminders*

Commissioner Cooke reminded the council members and public that vaccines and boosters remain our most effective tools to protect ourselves and our loved ones against that COVID-19 and its variants and treatments are available for those who do test positive. Anyone 12 years and older, who has a positive rapid antigen or PCR COVID test, and has symptoms, may qualify for a safe and effective medication, like the Paxlovid pill, to help prevent more serious illness.

Those eligible for treatments include individuals who are 65 or over, and for those 12 and up, people who have common medical conditions like diabetes, asthma, or high blood pressure, people whose BMI is 30 or higher, those who have a substance use disorder, or a behavioral health condition, and people who are pregnant. There are many other conditions that qualify for treatment. Anyone who tests positive should consult a health care provider to see if they are eligible. You can learn more at [www.mass.gov/CovidTreatments](http://www.mass.gov/CovidTreatments).

**Schedule Change: Opioid Report:**

Commissioner Cooke stated that in the past, DPH had provided updates on opioid-related overdose deaths at May and November meetings. Moving forward, DPH will be bringing these updates from our Office of Population Health in June and December, so data from the report will be presented next month. This change in schedule is being made to give the data team sufficient time to collect and analyze the data used in the opioid-related deaths report.

**Roe v. Wade:**

Commissioner Cooke then addressed the recent news reports regarding Roe v. Wade. She stated that reproductive health services in Massachusetts remain protected, intact, and uninterrupted. As the Governor and Secretary Sudders stated, while an overturn of Roe would be a massive setback in states without laws protecting abortion access and reproductive health services, this Administration, and the Department, are proud to support the right to choose, and Massachusetts will always protect that right.

**Discussion:**

Upon the conclusion of the updates, Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

Dr. Bernstein asked for the percentage of people in the state that have been boosted and what is the strategy to improve that number.

Commissioner Cooke stated that efforts for vaccinating individuals are to meet people where they are and there have been community vaccine events and mobile vaccine programs located in family friendly settings to reach as many individuals as possible in the Commonwealth.

Dr. Bernstein mentioned a student who led a project to help get an entire town vaccinated by going to door to door and offering trustworthy information for individuals.

Commissioner Cooke stated three million people in Massachusetts have had at least one booster vaccine. She then stated that DPH encourages everyone to get their covid vaccine and booster to protect themselves from the virus.

With no further questions or comments from the council members. Commissioner Cooke then turned to the docket.

**1. ROUTINE ITEMS**

*c. April 6, 2022 Minutes (Vote)*

The Commissioner asked if there was a motion to approve the April 6, 2022 minutes.

Secretary Poppe made the motion, which was seconded by Dr. Bernstein. Dr. Kneeland and Ms. Moscato abstained.

All other present members approved.

**2. DETERMINATIONS OF NEED**

Commissioner Cooke stated that due to a scheduling change, the Council would be hearing about the request to promulgate amendments to 105 CMR 300 at the end of the meeting. The next docket items were presentations on 2 Determination of Need applications. The Commissioner stated that several elected officials had joined the meeting to address the Council regarding these applications, and were welcome them to speak now, before the presentations.

Commissioner Cooke invited Clare Kelly, on behalf of Boston Mayor Michelle Wu to comment.

Ms. Kelly stated Mayor Wu’s full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital and for a substantial capital expenditure and substantial change in service at Massachusetts General Hospital.

Commissioner Cooke then invited Thomas Ambrosino, Chelsea Town Manager, to comment.

Mr. Ambrosine stated his full support for a substantial capital expenditure and substantial change in service at Massachusetts General Hospital.

Commissioner Cooke then turned to the next item on the docket.

*a. Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital. (Vote)*

Commissioner Cooke invited invite Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality, to review the staff recommendation for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Brigham and Women’s Faulkner Hospital. She was joined by Rebecca Rodman, General Counsel.

Upon conclusion of the presentation, Commissioner Cooke invited Representative Nika Elugardo to comment.

Representative Nika Elugardo stated her full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital.

Commissioner Cooke then invited Senator Michael Rush to comment.

Senator Michael Rush stated his full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital.

Commissioner Cooked then invited Representative Ed Coppinger to comment.

Representative Ed Coppinger stated his full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital.

Commissioner Cooke then invited Nora McManus Vincent to comment on behalf of Boston City Councilor Kendra Lara.

Ms. McManus Vincent stated the Councilor’s full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital.

Commissioner Cooke invited Joseph Byrne from the North Atlantic States Regional Council of Carpenters Ten Taxpayer Group to comment.

Mr. Byrne stated his full support for Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital on behalf of the North Atlantic States Regional Council of Carpenters.

Commissioner Cooke then asked if the Council members had any questions.

Dean Cox asked what the time frame is for meeting the expectations laid out in the staff report.

Ms. Kelley asked for clarification.

Dean Cox asked for the time frame for all conditions mentioned within the staff report.

Ms. Kelley stated there will be monitoring directly after the beds open and that the Department will monitor annually and as needed. She stated that these changes should be seen quickly and then deferred to the applicant to speak to their timelines.

David McCready, President, Brigham and Women’s Faulkner Hospital, stated they will implement conditions immediately upon opening and will report out regularly.

Dean Cox asked for clarification on what would happen if the application is found out of compliance.

Ms. Rodman stated that one of the conditions that must be met within the DoN regulation is that the applicant must be in compliance with state and federal laws and regulations. DPH will be receiving their annual report and monitoring data and if this does not demonstrate the metric expectations, the PHC will have the opportunity to monitor, and the applicant may be deemed to be out of compliance.

Dean Cox asked for an explanation of the process for engaging the community regarding utilizing the community benefit funding for this project.

Dr. Elsie Tavares, Chief Community Health Equity Officer, Mass General Brigham and Executive Director, Kraft Center for Community Health, stated that there is a process for engaging the community through a community health needs assessment and an advisory board. There is ongoing engagement through focus groups, a survey, and ongoing discussion to assess their needs for a community improvement plan and this work is is currently in progress.

Dean Cox asked if the other Ten Taxpayer Groups are in support of the DoN.

Ms. Kelley stated that all but one is in full support, and one was not directly supportive for reasons relating to broader issues, rather than reasons relating to this specific application.

Dean Cox stated that he would like to review that section of the DoN.

Ms. Blondet asked if there will be sufficient access and transportation to this facility. She asked if there is a consideration in the DoN to ease transportation barriers for patients.

Mr. McCready stated that transportation is important for both patients and staff. There is one bus line that stops at the facility which is what most patients rely upon. He stated they will provide shuttles for those who cannot or do not drive. There will also be more parking available at the facility, and they will be looking into expanding the parking lot. There is also a blue bike station at the locations, and that he was welcome to other ideas.

Susan Dempsey, Vice President of Clinical Services, Brigham and Women’s Faulkner Hospital stated they have had discussions with the MBTA to increase the capacity of shuttles and to require an ADA-accessible shuttle to MBTA stations. There will also be accessibility improvements to the campus by adding a wheelchair-accessible ramp in the front entrance. There is also a discussion on how to allow health centers to more easily access the facility.

Ms. Blondet stated that the increase in number of beds would increase the population of patients. She requested consideration of adding a feature for patients to access the schedule times for when the shuttles will arrive and depart.

Ms. Dempsey stated there has been an app that tracks the shuttles for staff and that it will be rolled out for public use.

Ms. Kelley stated that page 42 of the staff report includes all written comments of TTGs, to address Dean Cox’s earlier question.

Ms. Moscato stated she appreciated the comprehensive information in the application. She inquired about observation beds: what is the current number of beds and what will be the increased number of beds?

Mr. McCready stated that there are currently 12 emergency department (ED) observation beds. The observation beds to be added would be used to care for patients who don’t need to use an overnight bed, but for patients to stay while recovering and who would then be discharged. He explained that these beds would provide a more appropriate place for these patients to recover. Currently, patients are recovering in a regular bed in the ED or in a PACU location, which is not ideal; these additional beds will allow for a specific location for these patients to recover and then be discharged.

Ms. Moscato asked if these beds would be used for older adults.

Dr. Scott Lewis Schissel, Chief Medical Officer and Chief of Medicine, Brigham and Women’s Faulkner Hospital, stated that the proposed unit in the application is targeted for post-procedure recovery. In that population are older adults coming from the ED and post-procedure area.

Ms. Moscato asked how they will handle the widespread staffing shortage, regarding covering these additional beds and services that will be increased.

Mr. McCready stated that staffing is top of mind and that they are working on ways to engage employees with competitive compensation and creating a welcome, professional, and rewarding environment. In addition, being part of the MGB system allows the hospital to offer professional growth opportunities and fosters career goals for employees.

Dr. Ann Klibanski, President & CEO, Mass General Brigham stated that an equity program was launched that focuses on employees, with the goal of providing safety and inclusivity in their workforce. She also stated that there has been a major partnership with community members to further contribute to equity and respond appropriately to unacceptable behavior.

Ms. Moscato asked they are considering staff in surrounding areas while recruiting new staff. She requested that they be respectful of communities that have several surrounding nursing homes, not to recruit critical staff from those locations.

Dr. Schissel stated that there is an ED-dedicated case manager to focus on the transition of care regarding staffing.

Ms. Dempsey stated that there is a newly licensed nursing program to provide specialty training as well as other training programs with other partners and educational institutions. She stated that in the healthcare community, “we are committed to supporting each other” for the shared goal of patient care and support.

Dr. Carey commended the cost efficiency detailed in the report. She then asked for clarification on the number of beds projected, as described in the application.

Mr. McCready stated that there is currently more demand than available beds. Recent numbers showed 101% medical occupancy and they have been at code capacity several times. The most effective integration strategy the Faulkner has with MGB is the transfer of patients. The empirical data shows an overwhelming need for additional beds. The Faulkner is the community hospital for the neighborhood, and they are in critical need for these beds.

Ms. Dempsey stated that the growth in the 65+ population in the community has been a major factor. Additionally, ED boarding is occurring almost daily due to lack of beds. The transfer program has been closed due to lack of beds and they will often need to deny patients’ admission.

Andy Levine, General Council, Brigham and Women’s Faulkner Hospital, stated that the needs of the aging population call for an increase in the number of beds.

Dr. Carey stated that the numbers in the report didn’t clarify the type of patients being referenced, as explained in this discussion.

Secretary Chen stated her appreciation for the great care the Faulkner provides its patients and asked why there is not an expansion of the emergency department.

Mr. McCready thanked her for her kind words and stated that the hospital staff culture of care is very important in terms of caring for patients and their families. The emergency department has already been significantly expanded. He is having conversations on ways to decompress the ED to create more room for patients.

Dr. Schissel stated that by having more inpatient capacity, they can decrease boarding hours and improve ED capacity.

Ms. Dempsey stated that there is a designated section in the ED for patients with low acuity who are waiting for a diagnostic result or other treatment, to fast-track these patients and decrease wait times.

Secretary Poppe commended the great care provided by the Faulkner. She continued to comment that she would like to see veterans and family members be identified when providing intake for mental health issues.

Ms. Moscato asked how the application determines the use for shell space.

Ms. Rodman stated that shell space must be included in a request for amendment and would need to be reviewed through that process.

Mr. McCready stated the shell space is small and could be used for an exam room or storage.

Dr. Bernstein appreciated the quality of the application and information provided. He stated there is a crisis of overcrowded emergency departments and expressed his concern about excessive boarding time for mental health patients and asked if mental health patients can be separated from other emergency department patients and reported as such.

Ms. Kelley stated that the boarding hours requested is for the med surg patients.

Dr. Bernstein commented that there should be a broader approach beyond increasing the number of beds. He appreciated the equity and inclusion effort and asked if nursing coverage is adequate to accommodate their patient population.

Mr. McCready stated that nurse staffing is adequate.

Dr. Schissel stated that the percentage of occupancy is high and expanding beds will provide from relief of overcrowding. There is a capacity disaster plan in place currently to alleviate these issues and additional beds will allow relief. They are working to optimize the system overall to provide adequate discharge capacity and it will take time to appropriately operationalize and solve this issue.

Dr. Bernstein stated that he appreciates all the work and information the Faulkner is providing today and working towards for future improvements.

Commissioner Cooke invited Vincent Santosuosso from the Vincent Santosuosso Ten Taxpayer Group to provide remarks regarding this application.

Mr. Santosuosso stated his full support for Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Brigham and Women’s Faulkner Hospital.

With no further questions or comments, Commissioner Cooke asked council members if there was a motion to approve Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Brigham and Women’s Faulkner Hospital.

Secretary Poppe made the motion, which was seconded by Ms. Blondet. All other present members approved.

**3. DETERMINATIONS OF NEED**

*b. Request by Mass General Brigham Incorporated for a substantial capital expenditure and substantial change in service at Massachusetts General Hospital. (Vote)*

Commissioner Cooke once again invited Elizabeth Kelley to review the staff recommendation for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital.

Commissioner Cooke invited Representative Jay Livingstone to comment.

Representative Livingstone stated his full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital.

Commissioner Cooke invited Joseph Byrne from the North Atlantic States Regional Council of Carpenters Ten Taxpayer Group, to comment.

Mr. Byrne stated his full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital on behalf of the North Atlantic States Regional Council of Carpenters.

Commissioner Cooke invited David McDermott from the David McDermott Ten Taxpayer Group to comment.

Mr. McDermott stated his full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital.

Commissioner Cooke invited Boston City Councilor Kenzie Bok to comment.

Councilor Bok stated her full support for Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital.

Upon conclusion of the presentation and comments, Commissioner Cooke asked if the Council members had any questions.

Secretary Poppe asked more details about the benefit to patients of decoupling semiprivate rooms to private rooms.

Dr. David Brown, MGH President, stated that moving to single rooms is an industry standard and that they would like to use this opportunity to achieve over 90% single rooms. This change will allow for patient privacy and address infection control issues. The old buildings are over 60 years old, and the new building will harness the power of updated technology and improve care for their patients. Single rooms support infection control protocols and is an essential and important outcome of the new project.

Secretary Poppe commented on case management and social work in the emergency department and asked that veterans and family members be supported by care coordination.

Ms. Moscato asked how they will address staffing shortages and workforce development.

Dr. Klibanski stated that this is a major focus for MGH. She stated they are dedicated to creating a culture of safety and an equitable environment as mentioned earlier, which includes supporting diversity across all levels of staffing. She stated there have been investments with community groups and academic institutions to develop the workforce of the future, with a focus on diversity and including underserved communities.

Dr. David Brown stated there is a 5-to-7-year time frame to work on staff development. There are also various training programs offered via summer programs and technical colleges, with the ability to recruit national and international talent. Additionally, MGH is dedicated to creating a desirable career path and support staff and new hires.

Dr. Taveras stated that the summer job program is an important pathway towards career goals and supports the longevity of students that join their team. In terms of the behavioral workforce, MGH is increasing the pipeline of their behavioral health workforce through trainings and other health care partnerships.

Ms. Moscato commended MGH leadership on their comments and efforts to creating a more robust workforce for healthcare professionals.

Dr. Bernstein asked about the wealth gap and “silos of care,” regarding equity. He stated that front line workers in the healthcare systems were more exposed to COVID-19 during the pandemic, due to the nature of their work and transportation to their jobs. He asked for more information on the work occurring on social determinants of health.

Dr. Taveras stated they are screening all patients to assess their social determinants of health and matching them with community health and social workers. In addition, they have been involved in multiple collaboratives in Boston.

Leslie Aldrich, Strategy & Implementation Officer, Equity & Community Health, Massachusetts General Hospital stated there has been work with other health facilities to form two Boston community health needs assessment/community health improvement plan collaboratives to discuss the social determinants of health for the city of Boston. They sit on the steering committee to discuss and determine solutions with community-based organizations regarding capacity issues. They are also part of the social determinants of health collaborative to focus on capacity issues and avoiding burnout.

Dr. David Brown added that MGH is dedicated to serving all individuals in the community and is committed to maintaining this goal long term.

Dr. Bernstein asked about their plan to handle climate change and how they will handle if individuals lose their homes or are in dire need of services due to these factors.

Dr. David Brown stated that this project will be built with climate change issues in mind to maintain resiliency.

Sally Mason-Boemer, Executive Vice President, Administration and Finance, Massachusetts General Hospital, stated that during the design phase, there has been an inclusion of environmental impacts in planning for future issues, including flooding. There is partnership with the Center for Environment and Health and the community to address these issues as well.

Ms. Mason-Boemer stated that the development of the community center and ability to support neighbors was considered during the design phase. There was collaboration around design of the structure and support from museum organizations, with a focus on best serving the needs of the community.

With no further questions or comments, Commissioner Cooke then asked if there is a motion to approve Mass General Brigham Incorporated’s request for a substantial capital expenditure and substantial change of service at Massachusetts General Hospital.

Dr. Carey made of the motion, which was seconded by Ms. Blondet. All other present members approved.

**3. REGULATIONS**

*a. Request to promulgate amendments to 105 CMR 300, Reportable diseases, surveillance, and isolation and quarantine requirements. (Vote)*

Commissioner Cooke invited Gillian Haney, Director of DPH’s Division of Surveillance, Analytics and Informatics, to present on a request to promulgate amendments to the Department’s regulations regarding reportable diseases, surveillance, and isolation and quarantine requirements. With her was Lynn Squillace, Deputy General Counsel for the Department.

Dr. Cruz Davis left at 11:58am.

Secretary Chen left at 12pm.

Upon conclusion of the presentation, Commissioner Cooke asked if Council members had any questions.

With no questions or comments, Commissioner Cooke then asked if there is a motion to promulgate amendments to 105 CMR 300.

Ms. Moscato made of the motion, which was seconded by Ms. Blondet. All other present members approved.

Commissioner Cooke reminded Council members the next meeting would be held on Wednesday June 8, 2022.

Commissioner Cooke then asked if there was a motion to adjourn. Dr. Bernstein made the motion which was seconded by Secretary Poppe. All present members approved.

The meeting was adjourned at 12:06pm.