**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of October 16, 2019**

**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, October 16, 2019 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH.
   3. Record of the Public Health Council Meetings held September 11, 2019 and September 24, 2019. **(Vote)**
2. **DETERMINATION OF NEED**
   1. Request by Partners HealthCare for substantial capital expenditure and substantial change in service to expand the emergency department, endoscopy service, and electrophysiology lab and add a PET-MRI. **(Vote)**
3. **PRESENTATIONS** 
   1. Commemorating the Massachusetts Department of Public Health’s 150th anniversary.

The Public Health Council will meet in Executive Session as authorized by M.G.L. c. 30A, s. 21(a)(3) for the purpose of discussing strategy with respect to litigation, specifically:

* Vapor Technology Association v. Charlie Baker, in official capacity and Monica Bharel, in official capacity
* Mass Dynamics et. al. v. Charles Baker, as Governor and Monica Bharel, as Commissioner of Public Health
* Vapor Zone v. DPH et al.
* Vapor Technology Association v. Charlie Baker, in official capacity and Monica Bharel, in official capacity

*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, October 16, 2019

**Start Time:** 9:15am **Ending Time:** 11:21am

| **Board Member** | **Attended** | **Record of the Public Health Council September 11, 2019 Meeting (Vote)** | **Record of the Public Health Council September 24, 2019 Meeting (Vote)** |
| --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes | Yes |
| Kathleen Carey | Absent | Absent | Absent |
| Harold Cox | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes |
| Keith Hovan | Yes | Yes | Abstained |
| Joanna Lambert | Absent | Absent | Absent |
| Paul Lanzikos | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes | Yes |
| **Summary** | **12 members present, 2 members absent** | **12 members approved, 2 members absent** | **11 members approved, 2 members absent, 1 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, September 11, 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; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michael Kneeland, MD; Keith Hovan; Paul Lanzikos; Lucilia Prates-Ramos; Michele David; and Secretary Francisco Ureña

Absent member(s) were: Joanna Lambert and Kathleen Carey PhD.

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

Commissioner Bharel called the meeting to order at 9:15 AM and before moving to the public portion of the meeting the Commissioner requested the Public Health Council meet in Executive Session as authorized by M.G.L. c. 30A, s. 21(a)(3) for the purpose of discussing strategy with respect to litigation, specifically:

* Vapor Technology Association v. Charlie Baker, in official capacity and Monica Bharel, in official capacity
* Mass Dynamics et. al. v. Charles Baker, as Governor and Monica Bharel, as Commissioner of Public Health
* Vapor Zone v. DPH et al.
* Vapor Technology Association v. Charlie Baker, in official capacity and Monica Bharel, in official capacity made opening remarks before reviewing the agenda.

Mr. Lanzikos made a motion to enter Executive Session, Ms. Blondet seconded it.

Following the motion, a roll call of all members was conducted, and the Council moved into Executive Session at 9:17am.

At the conclusion of the Executive Session, the Council meeting resumed at 9:40am.

**1. ROUTINE ITEMS**

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

Commissioner Bharel began by highlighting some of the work that is taking place in and across the Department, including the current situation on Vaping in MA and the vaping epidemic and the pulmonary disease associated with it. This ban on sales is providing a much-needed pause, to enable us to gather more data on the alarming vaping-related lung disease, and in doing so, protect the public health. To date, the Department has received 152 reports of suspected vaping-related lung injuries, including 10 confirmed and 19 probable cases, for a total of 29 cases we have now submitted to the Centers for Disease Control and Prevention. Of the 29 cases, 15 are female and 14 are male. 25 were hospitalized due to their illness. Of the 29 cases, nine were under the age of 20, seven were between the ages of 20 and 29; Seven were between 30 and 49. There were six cases over the age of 50. The number of suspected cases also continues to grow every day. We are reminded of the seriousness of this illness. We unfortunately saw the first death in Massachusetts linked to vaping-associated lung injury. The Commissioner told the U.S. House Committee on Energy and Commerce at the end of last month in my testimony on our activities here in Massachusetts, and looks forward to working together with our state and federal partners to tackle this epidemic and protect the health of our young people – now and into the future.

As Governor Baker said last week, this four month moratorium gives us as a state a chance to come up with a regulatory framework to stop the deaths and injuries related to vaping. We continue to encourage all clinicians to submit reports for potential cases, and review each submission to better understand the impact of this illness in the Commonwealth and beginning to shed light on common factors among patients. Commissioner Bharel will bring updates to this group, and encourage you all to also look for more frequent updates on the mass.gov/ vaping emergency website.

***EEE***

Commissioner Bharel stated that even as temperatures turn cooler, we continue to emphasize the need for personal protection to prevent mosquito bites during this particularly active season for Eastern Equine Encephalitis, or EEE. We continue to see both EEE and West Nile Virus activity, which will remain until the first hard frost. The Commissioner thanked the DPH State Epidemiologist Dr. Catherine Brown and all of our DPH staff for their work on arbovirus each year – and in particular this year for all the work on our EEE surveillance, reporting, prevention, education and information efforts and my tremendous thanks to Associate Commissioner Lindsey Tucker for overseeing this initiative on my behalf.

***Data Day***

Commissioner Bharel stated that she recently read a post by Dean Cox highlighting how necessary storytelling is to public health. In his words, it’s “because we believe that stories make our valuable work accessible and digestible to the broader public.” Commissioner Bharel stated that during her time at the Department, she’s tried to balance making sure we hear the narrative and also connect that story to the underlying data. In support of that, about 80 staff from across the Department recently took part in our second Data Day. Cross-functional teams reviewed data and discussed public health disparities experienced by communities of color, people with histories of homelessness or housing instability, people with histories of criminal justice involvement, and other DPH priority populations. Teams examined data collection and use, discussed common themes, and considered ways to address gaps in our knowledge base and services. Data Day served as a forum for staff to work across program areas to use data to focus

our attention on public health resources with the goal of eliminating disparities. The Commissioner thanked Assistant Commissioner Abbie Averbach for her leadership, to Natalie Nguyen Durham in our Office of Population Health for spearheading this effort.

***Recovery Month Celebration***

Commission Bharel stated that September was Recovery Month and she attended this year’s celebration of Recovery Month hosted by the Massachusetts Organization for Addiction Recovery (MOAR) at Faneuil Hall in Boston. The Commissioner praised the strength and resilience of the recovery community and was joined by Deirdre Calvert, Director of our Bureau of Substance Addiction Services who called everyone attending “my hero.”

***Personnel Updates***

Commissioner Bharel announced the appointment of Dr. Susan A. Abookire as the new Chief Medical Officer of the Lemuel Shattuck Hospital. Dr. Abookire is a board-certified internist with 22 years of experience leading healthcare organizations. Dr. Abookire received her Doctor of Medicine from Harvard Medical School and her MPH from the Harvard T.H. Chan School of Public Health, and has devoted most of her professional career to healthcare in Massachusetts, most recently working at Newark Hospital and Brigham and Women’s Hospital. Dr. Abookire will assume her new responsibilities later this month.

Dr. Cunningham asked how many people were hospitalized for vaping related illness.

Commissioner Bharel stated 25 of 29 were hospitalized.

Dr. Cunningham asked if nicotine only use is hospitalized is the core public health issue.

Commissioner Bharel stated that the CDC reported about 13% is nicotine only and they are also reviewing hundreds of samples and need time to analyze.

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

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council September 11, 2019 Meeting and September 24, 2019 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the September 11, 2019 meeting minutes. There were no changes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Ms. Prates Ramos made the motion and Ms. Blondet seconded it. All other present members approved.

Commissioner Bharel asked if any members had any changes to be included in the September 24, 2019 meeting minutes. There were no changes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Ms. Blondet made the motion and Mr. Brindisi seconded. Mr. Hovan and Dr. David abstained. All other present members approved.

**2. DETERMINATION OF NEED**

**a. Request by Partners HealthCare for substantial capital expenditure and substantial change in service to expand the emergency department, endoscopy service, and electrophysiology lab and add a PET-MRI. (Vote)**

Commissioner Bharel invited Margo Michaels, Director of the Determination of Need Program, and Rebecca Rodman, Deputy General Counsel, to review the DoN staff summary for Partners HealthCare’s request to expand the emergency department, EXPAND endoscopy service and the electrophysiology lab as well as add PET-MRI at MGH. Commissioner Bharel also noted that there were representatives of the applicant here today, available to respond to questions after Margo’s presentation.

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

Applicants:

Peter Slavin, MD, President, MGH

Joan Quinlan, MPA, Vice President for Community Health at MGH

Dr. O’Neil Britton, Chief Medical Officer and Senior Vice President at MGH

Dr. David Brown, Chief of Emergency Medicine at MGH

Dr. Cunningham asked why the Department is proposing limiting the use of standard MRI in its conditions.

Ms. Michaels stated that applicant would use the PET- MR for clinical, research, and standard MRI, and indicated in its application how the equipment would be used for these 3 purposes. The proposed condition provides a limitation on expanding all clinical use vs research use.

Ms. Blondet asked what is the methodology or strategy is used by the advisory committee to identify community health priorities for the system.

Ms. Quinlan stated the board committee is guided by community process and works with community partners on community health needs assessment and implementation plans as well as the collaborative community health needs process with the set of guiding principles

Mr. Blondet asked how the committees interact with each other and how does it fit together.

Ms. Quinlan the board and executive committees are guided by the community with the overarching principle is that all strategies aim for achieving health equity through priorities established in conjunction with community engagement.

Ms. Brindisi asked if the CHOP is led by the Boston Public Health Commission.

Ms. Quinlan stated the Boston Collaborative drives the community health needs assessment and have until February 15, 2020 to complete the CHIP.

Mr. Brindisi asked if the BPHC is accredited.

Ms. Quinlan stated yes.

Commissioner Bharel stated that this is the first time in Boston that this type of collaborative is happening to improve the health of Boston.

Ms. Blondet asked if the remaining funding will go to the Collaborative.

Ms. Quinlan stated yes to the Boston and the North Suffolk Collaborative

Ms. Blondet asked if the investment will be decided by the group of hospitals.

Ms. Quinlan stated no, there is a CAB for both collaborative was created to address priorities, the CHIP and strategies and determine where to direct the funding.

Ms. Quinlan stated that the hope is that the funding will ultimately go into the community.

Dr. Bernstein asked if the data on race and ethnicity is recorded in relation to wait and transfer times for behavioral health facilities and are they reported to DPH to have a measure of progress.

Mr. Brown stated that all those metric are recorded and could be used to measure what you are suggesting.

Dr. Bernstein stated that relationship building to make connections with patients is critical.

Ms. Blondet asked if there are ways to making meaningful community advisory groups in order to engage the community health workers to include real community voices and engagement.

Ms. Quinlan stated that Partners highly values the wisdom and skill of community health workers and values the recommendation.

With no further questions, Commissioner Bharel asked if there was a motion to accept the staff recommendation to approve Partners HealthCare’s request for substantial capital expenditure and substantial change in service. Dr. Bernstein made the motion. Mr. Brindisi seconded. All approved.

**1. Presentation**

**a. Commemorating the Massachusetts Department of Public Health’s 150th anniversary.**

Commission Bharel recognizes a very special milestone that we have been marking throughout the year at the Department – DPH’s 150th anniversary. It was at this time of year back in 1869 that Massachusetts’ first State Board of Health came together for their very first meeting. That Board of Health was actually the precursor to the Public Health Council we have in place today. It has been fascinating to read the minutes of that first meeting and discover the public health issues our predecessors were working on in 1869: the safety of poisons, the dangers of drinking alcohol, and the importance of safe housing as a source of good public health. These are just a few examples which we will be revisiting later this morning.

Dr. Bernstein leaves at 10:26am

Commissioner Bharel stated she would like to remember the first chair of that board – Dr. Henry Bowditch – after whom this meeting room is named. Henry Bowditch was a progressive and accomplished person and we happen to have an expert on Henry Bowditch here today to tell us more. Dr. Al De Maria, our former State Epidemiologist and Medical Director for the Bureau of Infectious Disease and Laboratory Sciences, has joined us today for this celebration. We will also hear from Kathy Domoto, director of the state’s Public Health Museum, who has brought us some artifacts from our history.

Earlier I referenced the agenda of the very first Board of Health Meeting. We have taken a few excerpts from that original agenda and I have asked our Public Health Council members if they would each be so kind as to read an excerpt aloud.

To officially mark this date and this meeting 150 years nearly to the day after our first gathering on behalf of public health in the Commonwealth, we will install a proclamation from Governor Baker marking the occasion. After unveiling, I will read the proclamation. To continue our celebration, the Commissioner invited Dr. DeMaria to the table to present on the life and times of Dr. Henry Bowdich. He is joined by Kathy Domoto, MD from the state public health museum.

Dr. Bernstein returns at 10:28am

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

Dean Cox asked what medical education prior to modern medical education.

Dr. DeMaria stated that anyone that could pay to go to medical school could attend and was mainly a series of lectures with mentorships. After 1911, medical schools became more rigorous and scientific according to the John Hopkins model.

Dr. Bernstein stated this is a good highlight of inequality over the years.

Mr. Lanzikos asked if the museum is collecting artifacts presently.

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Dr. Domoto stated they recently collected material on tobacco use and tobacco campaigns.

With no further presentations, the Commissioner stated there are excerpts from the minutes of the very first Board of Health meeting that we will read aloud today. Similar to what we heard about Dr. Bowdich, I think you all will hear some of the topics discussed by this body 150 years ago still ring true today and really highlight the importance of our collective efforts to address health and social inequities to protect all of the public’s health. I’ll start off the readings, and I invite each of you to read your excerpts in order from there:

“We feel the responsibilities of the position that we hold. We accept them with an earnest wish to be able to grapple successfully with the various difficulties that surround the commencement of this very important branch of the public service.

No board of health, if it rightly performs its duty, can separate the physical from the moral and intellectual natures of man. These three qualities of man are really indissoluble, and mutually act and react upon each other.

Commissioner Bharel announced that DPH is bidding farewell to Paul Lanzikos, and celebrating his service to the PHC, as well as the contributions of Dr. Alan Woodward and Meg Doherty. These three have collectively provided 36 years of service to the Council, each dedicating 12 years on the PHC to help protect and improve the health of residents in the Commonwealth.

Commissioner Bharel presented each departing council member with a Commissioner’s Citation and the Department’s commemorative coin, acknowledging you for your work to both the community and the Department. Unfortunately, Meg was unable to join today – but for a very happy reason: she is in Ireland for her son’s wedding. She sends her warmest regards, and appreciation for the work we all have done together.

Commissioner Bharel stated that this concludes our final agenda item for the day. A friendly reminder, our next meeting is scheduled for Wednesday, November 20, 2019, at 9AM.

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

The meeting adjourned at 11:21AM.