MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of September 11, 2024

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, September 11, 2024 – 9:00AM**

***Note: The September 11 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://zoom.us/j/93755324495?pwd=jkPwiTM7s5FvZ7OBbMyO5qlqvH4Wxq.1>

Dial in Telephone Number: 929-436-2866 Webinar ID: 937 5532 4495

Passcode: 679438

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held August 14, 2024 **(Vote)**.
2. **INFORMATIONAL PRESENTATIONS**
   1. Public Health Emergency Response Capabilities.
   2. Preparing for the Public Health Impacts of Climate Change.
3. **DETERMINATION OF NEED**
   1. Request by Southcoast Health System, Inc. for a transfer of ownership **(Vote)**.
4. **FINAL REGULATIONS**
   1. Request to promulgate amendments to 105 CMR 721, *Standards for prescription format and security in Massachusetts* **(Vote).**
   2. Request to promulgate amendments to 105 CMR 722, *Dispensing procedures for clinic and hospital pharmacies.* **(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: September 11, 2024 - Start Time: 9:12 am. Ending Time: 11:26 am.

| **Board Member** | **Attended** | **First Order:**  **Approval of**  **August 14, 2024 Minutes (Vote)** | **Second Order:**  **DON**  **Request by Southcoast Health System, Inc. for a Transfer of Ownership**  **(Vote)** | **Third Order:**  **Request to Promulgate Amendments to 105 CMR 721**  **(Vote)** | **Fourth Order:**  **Request to Promulgate Amendments to 105 CMR 722**  **(Vote)** |
| --- | --- | --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | No | Absent | Absent | Absent | Absent |
| **Lissette Blondet** | Yes | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes | Yes | Yes |
| **Emily Cooper** | Yes | Yes | Yes | Yes | Yes |
| **Harold Cox** | No | Absent | Absent | Absent | Absent |
| **Alba Cruz-Davis** | Yes | Yes | Yes | Yes | Yes |
| **Michele David** | Yes | Yes | Yes | Yes | Yes |
| **Robert Engell** | Yes | Abstain | Yes | Absent | Absent |
| **Elizabeth Evans** | No | Absent | Absent | Absent | Absent |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 11 Members Present;  4 Members Absent | 10 Members Approved;  4 Members Absent;  1 Member Abstained | 11 Members Approved;  4 Members Absent | 10 Members Approved;  5 Members Absent | 10 Members Approved;  5 Members 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, September 11, 2024, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Lissette Blondet; Kathleen Carey; Sec. Emily Cooper; Alba Cruz-Davis; Michele David, MD; Robert Engell; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

Robert Engell left the meeting early, at 11:00 am.

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

Commissioner Goldstein called the meeting to order at 9:12 am.

**1. ROUTINE ITEMS**

*August 14, 2024 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the August 14, 2024, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the August 14, 2024, minutes.

Dr. Volturo made the motion, which was seconded by Ms. Moscato. Mr. Engell abstained. All other present members voted to approve the minutes.

*Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the Council on the following:

**International Overdose Awareness Day**

Commissioner Goldstein said on August 29th, DPH honored International Overdose Awareness Day, officially recognized on August 31st of each year, by joining the Boston Public Health Commission and Boston Medical Center to plant more than 22,000 purple flags on Boston Common. Each flag represented a life lost to drug overdose in Massachusetts between 2012 and 2023. The event honored ones we have lost to overdose and allowed us to reflect on the many impacts that substance use has on our communities.

**National Recovery Month**

Commissioner Goldstein said September is National Recovery Month, an opportunity to celebrate and support people in addiction recovery, raise awareness about treatment and recovery options, and honor the work and passion of everyone who makes recovery from substance use disorder possible.

**National Emergency Preparedness Month**

Commissioner Goldstein said the COVID-19 pandemic made clear the importance of being prepared and public health’s role in emergency response. It is not just infectious disease that poses a risk to us. There are threats related to climate emergency, natural disasters, and human-made disasters. He said the only way to mount an effective, robust response is if we can mobilize all the necessary resources within and across DPH, and with individuals, partners, and communities throughout the Commonwealth. We all have a role in emergency preparedness and response, and much to prepare for. The Department’s Office of Preparedness and Emergency Management and the Office of Communications are running their annual “Stay Aware, Be Prepared” awareness campaign through the end of September, providing people across the state with the tools they need to be ready for a variety of emergencies. The campaign raises awareness in three languages about the importance of having a plan and an emergency kit ready in the event of a hurricane, blizzard, pandemic, or any other emergency.

**Respiratory Illness Preparedness**

Commissioner Goldstein said another element of preparedness work is respiratory illness season, which is expected to include seasonal increases in COVID-19, influenza, and RSV. The country and the state are experiencing a wave of COVID-19 infections. Fortunately, not many people have required hospitalization, there have been 110 confirmed COVID-19 deaths in Massachusetts since July 1, far too many deaths for a disease with a highly effective vaccine. COVID and flu vaccines are now readily available. DPH and CDC recommend everyone 6 months and older to receive an updated COVID-19 and flu vaccine. Data continues to show the importance of vaccination to protect against severe outcomes of COVD-19 and flu. The department is offering mobile, on-site vaccination clinics in locations that optimize access for priority populations. DPH also offers an In-Home Vaccination Program for COVID-19 and flu. DPH has 520K COVID and flu tests on hand that can be requested by healthcare facilities and congregate settings to have available in outbreak situations. In addition, with support from the Administration for Strategic Preparedness and Response, local boards of health were able to request free, rapid COVID-19 test kits, allowing local partners to support residents and providers with the tools they need to manage the spread of the virus. More than 325K test have been shipped to 226 MA communities.

**Mosquitos & Ticks**

Commissioner Goldstein said we prepare every year for the threat of illnesses caused by mosquitos. This past May, State Epidemiologist Dr. Katie Brown cautioned us that with the high level of rainfall this spring and the higher average temperatures, this year could be challenging for mosquito-borne illness. This past Monday, DPH announced its fourth case of human Eastern equine encephalitis (triple E) of 2024. The most recent case of EEE was in 2020 with 5 human cases and one death. In 2019, there were 12 human cases and 6 deaths. After regular checks and tests across Massachusetts, 92 EEE-positive mosquitos samples were detected. Most of this was in Plymouth and Worcester counties, but infected mosquitos have been found in other counties. EEE can lead to death in 30 percent of those who contract the illness. Those who survive are often left with long-term neurological impairments. Children under 15 and adults over 50 are particularly at risk. There are no specific treatments for EEE beyond supportive measures. In addition, there are no vaccines to prevent EEE or lessen the severity of its symptoms. In addition to EEE, there have been 10 human cases of West Nile Virus identified in Massachusetts so far this year, in Hampton, Suffolk, Middlesex, and Norfolk counties. West Nile Virus can be serious, especially for those who are older or have underlying immune compromise, causing neurological problems or death in a small percentage of patients. Two weeks ago, out of concern for the threat of EEE and West Nile Virus, DPH and the Massachusetts Department of Agriculture coordinated a targeted and limited spraying of pesticides in two areas of the state. Aerial spraying was implemented in select areas of Plymouth County, and truck-based spraying took place in southern Worcester County. DPH has continued to remind residents of the need to understand risk and take personal protective measures. Using repellants with an EPA registered active ingredient when outdoors, wearing clothes that covers as much skin as possible when outdoors, rescheduling outdoor activities to avoid the hours between dusk and dawn, and getting rid of standing water are some such measures.

**WIC 50th Anniversary Celebration**

Commissioner Goldstein shared that on August 27th, he joined program staff from the Bureau of Family Health and Nutrition as well as other public health officials, state legislators, local program staff, and community partners for a special event to celebrate 50 years of positive health outcomes made possible by the services of the Special Supplemental Nutrition Program for Women, Infants, and Children, which is known as WIC. Part of DPH’s emergency preparedness efforts, WIC is one of the department’s greatest defenses in the face of a public health emergency, whether it’s the housing and homelessness crisis we are facing, or a shortage of formula, or the COVID-19 pandemic. WIC provides healthy foods, nutrition education, breastfeeding support, and referrals to health care and other services, free of charge to families who qualify.

**Steward Update**

Commissioner Goldstein said the financial mismanagement of Steward Health Care gave rise to an urgent, complex crisis that has required ongoing coordination across multiple state agencies, health care providers, community organizations, unions, payors, and more. DPH has responded to the challenges of this prolonged situation using the tools and processes that have served us well during public health emergencies, from the COVID-219 pandemic to blizzards, to cybersecurity incidents, to the Boston Marathon and Fourth of July events on the Esplanade. Earlier this year, the Department activated our emergency operations plan and stood up an Incident Command structure to manage the Steward crisis. This model has enabled us to navigate through the multiple issues, moving the Department step by step toward Steward’s transition out of Massachusetts and allowing us to maintain the stability and safety of health care in the Commonwealth. At the time of last month’s Public Health Council meeting, we were amid public hearings focused on Steward’s decision to close Carney Hospital and Nashoba Valley Medical Center. Neither hospital received an acceptable bid during the bankruptcy auction process. So, both of those hospitals closed on August 31. The Department continues to work with the communities and the greater health care system to do what we can to protect access to essential medical services in the communities around Dorchester, Ayer, and Devens. The bankruptcy court approved the sales of the five remaining hospitals from health care organizations. St. Elizabeth’s Medical Center will be taken by eminent domain by the state and transfer operations to Boston Medical Center. Norwood Hospital was not included in the bankruptcy auction. It suffered a flood in 2020 and construction of a new hospital started in 2021 but was halted. Norwood Hospital operates several outpatient facilities. DPH works to keep those facilities and programs operational.

**Introduce Dr. Gregg Meyer**

Commissioner Goldstein introduced Dr. Gregg Meyer who has served as Incident Manager for the Department’s Incident Command and proceeded to list his career accomplishments as well as noting that Dr. Meyer is a primary care physician at Massachusetts General Hospital, Professor of Medicine at Harvard Medical School, and Professor of Health Policy and Management at the Harvard Chan School of Public Health. He asked Dr. Meyer to provide a summary of the work that Incident Command has done, and is doing, to help manage the complex situation resulting from Steward’s financial problems.

Upon conclusion of Dr. Meyer’s remarks, Commissioner Goldstein asked if there were any questions.

Mr. Landers hoped that the Steward crisis would lead to greater systems of care. He mentioned that a number of physicians and medical care providers at Carney Hospital depended on visas that were contingent on their placement in the hospital. He was happy to note that they had all been successfully placed in other institutions.

Commissioner Goldstein said a lot of work was done with graduate medical education to make sure the physician residents who had been training in the Steward system continue to have jobs and obtain their training.

Dr. Meyer added that there was great cooperation between many groups within the state public health apparatus to make that happen. He said they worked very hard to successfully relocate the community care pharmacy within another part of Dorchester.

Dr. Haddad mentioned the monumental work of DPH, the Healey-Driscoll administration and Dr. Meyer in bringing this resolution about. He said this will change the way care is provided, at least in the Merrimack Valley. They have held town halls with the staff and physicians of the Holy Family facilities and the reception to the leadership at Lawrence General has been overwhelmingly positive. There is a great commitment to create a better system that puts the patient first, not financial gain. He thanked Dr. Meyer for setting the stage to be able to fulfill this role.

Dr. Meyer said that throughout the process, his visits to the Steward facilities showed the people on the front lines have been looking forward to positive change. There’s more work to do and specifically with the Nashoba region and Carney region, the work will be to improve the current situation.

Dr. Cruz-Davis also thanked Dr. Meyer and the state for their efforts. She was concerned about the patient volume increase and expense for Codman Square Health Center with the closure of Carney Hospital.

Dr. Meyer said they are working to understand what the impacts will be on various community health centers due to thew hospital closures. They are expecting to spend time over the coming weeks engaging directly with the community health centers in the Carney and Nashoba areas to understand the impacts and be able to set up programs and policies to mitigate the unseen effects.

Dr. David asked how the nursing program at Carney will transition.

Dr. Meyer said that none of the Steward facilities were training sites for graduate medical education, for nursing students, or for tech students but has managed to transition many of the slots to other facilities but understand there is more work to do.

With no further questions, Commissioner Goldstein continued with the docket.

**2. INFORMATIONAL PRESENTATIONS**

*a. Public Health Emergency Response Capabilities*

Commissioner Goldstein invited Kerin Milesky, Director of the Office of Preparedness and Emergency Management, and Aaron Gettinger, Preparedness and Response Manager to give an update on *Public Health Emergency Response Capabilities*.

Following the presentation, Commissioner Goldstein asked if there were any questions from the council.

Mr. Landers asked about the Medical Reserve Corps for Massachusetts and the role that community members and volunteers can make.

Ms. Milesky said the department does work very closely with our Medical Reserve Corps units, which are local assets across the state that can be mobilized to be able to respond to either a local or regional event, or if we were to request assistance from the state. She noted that they also have a state response team that was begun during the COVID-19 response that can also be mobilized for a state response. They received federal funding from both CDC and the Administration for Strategic Preparedness and Response to be able to support our preparedness efforts across the Commonwealth and part of that is funding for the Medical Reserve Corps as well as our state response team.

Ms. Moscato asked if the six operational centers are across the state and represent all the statewide public health issues.

Mr. Gettinger said currently they have two locations at DPH buildings as well as the ability to support either HealthCare Partners or other DPH locations to set up a mobile center should there be infrastructure challenges. These operations centers are ready to be activated at any time; one is in Boston and one in the center of the state.

Ms. Moscato asked if this included nursing homes and healthcare providers.

Mr. Gettinger said yes.

*b. Preparing for the Public Health Impacts on Climate Change*

With no further questions, Commissioner Goldstein then invited Dr. Nalina Narain, Director for the Bureau of Climate and Environmental Health, to give an update on Preparing for the *Public Health Impacts of Climate Change*. She was joined by Dr. Marissa Hauptman, Medical Director for the Bureau of Climate and Environmental Health.

Following the presentation, Commissioner Goldstein asked if there were any questions from the council.

Dr. David asked how they are addressing heat emergencies in neighborhoods that lack green spaces and parks.

Dr. Narain said in partnership with other agencies, they identify where there are “heat islands” in communities most vulnerable to heat and work to create green spaces. In the short term, working with communities and municipalities to see if there are options for cooling for those populations.

Dr. Hauptman said that the CDC heat risk tool is superior than the National Weather Services tool, as it considers the built in environment as well as other health data to identify which areas forecast at the highest risk.

Dr. Volturo asked what the criteria were to define heat communities.

Dr. Narain said they identify as having high crude rates of heat stress and higher ED visits. There were a few exemptions such as Boston, New Bedford, Springfield, and Worcester, but those were included despite having significantly lower or similar heat stress rates compared to overall Massachusetts due to relatively large number of cases and their status as healthcare homes. AHEM communities – advancing HealthEquity in Massachusetts – without heat stress were not included in their list but they included communities based on income, English fluency, and demographics.

Dr. Carey noted that the tremendous amount of resources, information, and initiatives that they provided still depends on the response of individuals to take steps to protect themselves. She asked if there was a noticeable responsiveness from communities.

Dr. Hauptman said they are striving to better understand in the next phase of evaluating this heat response initiative and observe how it was received by the stakeholders. They can see how many times the website was opened and if the resources provided were utilized. We're also thinking about other ways that we can support clinicians in supporting their patients and working with MassHealth in in those capacities to be able to help families get an air conditioner in the short term and working with the EA to provide better cooling capabilities for homes.

Dr. Narain said they also plan to work closely with other DPH bureaus and offices, especially our Office of Health Equity and their community engagement group to engage with those communities. They have the natural contacts in those communities that work directly with populations to really ensure that they are reaching communities with their resources and supports.

Mr. Landers said that we have systems to support heating needs in the winter and we should have a parallel to that for cooling needs in the heat.

Dr. Narain agreed saying that strategies and resources need to be considered.

Emily Cooper added that starting in 2025, some Mass Health members will be able to access health related social needs services. If someone needs an air conditioner or a HEPA vacuum and they are a person with certain conditions, Medicaid will be able to pay for that.

**3. DETERMINATION OF NEED**

*a. Request by Southcoast Health System, Inc. for a transfer of ownership* ***(Vote)***

With no further questions, Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Southcoast Health System, Inc.’s request for a transfer of ownership. He was joined by Rebecca Kaye, Deputy General Counsel.

Following the presentation, Commissioner Goldstein asked if there were any questions from the council, and noted that representatives from the applicant were available to respond.

Dr. Carey discussed patient safety noting that ASCs are lower cost, with lower complications and higher patient satisfaction and perform better for certain surgeries. She pointed out that this is based on literature in favor of ASCs but not on data from Same Day Surgicare of New England (SDS). She asked what the plan was to ensure that the right patients are being moved from South Coast to the free standing ASCs.

Renee Clark, Executive Vice President & Chief Operating Officer for Southcoast Health Systems, agreed that it’s lower acuity that will help meet the higher standards of quality at an ASC. Many of their physicians and surgeons have been actively participating in providing services at SDS for many years and are bringing the same level of service to their facilities. This is a facility in need of capital updates and newer technologies, and they feel they can bring that to their facility and promote higher quality. The electronic medical record (EMR) is large, and the entire system runs on Epic which they will bring to the new facilities. This will help quality by providing more visibility and ability to track items that are now being done manually.

Dr. Haddad questioned affordability including their capital investments, and why this is a positive move for the system.

Ms. Clark said that the cost saving opportunity will be seen at Charlton Hospital in Fall River where the patients are less easily able to travel to the ASC in Dartmouth and this will allow outpatient movement at that hospital. She said length of stay and capacity is also an issue. Being able to move some outpatient procedures to a freestanding outpatient facility will provide better throughput at the hospital.

Ms. Moscato mentioned that there will be quite a bit of expense needed to bring this inventory surgery center up to date. She said it was noted in the DoN many times the need for financial resources for both operating costs and capital expense . She wanted confirmation that the owner is prepared to invest those dollars in bringing in new staff, upgrading the facility while maintaining the same size and scope, and the costs will not be pushed down to the patients and other payers.

Ms. Clark said that they are ready for the purchase of the facility in terms of cost. They are budgeted for FY25 for capital investments for SDS. On the operating side they can help tremendously on the anesthesia front with anesthesia resources being a national challenge. They have a good complement of anesthesia providers. They’re prepared to offer the anesthesia surgeons full employment with South Coast. They think they can add those resources easily into their anesthesia rotation, which will allow them, at that facility, to be able to cover more points of care and do more cases. They have been working with the team around recruitment for nurses. They’ve been actively involved in meeting with the staff and reassuring them that they’re prepared to support them and hope that they'll stay and be part of the new program.

Wade Broughman, Chief Financial Officer for Southcoast Health Systems, said scale is important and to add volume back to the same day. The surgery center is critical to cost because the more you do, the cheaper it is to perform. With their purchasing power they are able to bring the Epic system to the surgery center.

Dr. Carey asked if there were plans to expand beyond the four ORs with the new patient transfers to the day surgery center.

Ms. Clark said there are no immediate plans to expand.

With no further questions, Commissioner Goldstein asked if there was a motion to approve Southcoast Health System, Inc.’s request for a Transfer of Ownership.

Mr. Landers made the motion, which was seconded by Dr. Carey. All other members present voted to approve the request for a transfer of ownership.

**4. FINAL REGULATIONS**

*a. Request to promulgate amendments to 105 CMR 721, Standards for prescription format and security in Massachusetts* ***(Vote)****.*

*b. Request to promulgate amendments to 105 CMR 722, Dispensing procedures for clinic and hospital pharmacies* ***(Vote)****.*

Commissioner Goldstein invited Lauren Nelson, Deputy Director of the Bureau of Health Professions Licensure, to present a request for amendments to the Department’s regulations regarding standards for prescription format and security, and dispensing procedures for clinic and hospital pharmacies.

Following the presentation, Commissioner Goldstein asked the council members if there were any questions on the two regulations.

Ms. Cooper said that sub-regulatory guidance around 105 CMR 721 has some important exceptions about emergency situations that are not in the regulation that should not be lost, particularly as they relate to people who are leaving, being discharged from a hospital and are in a situation where they can't get to a pharmacy. MassHealth has put out guidance for hospitals saying that they must give a written prescription if the person is experiencing homelessness and they're being discharged from a hospital.

Ms. Nelson said that guidance will be updated and remain in effect.

There were no further questions.

Commissioner Goldstein asked the council members to vote on each regulation separately. He asked if there was a motion to approve amendments to 105 CMR 721.

Dr. David made the motion which was seconded by Dr. Volturo. All other members present voted to approve the amendments to 105 CMR 721.

Commissioner Goldstein asked if there was a motion to approve amendments to 105 CMR 722.

Dr. Cruz-Davis made the motion which was seconded by Dr. Volturo. All other members present voted to approve the amendments to 105 CMR 722.

Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next regular meeting is scheduled for Wednesday, October 9, 2024, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. David made the motion which was seconded by Dr. Volturo. All present members approved.

The meeting was adjourned at 11:26 am.