

MINUTES OF THE PUBLIC HEALTH COUNCIL

MEETING OF September 14, 2011

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

THE PUBLIC HEALTH COUNCIL OF
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA

Docket: Wednesday, September 14, 2011, 8:54 AM

1. ROUTINE ITEM: No Floor Discussion

- A. Compliance with Massachusetts General Laws, Chapter 30A **(No Vote)**

2. DETERMINATION OF NEED: CATEGORY 1 APPLICATIONS (APPROVED)

- I. **Project Application No. 5-3B99 of Morton Hospital** – Transfer of ownership of Morton Hospital & Medical Center, a 133-bed acute care hospital in Taunton through the sale of its assets to Steward Health System, a for-profit Delaware business corporation of which Steward Hospital Holdings LLC ("SHH"), a Delaware limited liability company, is the sole corporate member **(APPROVED)**
- II. **Project Application No. 4-3C01 of Quincy Medical Center** – Transfer of ownership of Quincy Medical Center, Inc., which will be acquired by Steward Medical Holdings Subsidiary Five, Inc., pursuant to the terms and conditions of an Asset Purchase Agreement between Quincy Medical Center, Inc., QMCED Physicians, Inc., Quincy Physician Corporation, Steward Medical Holdings Subsidiary Five, Inc. and Steward Medical Holdings, LLC **(APPROVED)**

3. EMERGENCY REGULATION: No Floor Discussion

Request for Promulgation of Emergency Amendments to 105 CMR 128.000, *Health Insurance Consumer Protection*, to align external review process with federal requirements **(APPROVED)**

4. PRESENTATION: No Vote/Information Only

Hospital Personnel Seasonal Influenza Vaccination Report, 2010-2011

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

A regular meeting of the Public Health Council (M.G.L. C17, §§ 1,3) was held on September 14, at 8:54 a.m., 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: Chair John Auerbach, Commissioner, Department of Public Health, Mr. Harold Cox, Dr. John Cunningham, Dr. Michele David, Dr. Muriel Gillick, Mr. Paul Lanzikos, Mr. Denis Leary, Mr. Jose Rafael Rivera, Dr. Meredith Rosenthal Mr. Albert Sherman, Dr. Michael Wong, Dr. Alan Woodward. Absent members were: Ms. Helen Caulton-Harris, Ms. Lucilia Prates Ramos, Dr. Barry Zuckerman. Also in attendance was Attorney Donna Levin, General Counsel, Massachusetts Department of Public Health. Chair Auerbach announced that notice of the meeting has been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance and he reviewed the agenda for the meeting

DETERMINATION OF NEED: CATEGORY 1 APPLICATIONS: PROJECT APPLICATION NO. 5-3B99 – TRANSFER OF OWNERSHIP OF MORTON HOSPITAL & MEDICAL CENTER and PROJECT APPLICATION NO. 4-3C01 TRANSFER OF OWNERSHIP OF QUINCY MEDICAL CENTER., INC.

Chair Auerbach noted that the public testimony for the two Determination of Need applications would be heard until 10:00 am and this would apply for both applications. He explained that the only people allowed to offer public testimony would be those who participated in the public comment period for either the transfer of ownership of Morton Hospital or the transfer of ownership of Quincy Medical Center.

Chair Auerbach further noted that the discussion of each application would be considered separately, saying "...we have three members of the Council who are recusing themselves for the discussion on Quincy Hospital, but can participate in the discussion on Morton Hospital." To begin the discussion, Chair Auerbach introduced Dr. Madeleine Biondolillo to present on the operations of the current Steward hospitals.

PRESENTATION: "Status of Current Steward Operations"

Dr. Madeline Biondolillo, Director of the Bureau of Healthcare Safety and Quality, stated in part "... I wanted to just start by reviewing that the mandate for the Department was to conduct an evaluation, assessment, and some monitoring of the impact of the transaction, of the Steward transaction on the availability of access to, and of healthcare services within the communities of those hospitals... we are working in conjunction with the Attorney General's Office ... to find ways to coordinate and not duplicate, but facilitate one another's efforts in the monitoring..."

Dr. Biondolillo presented a timeline of future monitoring efforts planned through October 2015, a map of Steward hospitals and an overview of bed count. She also addressed some of the indicators collected by the Department. "Health Care Quality certainly monitors

quality and safety in all health care facilities that we license ... health care associated infections, serious reportable events and other data regarding incidents... are being collected.... HAI and SRE will be released after the data has been collected and validated. It is not ready for release at this moment." Dr. Biondolillo noted some of the general safety trends, including that there were "two deficiencies were noted at one facility. No deficiencies were noted at the remaining five facilities, and no particular red flags went off in those realms. There were increases in self-reported incidents. That means the facility reported its own incidents after the acquisition at two of the Steward hospitals. Again, most of those are facility-reported, and then, in our evaluation of those cases, there were no associated deficiencies."

Dr. Biondolillo noted the changes in service provision, referring to capital improvements that were under progress prior to the transaction. The following hospitals have made improvements: St. Elizabeth added a new Radiation Therapy Center, Good Samaritan added a new Emergency Department, Carney Hospital renovated and expanded an Operating Room Suite and Norwood Hospital improved their Catheterization Lab. Dr. Biondolillo noted there were no violation of acquisitions agreements with regard to closing of any services lines or facilities and there have been no limitations in access to care.

At this point in the presentation, Chair Auerbach interrupted Dr. Biondolillo in order to allow Senator John Keenan and Representative Patricia Haddad to testify.

Senator John Keenan, is the State Senator of Norfolk and Plymouth District, including Quincy, Braintree, Abington, Brockton and Holbrook. He served as City Councilor in the City of Quincy and is very familiar with the history of Quincy Medical Center. Senator Keenan stated in part, "I would like to thank you, first of all, for your thoughtful and timely consideration of this matter, and I would be remiss if I didn't thank the Attorney General's Office, as well, for her review of this matter and approving the transaction. I am here before you today for one simple reason, and that is because the City of Quincy needs the Quincy Medical Center. We need it as a community hospital, a hospital that has served, from a very personal perspective, my parents, my family members and myself and, over the years, being one of seven children, I assure you that we visited the Emergency Rooms several times with bumps and bruises, and as my parents have reached the age now of seventies and eighties, they are up there, unfortunately, all too frequently, but the level of care has always been outstanding. We need the Quincy Medical Center to emerge from its current financial difficulties stronger than ever. We need it so that it can maintain jobs within our community, and I trust that Steward Healthcare will work with the existing employees to resolve any outstanding labor issues that they have so that those outstanding employees can continue providing the services that they do."

Representative Patricia Haddad is the speaker Pro Temp of the House of Representatives. Representative Patricia Haddad said in part, "I would like to thank the Council for allowing me the time to speak, and also for taking the time to consider the transfer of Morton Hospital to the Steward Healthcare System. The City of Taunton is part of my district, and so, I am very aware of how important Morton Hospital is, not only to the health of Taunton

but to the surrounding communities. I am here to ask the Council to approve the transfer of the license from Morton to Steward. Morton's financial struggles are not new, and they are not uncommon for community hospitals in Massachusetts. What is uncommon is that they have been thrown a lifeline. By joining Steward, Morton's future will be secured. The current hospital debt and pension liability that is crippling their balance sheet will be assumed by the new owners. On top of that, Steward will make more than a one hundred million dollar capital investment in Morton over the next ten years. This investment will bring state-of-the-art facilities and cutting edge clinical technologies to the hospital, its patients, and the people of Taunton and their surrounding communities."

Please see verbatim transcript for full testimony of Senator Keenan and Representative Haddad.

Following this testimony, Dr. Biondolillo resumed her presentation on the operations of the current Steward hospitals.

Chair Auerbach opened the floor for questions from the Council regarding the monitoring process.

Dr. Muriel Gillick stated in part "... clearly, from the perspective of public health, what we need to be concerned about, to a great extent, is the quality of care, and ... I would say the emphasis on measuring adverse outcomes, such as hospital acquired infections and serious reportable events, while clearly an important part of attention to quality, it is not the whole picture, and we really need to be looking at adherence to the highest standards of care. ... So, I am just wondering whether there are plans for monitoring some of these quality indicators?"

Dr. Biondolillo responded "I think that we have a potentially unique opportunity to do exactly what you are saying." She went on to describe some activities currently underway in the Department including the implementation of new CMS inspection tools, one of which is "related to discharge planning and appropriate measures to prevent re-hospitalization and appropriate end of life care with regard to discharge."

Chair Auerbach asked Dr. Biondolillo to share with the Council some of the indicators that could be included in future reports.

Dr. Rosenthal asked "how this data looked compared to state benchmarks." Dr. Biondolillo responded "yes, we have data that we can benchmark statewide... we absolutely intend to do that going forward."

Dr. David asked "I know when a hospital is a not-for-profit, there is such a thing as community benefits... With for-profit systems, what are some of the similar tracks that we can ensure that there are similar systems so that the corporation can engage in the community in a more formal way."

Chair Auerbach introduced Jed Nosal, Assistant Attorney General and the Chief of the Business and Labor Bureau from the Attorney General's Office. Mr. Nosal stated in part "although Steward is essentially a for-profit entity, they have essentially agreed to act as if they were a non-profit for the purposes of their community benefit programs, and that includes adhering to the guidelines that are in the program and, in both transactions, meeting substantially the same levels through what I will describe later as the "No Close" period."

Please see verbatim transcript for full discussion between Jed Nosal and the Public Health Council.

PROJECT APPLICATION NO. 5-3B99 – TRANSFER OF OWNERSHIP OF MORTON HOSPITAL & MEDICAL CENTER

Joan Gorga, Director of the Determination of Need Program (DON), began by clarifying something written in the staff summaries of both Morton Hospital and Quincy Medical Center. ""In Condition No. 3, when we are talking about "post closing" that is a legal term that refers to the transaction. It does not refer to the closing of the hospital."

Bernard Plovnick, Senior Program Analyst from the Determination of Need Program, presented on the Morton Hospital transfer of ownership. "The applicant is a for-profit Delaware business corporation of which Steward Hospital Holdings LLC and Delaware Limited Liability Company is the sole corporate member. Steward Hospital Holdings is managed by its sole corporate member, Steward Healthcare Systems, LLC., a Delaware Limited Liability Company affiliated with Cerberus Capital Management L.P.

The Morton Hospital and Medical Center is a one hundred and thirty-three bed community hospital located in Taunton, and also serving the neighboring towns of Berkley, Dighton, Lakeville, Middleboro and Raynham. Morton's acute services include medical/surgical, intensive care, pediatrics, obstetrics, and geri psychiatric beds. The hospital also operated several outpatient facilities, including an adult free health in Taunton."

Mr. Plovnik continued "Morton, not unlike numerous other community hospitals, currently operates with inadequate financial resources to properly address its aging physical plant, its under-funded pension plan, and its long term debt."

Consequently, Morton could no longer operate as an independent community hospital and in exchange for the hospitals assets. Steward has also agreed to keep Morton operating as a community hospital in Taunton for five years. As well as a additional five years unless certain adverse financial conditions arise. Steward will invest up to one hundred and twenty million dollars over ten years, in order to update the hospital facility and improve healthcare services. Other than the purchase price, there is no capital expenditure associated with this DoN for transfer of ownership.

On June 30, 2011, the Department conducted a public hearing jointly with the Public Charities Division of the Office of the Attorney General. There was broad based support for

the Steward's acquisition of Morton as expressed by public officials, community leaders, Morton physicians and staff, and community residents. The nurses in the former Caritas hospitals involving a dispute between the Massachusetts Nursing Association and Steward regarding nurses' pension benefits expressed their concern of the ownership.

Approval of the Determination of Need applications will be decided based on three conditions which firstly involves acceptance by the applicant of the recommendations of the Department's Office of Health Equity regarding improvements to interpreter services. Second term involves agreement by Steward to comply with the Department's regulation concerning the compositions of the Hospital's Patient and Family Advisory Council. The final term involves agreement with certain specific provisions in the Attorney General's report, which pertained to the Department's regulations. The applicant is in full agreement with these conditions of approval.

Chair Auerbach asked Ms. Gorga to review the four criteria that can be considered for both transfers of ownership. Ms. Gorga reviewed the four criteria in the regulations:

1. Individuals residing in the hospitals primary service area or health systems area, comprise a majority of the individuals responsible for the following decisions. Approval of borrowing in excess of five hundred thousand dollars, additions or conversions which constitute substantial changes in services, approval of capital and operating budgets and approval of the filing of an application for Determination of Need.
2. Evidence that consultation has taken place with the Mass Health Program prior to submission of the application, regarding access problems of Medicaid recipients to medical services in the facility's primary service area. Prior to submitting the application, the applicant works with the Office of Mass Health, and submits a letter to them, requesting sign-off on a decision as to whether there are access issues in the primary services area. The letter is then submitted to Determination of Need.
3. The applicant nor any healthcare facility affiliates of the applicant can be found to have engaged in a pattern or practice of violating the provisions of Massachusetts General Law Chapter 111, Section 51B. This is an anti-fraud, Medicaid fraud provision and basically the applicant submits to the Department the names of the executives, both at the hospital and at the home corporation, and they are subject to confirmation in our CORI system.
4. If the applications for the transfer of ownership of a hospital, and if the hospital is licensed by the Department, and is an affiliate of a hospital licensed by the Department, the Determination of Need reviews the license that the corporation owns with the Department

Attorney Carol Balulescu clarified for the Council that the sole share holder in the Morton applicant is "Steward Medical Holding LLC, not Steward Hospital Holdings LLC."

Jed Nosal from the Business and Labor Bureau in the Office of the Attorney General reviewed the nature of the agreement between the Attorney General's Office and Steward regarding the Morton Application. Morton Hospital assets are held in charitable trust for the benefit of the public. The Business and Labor Bureau in the Office of the Attorney General reviews applications under the statute, for the following factors:

1. Determine whether or not procedural due care was followed in the transaction.
2. Disclosure of any conflict of interest in connection with transaction
3. Statute requires for a fair and reasonable compensation offered as part of the sale
4. Determine if the sale is for the public interest

Jed Nosal requested and received thousands of pages of documents, reviewed board minutes, financial records, and reports from variances consultants that had advised the hospital over time. The Business and Labor Bureau in the Office of the Attorney General issued interrogates under oath to the Board of Directors and Senior Management. They have interviewed key members of Steward's management team, including Dr. de La Torre, President and Chief Executive Officer.

Morton hospital's financial position is deteriorating and the organization will eventually become insolvent. The Morton Board selected Steward's proposal, after determining that the sole non-profit entity in this case was not a viable proposal for the continuation of Morton Hospital's current operations and its charitable mission, which the Board viewed as maintaining a full service acute care hospital in Taunton for the residents, as negotiated by the parties. The Steward buyer will pay approximately fifty-three million dollars consisting of the assumption of Morton's unfunded pension plan liability of approximately thirty-six million dollars, payment of the majority of Morton's outstanding debt and assumption of other certain liabilities.

Within five years of closing, Steward will spend or commit to spend no less than eighty-five million dollars in capital expenditures to improve, furnish and equip and expand the services of the hospital post-closing, including no less than 25.5 million dollars within the first year. If, for any reason, Steward does not meet this capital commitment in full, it will contribute any unspent portion of those funds to a healthcare charity subject to the approval of the Attorney General. During the six to ten, post closing, Steward will spend or commit to spend another twenty-five million to thirty-five million dollars on additional capital expenditures.

Steward will maintain an acute care hospital with substantially the same services in Taunton for seven years, without exception, and that includes the notice provisions and will not close or reduce. During that time, its routine elder behavioral health services in patient psychiatric beds will maintain the charity care community benefits expenditures at current levels. Steward has also agreed, with certain conditions, not to sell off Steward Hospital individually for five years.

In addition, Steward will maintain a local governing board, continue to accept Medicare and Medicaid patients, and accept emergency room patients regardless of affordability to pay which is consistent with applicable law for as long as Steward operates Morton Hospital. Steward will continue charity benefit programs, including the adult uninsured clinic, school-based health center, to provide culturally and linguistically appropriate services currently provided at Morton Hospital. These are subject to some flexibility to address any changes that occur over the next decade for the purpose of demographics and other issues.

Dr. Ralph de la Torre, Chairman and Chief Executive Officer, Steward Healthcare System, addressed the Council saying in part "Today, we are here to discuss Quincy Medical Center and Morton Hospital. Quincy Medical Center is currently in bankruptcy proceedings. Morton Hospital continues to suffer significant operating losses. Both of these hospitals are burdened by high debt levels, out-of-date facilities, and have been cutting service lines and clinical offerings for years. Both hospitals, in short, are starved for capital. Without a partner, both will likely close, resulting in the loss of thousands of jobs and the elimination of two critical points of healthcare access. Steward will prevent this from happening.

Dr. Alan Woodward stated "My concern is the viability of your model going forward because, as was pointed out, we are putting a lot of eggs in one basket and, if the basket fails, we're going to have a catastrophic failure rather than incremental failure of the system.... Maybe you can just speculate on how this works, if it will work and, if it doesn't work, what are going to be the consequences because I don't think there is going to be another buyer for a network of such community if you are not successful."

Dr. de la Torre explained the Steward business model in detail; see transcript for discussion. He summarized the viability of the Steward system by saying "if things start going awry, we are not going to be the first to go. You are going to have massive issues at the individual community hospital level long before we get to a financially desperate situation."

Mr. Lanzikos asked Dr. de la Torre if he would come back to the Council at a future meeting to "report on the progress that you are making, or the barriers or limitations you are experiencing..." Dr. de la Torre agreed to this request.

At the end of the discussion, Mr. Sherman moved for an approval of the request for **Project Application No. 5-3B99 of Morton Hospital**. Dr. Wong seconded the motion. The motion was approved.

PROJECT APPLICATION NO. 4-3C01 TRANSFER OF OWNERSHIP OF QUINCY MEDICAL CENTER, INC

Jere Page, Senior Analyst from the Determination of Need Program discussed the transfer of ownership of the Quincy Medical Center. The change of ownership will be achieved through a sale conducted under Title 11 of the United States Code, Bankruptcy Code. Upon

completion of the transaction, Steward has agreed to maintain Quincy Medical Center for a period of at least ten years following this change of ownership. It has committed to maintaining the same current services at the Medical Center for at least five years. Steward will invest at least thirty-four million dollars in capital and program improvements at Quincy Medical Center.

The terms of Quincy Medical Center transaction, as negotiated by the parties and with enhancement recommended by the Attorney General and then agreed to by the parties, are as follows:

- Steward will pay purchase price consideration of thirty-five to thirty-eight million dollars. They will commit to spend, post-closing, within five years, no less than thirty-four million in capital expenditures on the hospital, including at least fifteen million in the first year, and another ten million in the second year.
- During years six through ten, in addition to the capital investment program managed in the services line development spend, or commit to spend, an estimated range of approximately four million dollars annually, or twenty million dollars in the aggregate based on average depreciation of a hundred and ten percent to a hundred twenty-five percent of the Medical Center with a minimum aggregate commitment during that time period to spend ten million dollars.
- Steward will maintain an acute care hospital in Quincy, providing the same scope of services as Quincy Medical Center. It will not close or limit services for seven years unconditionally, and for ten years under certain financial performance criteria and notice obligations during the “no close period.” During the “no close period” Steward will maintain charity caring and community benefit expenditures at least at current levels. They will not close or reduce the number of twenty-two inpatient geriatric psychiatric beds and maintain a local governing board for Steward Quincy Medical Center.
- If Steward fails to meet its minimal capital expenditures during the first five years post-closing, they will have to donate unspent amounts to a Massachusetts healthcare facility after written notice and approval by the Attorney General. Quincy Medical Center will continue to accept Medicaid and Medicare patients and emergency room patients regardless of ability to pay, consistent with Massachusetts law, and provide culturally and linguistically appropriate services currently provided at Quincy for as long as it operates. Steward will continue charity care and community benefits.

Chair Auerbach stated “let me mention, before we continue, that Drs. David, Gillick and Wong have conflict of interest, and won’t be participating in the discussion or he vote.”

Attorney Nosal provided an overview of the review by the Attorney General’s Office, including the special consideration for the transaction because Quincy Medical Center had filed for bankruptcy. Please see verbatim transcript for full discussion between Jed Nosal, Ralph de la Torre and the Public Health Council.

Mr. Sherman moved for an approval of the request for **Project Application No. 4-3C01 of Quincy Medical Center**. Dr. Woodward seconded the motion. Dr. Gillick, Dr. Wong and Dr. David abstained from voting. The motion was approved.

EMERGENCY REGULATION: REQUEST FOR PROMULGATION OF EMERGENCY AMENDMENTS TO 105 CMR 128.000, HEALTH INSURANCE CONSUMER PROTECTION, TO ALIGN EXTERNAL REVIEW PROCESS WITH FEDERAL REQUIREMENTS

Carol Balulescu, from the General Counsel's Office reviewed this application, saying in part "The Office of Patient Protection administers an external review process for members of fully insured health plans... Part of the Patient Protection and Affordable Care Act set standards for health plans for both internal and external review process.

So, the proposal today is to amend our regulation to bring us into compliance with these thirteen NAIC similar standards, which will allow the Office of Patient Protection to continue to administer an external review process and will buy us the time necessary for a more complete review of the statutory changes that will be required in order to bring us into full compliance, and that is a very brief overview. There is more detail in the memo, and I will certainly be happy to answer any questions.

Please see verbatim transcript for full discussion between Attorney Balulescu and the Public Health Council.

For the Record: Dr. Cunningham was not present for this vote, Dr. Woodward moved for an approval of the **Request for Promulgation of Emergency Amendments to 105 CMR 128.000, Health Insurance Consumer Protection, to Align External Review Process with Federal Requirements**. Dr. Rosenthal seconded the motion. The motion was approved.

HOSPITAL PERSONNEL SEASONAL INFLUENZA VACCINATION REPORT, 2010-2011

PRESENTATION: NO VOTE, INFORMATION ONLY

Madeleine Biondolillo, the Director of the Bureau of Healthcare Safety and Quality presented on the sources of transmission for the influenza virus. "In 2008, there was an amendment to the Hospital Licensure regulation in which hospitals began reporting on HAI Health Associated Infection measures, including influenza vaccination rates for healthcare personnel...in 2010 the reporting requirements were expanded to include all licensed healthcare facilities, from hospitals to other providers, such as clinics and nursing homes and now we are reporting on 2010 and 2011.

In summary, Dr. Biondolillo presented data showing that acute care hospitals reported at ninety-eight percent and the total vaccination rate was seventy-one percent. The range was

from thirty-seven percent to ninety-six percent. The following was reported rates of other facilities: Ambulatory Surgery Centers, sixty-eight percent; Clinics, fifty-eight percent; Dialysis Centers, sixty percent; Long Term Care, fifty-eight percent, and Non-Acute Hospitals, forty-two percent.

Dr. Rob Duncan from Lahey Clinic discussed the benefits of offering vaccines to healthcare workers, including a significant reduction in patient mortality. In addition, it saves money in reducing the loss of job performance. Lahey Clinic started their Flu Campaign in 2007, and have achieved about a sixty-four percent vaccination rate for all employees. This includes members of the hospital, volunteers and students.

Please see verbatim transcript for full discussion between Madeleine Biondolillo, Dr. Rob Duncan, Dr. Kenneth Sands, Vice-President from Beth Israel Deaconess Medical Center and Eastern Massachusetts Healthcare Initiative and the Public Health Council Board.

Dr. Woodward added, "we have lost our quorum, but I would still like to make a motion that can be endorsed by the people who are here, and then, I am going to ask John to put this on the agenda first thing next month so that we can get this as a statement from the Public Health Council...and I would also say, this resolution is supported by the Mass Medical Society and the Committee on Preparedness... So, I would ask that the Public Health Council support efforts by DPH and other healthcare organizations and institutions to maximize annual seasonal influenza immunization rates for all direct-patient-contact healthcare personnel through all appropriate means, up to and including mandating immunization."

After discussion Chair Auerbach added "I would guess that that would be a friendly motion ... to say that the Public Health Council Members, at present at this point, support efforts by DPH, other state agencies -- many other state healthcare organizations and institutions, including state agencies, to maximize annual state influenza as written by Dr. Woodward. "

For the record: This was not a full council vote, this was a members' vote. Dr. Woodward moved for an approval of the resolution. Seven members present voted to hear Dr. Woodward's recommendation in October and present it to the full council to consider this and other options.

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

- Docket of the meeting
- Copy of the meeting notices to A&F and Secretary of the Commonwealth
- Determination of Need (DoN) Category 1 Application memorandum on Project Application No. 5-3B99 of Morton Hospital
- Determination of Need (DoN) Category 1 Application memorandum on Project Application No. 4-3C01 of Quincy Medical Center
- Staff Summary for Determination of Need by The Public Health Council – Morton Hospital
- Staff Summary for Determination of Need by The Public Health Council – Quincy Medical Center
- Acute Care Hospital Seasonal Influenza Vaccination Report 2010-2011 by the Healthcare Associated Infection Prevention and Control Program
- Statement of the Attorney General as to the Quincy Medical Center Transaction
- Informational briefing memorandum and proposed draft Regulations to Promulgate Emergency Amendments to 105 CMR 128.000: Health Insurance Consumer Protection

The meeting adjourned at 12:37 p.m.

Chair John Auerbach