**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of September 24, 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: Tuesday, September 24, 2019 – 3:30PM**

Request for Approval of the Public Health Council for the Commissioner to Address the public health issues of vaping in the Commonwealth (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.*

**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:** Tuesday, September 24, 2019

**Start Time:** 3:40pm **Ending Time:** 4:50pm

| **Board Member** | **Attended** | **First Order: Prohibit Sale of All Vaping Products (Vote)** | **Second Order: Authorization for Statewide Standing Order for Nicotine Replacement Therapy (Vote)** | **Authorization to Take Additional Actions**  **(Vote)** |
| --- | --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes | Yes | Yes |
| Kathleen Carey | Yes | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent | Absent |
| Michael Kneeland | Yes | Yes | Yes | Yes |
| Keith Hovan | Absent | Absent | Absent | Absent |
| Joanna Lambert | Yes | Yes | Yes | Yes |
| Paul Lanzikos | Yes | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes | Yes | Yes |
| **Summary** | **12 members present, 2 members absent** | **12 members approved, 2 members absent, 0 members abstained** | **12 members approved, 2 members absent, 0 members abstained** | **12 members approved, 2 members absent, 0 members abstained** |

**PROCEEDINGS:**

An emergency meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Tuesday, September 24, 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; Kathleen Carey, PhD; Harold Cox; John Cunningham, PhD; Secretary Francisco Ureña; Michael Kneeland, MD; Joanna Lambert; Paul Lanzikos; and Lucilia Prates-Ramos.

Absent member(s) were: Michele David and Keith Hovan

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

Commissioner Bharel called the meeting to order at 3:40 PM and made opening remarks before reviewing the agenda.

Commissioner Bharel called to order the emergency meeting of the Public Health Council. The Commissioner began by announcing that just prior to the meeting today, she joined Governor Baker, Lieutenant Governor Polito, and Secretary Sudders as the Governor declared a public health emergency in the Commonwealth due to severe lung disease associated with the use of e-cigarettes and vaping products.

In seeing the nationwide number of cases and, sadly, fatalities from this lung disease, she announced at our last meeting September 11th any possible cases of unexplained vaping-associated pulmonary illness are required to be reported to the Department for the next year, and stated that as of September 19, 2019, the CDC had confirmed 530 cases across 38 states and U.S. territories, including at least seven fatalities in six different states.

The Commissioner indicated that since announcing mandatory reporting in Massachusetts, DPH has received 61 suspect cases under investigation of residents with lung injury potentially related to vaping, with 3 of those meeting the CDC’s definition for confirmed cases, another 2 meeting CDC’s definition for probable cases.

The commonality in all reported cases is a history of vaping, and a history of vaping products containing tetrahydrocannabinol (THC), nicotine, or a combination of both.

Commissioner Bharel stated that youth vaping is a public health epidemic: nationally, from 2017 to 2018, vaping use among youth increased 78% among high school students and 48% among middle school students and the total number of children who currently vape rose to 3.6 million in 2018.

The story is the same in Massachusetts, with 41% of all youth in 2017 reporting trying e-cigarettes and over 20% reporting that they use e-cigarettes regularly. Underlying these very concerning statistics is the tobacco and vaping industries’ use of tobacco’s old playbook – developing new products that are cheap, sweet, and attractive to young users. Despite daily headlines and news coverage about the harmful effects of vaping, there is a lack of information – or misinformation – about vaping. Young people may be unaware that e-cigarettes contain nicotine.

In fact, some vape pods can contain as much nicotine as a pack of cigarettes. And flavors such as fruit medley or bubble gum make these products seem harmless.

Commissioner Bharel stated that nearly all e-cigarettes contain nicotine and that nicotine is an addictive chemical. Nicotine can damage the developing brain of teens and young adults, impacting memory, learning ability, and other areas of the brain. Aerosol created by vaping contains potentially harmful chemicals.

The exact cause of this pulmonary injury is still unknown – whether it is related to the devices, the products, the mode of use, or a combination. During the period of investigation, restricting access is the safest option.

With the goal of protecting the health of Massachusetts residents as the public learns more about the causes and associated dangers of this vaping related illness, and in accordance with Governor Baker’s public health emergency declaration, the Public Health Council has been asked here today to approve two orders necessary to assure the maintenance of public health and prevention of disease.

Commissioner Bharel stated that the Department remains very committed to cessation and nicotine replacement therapies, and urges adults who used e-cigarettes to quit cigarette smoking to not return to smoking cigarettes. The Department is increasing the Quitline’s capacity to field calls; provide nicotine replacement therapy to all Massachusetts residents who call the Quitline for 8 weeks – up from the 4 weeks it is provided currently; and ensure adequate supplies of nicotine replacement therapies to assist residents in vaping cessation.

Commissioner Bharel then took a moment to recognize few people in the audience who have been particular advocates involved in tobacco control and cessation and education - Dr. Alan Woodward, Jonathan Wincoff, and partners from Tobacco Free Mass.

Commissioner Bharel then invited Dr. Alicia Casey, Pediatric Pulmonologist at Boston Children’s Hospital; Dr. Benjamin Raby, Chief of Pulmonary Medicine at Boston Children’s Hospital; Dr. Sharon Levy, Director of Adolescent Substance Use and Addiction Program at Boston Children’s Hospital; Dr. Sucharita Kher, Adult Pulmonologist and Critical Care doctor, Director of the pulmonary clinic at Tufts Medical Center; and Dr. Maryanne Bombaugh, President of the Massachusetts Medical Society, clinicians on the front line of this public health crisis. Commissioner Bharel stated that she has spoken to many of her colleagues in addiction medicine, pulmonary and critical care who have spoken about what they are seeing in relation to the health impacts of this current vaping epidemic, and that the Department asked them to join the Council at today’s meeting.

**Remarks by Dr. Alicia Casey**

Dr. Casey stated that she is a pediatric pulmonologist at Boston Children’s Hospital, an instructor of pediatrics at Harvard Medical School, and an Associate Program Director of the Pediatric Pulmonary Training Program at Boston Children’s Hospital. She further stated that her specialty is rare and diffuse lung disease in children.

Boston Children’s Hospital sees teens with chronic symptoms, and some becoming more severely ill, with acute vaping-induced lung injury. The Hospital sees teens with cough, mucus production, difficulty breathing, shortness of breath, low oxygen levels, requiring oxygen and breathing tubes and ventilators, not responding to antimicrobial therapy. These teens have sustained temporary, possibly long-term, lung damage. The lungs are diffusely damaged, and this pattern of injury is compatible with toxic, chemical lung damage. Lungs are designed for gas exchange and not for processing and repairing the damage from heating super-heated e-liquids that contain drugs of addiction, toxic chemicals, oils and food flavoring additives.

There has been great speculation about what specific ingredient has been causing this. This is not all black market. The CDC’s investigation of the hundreds of cases, and now 9 media-reported deaths, is not complete. Thankfully a patient has not been lost in Massachusetts, but the long-term effects vaping will have on the lungs in unclear.

It is possible that the lungs acutely damaged will not fully recover. Dr. Casey stated that it is unknown whether these same devices will cause the same lung diseases, lung cancers, and other cancers, and cardiovascular consequences as burned cigarettes. There has already been cases of acute, severe vaping-induced lung injury, which leads to worries that there could be new and worse lung disease in the near and distant future.

Middle and high-school students are experiencing something worse when it comes to addiction behaviors in teenage brains. Dr. Casey stated that by aggressively marketing these products towards non-smoking youth, the companies selling these devices are guilty of creating the largest increase in nicotine use in her lifetime.

The number of middle and high-school students using e-cigarettes products rose from 2.1 million to 3.6 million from 2017 to 2018. Most lifetime nicotine users are committed users by the age of 18. That is because the teenage brain is much more vulnerable to addiction and once using teens are much more likely to become addicted. The teenage brain is also more susceptible to the adverse central nervous system effects of nicotine and marijuana, known to result in brain changes in teens that alter learning, mood, attention and impulse control.

The companies making and selling these products know these facts very well which is why they preyed on children like viscous predators. These companies put one of these the devices in the hands of numerous revered teen influencers and perpetuated the peer pressure to initiate use. The sleek design and attractive flavorings were designed to hook teens. Many of these teens had no idea that these products contained nicotine or addictive drugs. Today’s youth are the next generation of nicotine addicts.

**Remarks by Dr. Benjamin Raby**

Dr. Raby stated that he is Professor of Pediatrics at Harvard Medical School, the Chief of Pulmonary Medicine at Boston Children’s Hospital, and is an adult Pulmonologist that sees patients at Brigham and Women’s Hospital. He further stated that his research focuses on understanding the genetic and environmental determinants of chronic lung disease, particularly asthma and COPD.

A complete ban on vaping products will immediately reduce the exposure of children and young adults to this very harmful product and that should translate to saving lives immediately. Much of the national focus has been on the acute effects in these dramatic cases. But this is likely just the tip of the iceberg. These acute reactions in the lungs are likely only the most dramatic effects. Rather, there will be much more broad chronic long-term effects on the airways, and the ramifications of those that are likely to be dramatic. It will take some time for those manifestations to be seen across the broad population. The current evidence from both a cellular, molecular, epidemiologic, and physiologic perspective - the research today is quite damning on this front.

For more than a decade, the e-cigarette industry has effectively made a powerful message that e-cigarettes are the safer cigarette. This is simply untrue. It is a fiction, a fiction that is no less dangerous than the one that was propagated by the opioid manufacturers, to claim that when used for pain control, opioids are non-addictive. That fiction directly contributed to the current opioid epidemic, and the safer cigarette fiction certainly has fueled a new vaping and nicotine addiction epidemic. E-cigarettes are not safe. To the contrary, in repeated studies it has been demonstrated that the aerosols generated by e-cigarettes induce expression changes in the cellular machinery of the lung, of the endovascular linings of the blood vessels in the brain, and the mucosa of the cheek, changes that are very reminiscent of what we see in cigarette smoke.

The manufacturers of cigarettes will push back that while there might be these changes, the degree of change doesn’t seem to be as dramatic as one sees with cigarettes. But the manufacturers cannot make the claim that those changes that are observed are safe. In fact, the type of changes that are seen influence programs of inflammation, cell death, immunosuppression, as well as pro-cancer causing programs as well. All of these effects are similar to what is seen with cigarettes, and there is no evidence to suggest that they would be any less damaging. The long-term effects of these products need to be studied before these products can be allowed on the market.

**Remarks by Dr. Sharon Levy**

Dr. Levy stated that she is a pediatric addiction medicine specialist, the director of the Adolescent Substance Use and Addiction Program at Boston Children’s Hospital, and Associate Professor of Pediatrics at Harvard Medical School.

Over the past couple years there has been a six-fold increase in the new call volume coming in to the Adolescent Substance Use and Addiction Program, so much volume that the Program cannot manage it. Dr. Levy stated that he Program is routinely seeing kids as young as 12, 13, 14 years old, and she cannot remember the last time she has seen a patient who was not vaping. These kids are getting toxic doses of nicotine; the vape can actually deliver a much higher dose of nicotine than can a traditional cigarette. This is known because kids are presenting with cases of acute toxicity, and many are having problems with concentration, with memory, with learning, with sitting still in a classroom. Dr. Levy stated that she has seen child after child have a decrease in school function. These are short-term consequences. It is not known what the long-term impacts of these types of levels of nicotine exposure on the brain are. These high levels of nicotine are highly addictive, so now there is a group of kids who are going to struggle with this problem.

Dr. Levy stated that she is pleased to announce that the Adolescent Substance Use and Addiction Program at Children’s Hospital will partner with the Massachusetts Child Psychiatry Access Phone Line, to provide support to any pediatric provider who needs help helping an adolescent or child quit vaping. As of tomorrow, providers can call the phone line for that help. Further, she announced that Children’s Hospital has recently been awarded a $100,000 grant from the Harvard Pilgrim Health Care Foundation to help pediatric providers and behavioral health counselors to support kids that want to quit vaping.

**Remarks by Dr. Sucharita Kher**

Dr. Kher stated that she is an Adult Pulmonologist and Critical Care doctor, Director of the pulmonary clinic at Tufts Medical Center, and Assistant Professor at Tufts University School of Medicine.

Dr. Kher stated that earlier this month she was at the Tobacco Action Committee Meeting of the American Thoracic Society speaking to colleagues across the country, many of whom have seen patients who developed lung illness after vaping. There were varying patterns of presentation and symptoms with one thing in common: there is a history of electronic cigarette use.

This is alarming.

Usually, with a disease we can identify a specific cause or trigger. With vaping associated lung injury, no one specific device or substance has been identified as the causal agent based on data shared by the CDC. This acute illness seems different from the chronic illnesses that happens from years of smoking.

Dr. Kher stated that, as a lung doctor, every day she sees patients who have developed emphysema, cancer and heart disease after decades of smoking traditional cigarettes. There is no question that traditional cigarettes are harmful to health. But short-term use for brief period of few weeks-months, will not get someone admitted to the hospital struggling to breathe, requiring oxygen, life support and in some cases dying from lung disease. This is what is happening with electronic cigarette use in the last many weeks.

Dr. Kher stated that her patients often ask her about using electronic cigarettes as a smoking cessation tool. The debate on this is still ongoing with mixed results in scientific studies. The recent vaping associated lung injury reports further complicate this discussion.

The scientific community is far away from learning about the health effects that may occur from decades of electronic cigarette use. However, what known today is that “Safer doesn’t necessarily mean safe”. Vaping has associated harms and is addicting a whole new generation who otherwise would not have been nicotine dependent.

**Remarks by Dr. Maryanne Bombaugh**

Dr. Bombaugh stated that she is an obstetrician gynecologist and works in the community health centers on Cape Cod. She further stated that she is President of the Massachusetts Medical Society. The physicians of the Massachusetts Medical Society appreciate Governor Baker’s and the Massachusetts Department of Public Health’s due attention and response to the public health emergency of vaping-related pulmonary illness. The imminent threat posed by the sudden onset of this illness which, as of September 20, 2019, has affected 530 people and killed up 9 people nationwide, is of paramount concern and indeed poses a substantial risk to human health.

The rapid rise in suspected and confirmed vaping-related lung illnesses is alarming, with 60 cases reported in Massachusetts to date. The lack of certainty as to why some patients have become so seriously ill underscores the urgent need for intervention. The Massachusetts Medical Society supports the temporary prohibition on the sale of vaping products as an appropriate means to prevent illness and death while the resources of the state and federal government are applied to understand and address this crisis. Public health authorities are gathering data daily, demonstrating heightened concern over the acute health effects of vaping-related illness. The Centers for Disease Control and Prevention issued guidance advising physicians to watch for respiratory issues potentially associated with usage of vaping and e-cigarette products and the DPH has required all suspected cases of unexplained vaping-associated lung illnesses to be reported.   
  
The Medical Society is committed to working with Governor Baker and the DPH and all concerned stakeholders through this crucial period, during which the Medical Society is confident the collection and systematic evaluation of data and evidence will inform a comprehensive public health strategy to address this public health emergency. The Medical Society agrees with a temporary ban on the sale of vaping products in response to a declared public health emergency – it is imperative a clear strategy be implemented to ensure affordable and immediate access to vaping cessation tools, treatment, and support in order to prevent further illness.   
  
The Medical Society is especially concerned about the impact of the ban on young people and urge that systems be put in place immediately to assure youth have access to appropriate and confidential care.

Upon the conclusion of the presentations, the Commissioner asked the Council if they had any questions before they proceeded.

Mr. Lanzikos asked what kind of reaction can be anticipated from individuals who are currently addicted and suddenly cannot have access to the substance they are addicted to.

Dr. Levy stated that the right thing to do is encourage people to get help. The Governor has taken steps to make sure people can get access to FDA-approved nicotine replacement medications, and getting better services in place for young people.

Dr. Bombaugh stated that it is important that youth have the ability to access help confidentially so they can speak to their school health nurse or pediatrician. Many parents may not even be aware that this is an issue for their child.

Dr. Lanzikos asked whether there is any concern that people who were previously addicted to cigarettes may immediately return to cigarettes.

Dr. Raby stated that, from hearing the announcement today, there are two components to this announcement, one that there would be a ban imposed, but simultaneously there will be increased access to FDA- approved therapies. That second component addresses that concern.

Dr. Lanzikos asked whether nicotine replacements are sufficiently available on an immediate basis in the Commonwealth.

Dr. Raby stated that he doesn’t know the current stocks but he would be surprised if there wasn’t.

Dr. Kher stated that for adult smokers who are using vaping as a way to quit smoking, going back to smoking would be going backwards. Traditional cigarettes are not safe. The best thing to do is to contact the doctor and come up with a plan and use one of the FDA-approved products.

Commissioner Bharel stated that a few speakers have mentioned FDA approved nicotine replacement therapies, of which e-cigarettes is not one.

Dr. Levy stated that the public speaks a lot about e-cigarettes as a harm reduction strategy for people that smoke combustible cigarettes. What people are really doing is using a higher nicotine dose to replace a lower nicotine dose.

Dr. Kher said that there are studies that say that people who use e-cigarettes as a way to quit traditional smoking in the long run end up relapsing to smoking.

Mr. Brindisi stated that in 1962, the surgeon general issued his report on the harmful effects of smoking. At that time, 40% of the nation’s population was smoking. And now the public is trying to battle this public health epidemic. In old days, it was hard to hide in a parent’s basement and smoke cigarettes; the smoke could be smelled. Now, youth can sit in a parent’s basement and vape all day. He said that he coaches student athletes in football and he can tell that they are winded on the field, and the football players say that they vape.

Dr. Cunningham asked for those that are using high-dose nicotine vaporizers, if the patch is of a lower dose, are there high-dose ones available by prescription.

Dr. Kher stated that there is a way to combine the patches and the gum. The patch provides a more long term controlled suppression of nicotine cravings, and the gum is used as an acute craving treatment.

Dr. Carey stated that Walmart has just taken Juul off the shelves, and will hopefully be a leader. But he is concerned about the online sales. Dr. Carey asked if this can be regulated.

Dr. Casey stated that it’s important that we support the enforcement. Teens should be able to report when they can access these things when they are not supposed to.

Ms. Cook stated that DPH and Governor Baker’s Administration have been working closely in the run-up to this and will continue to work with the Attorney General’s Office who has enforcement authority around online sales.

Dr. Raby stated that that the ban will send a clear message to youth that the use of e-cigarettes and vaping is not safe.

Dr. Bombaugh stated that the dangers should be spelled out clearly through education.

Commissioner Bharel stated that DPH will be re-instating its public messaging and campaigning, and doing new campaigning so that the education piece is the core for us as well.

Ms. Prates-Ramos asked how we educate parents and youth, and other users, and that she is glad to hear there is a campaign.

Commissioner Bharel stated that the Department currently has in place an educational campaign for parents and schools. There are school tool-kits to help them understand this issue. The Department used youth to develop this campaign around this not being the “safe cigarette” and that it is out on social media.

Dr. Bernstein states that there is a need to understand what gets youth to vape in the first place, what is the attraction. Some kids are using it to medicate themselves, their anxiety, so there is a need to explore while going forward with that strategy.

Ms. Prates-Ramos said that there is a need to engage youth in the solution, because otherwise it is not going to work.

Ms. Blondet asked if DPH is planning any multipronged educational campaigns, not only physician practices but also schools, youth centers, recreation facilities.

Commissioner Bharel stated that the Department has current campaigns that are underway and will continue to bolster them and the Department will have further education and public health campaigns in all of those areas, and will rely on our local partners, as well, to get the messaging out.

Dr. Bernstein asked how effective the FDA treatments have been and expressed concerned with creating people who are in withdrawal and very sick.

Dr. Bombaugh stated that there will be those under the age of 21 that will be potentially withdrawing from the addictive components of tobacco who may not be able to access the tobacco cessation products that adults can access. Youth should feel free to talk to their school nurse or pediatrician confidentially, if they can’t talk to their parents, about handling this withdrawal.

**Request for Approval of the Public Health Council for the Commissioner to Address the public health issues of vaping in the Commonwealth (Votes)**

Commissioner Bharel then went over the procedures of the votes related to the orders.

Commissioner Bharel stated, for the reasons set forth in the Governor’s declaration of a public health emergency due to severe lung disease associated with the use of e-cigarettes and vaping products, in addition to evidence and facts presented here today, and in consideration of the on-going federal and state investigation, she requested the Council’s approval to issue two orders in response to this public health emergency. She stated that she will read each order and ask if there is a motion from the Council to approve each order. Consistent with Massachusetts General Law chapter 17, section 2A, these orders upon the Council’s approval, will take effect immediately.

1. **FIRST ORDER: Prohibit the sale of all vaping products in retail establishments, online, and through any other means, including all non-flavored and flavored vaping products, including mint and menthol, including tetrahydrocannabinol (THC) and any other cannabinoid, in the Commonwealth**

For the record, the Commissioner read the first order prior to requesting the Council’s approval, which reads as follows:

The sale or display of all vaping products to consumers in retail establishments, online, and through any other means, including all non-flavored and flavored vaping products, including mint and menthol, including tetrahydrocannabinol (THC) and any other cannabinoid, is prohibited in the Commonwealth.

“Vaping products” means: 1) any product intended for human consumption by inhalation regardless of nicotine content, whether for one-time use or reusable, that relies on vaporization or aerosolization, including but not limited to electronic cigarette, electronic cigars, electronic cigarillos, electronic pipes, electronic vaping product delivery pens, hookah pens, and any other similar devices that rely on vaporization or aerosolization; and 2) any component, part, or accessory of a product or device defined in subsection 1), even if sold separately. “Vaping products” does not include any product that has been approved by the federal Food and Drug Administration either as a tobacco use cessation product or for other medical purposes and which is being marketed and sold or prescribed solely for the approved purpose.

While this Order is in effect the Department of Public Health, along with any board of health or authorized agent pursuant to G.L. c. 111, §30, may take any enforcement action permitted by law or this Order to effectuate this Order as it applies to sales of vaping products to consumers.

Pursuant to the authority granted by G.L. c. 17, §2A, this Order may be enforced in the manner of a regulation adopted pursuant to section 31 of chapter 111 and by injunction through proceedings initiated in the Superior Court. A person or entity found in violation of this Order may also be subject to the maximum fine provided in section 31 of chapter 111; provided that violations shall be calculated on a per item and per transaction basis and may be punished cumulatively. Subject to valid court order issued by a court of competent jurisdiction, State Police or local law enforcement may seize any vaping products from entities or persons that continue to display or sell vaping products in violation of this Order.

The Cannabis Control Commission and the Division of Agricultural Resources shall enforce this Order to the extent it applies to their registered or licensed entities.

If any provisions of this Order or the application thereof to any person or entity or circumstance is adjudged invalid by a court of competent jurisdiction, such judgment shall not affect or impair the validity of the other provisions of this Order or the application thereof to other persons, entities, and circumstances.

This Order takes effect immediately and shall remain in effect, unless extended with the approval of the Governor and the Public Health Council, through January, 25, 2020, or until the declared public health emergency is terminated, or the Order is otherwise rescinded by me, whichever happens first.

Commissioner Bharel then asked if there was a motion to approve this order to ban all sales of vaping products. Dr. Kneeland made the motion, Secretary Francisco Urena seconded it. All present members approved.

Mr. Lanzikos asked if there is any other jurisdiction in the United States that has such a significant comprehensive ban.

Ms. Cooke stated that New York and Michigan have flavored e-cigarette bans. This is the first state that is banning all vaping products.

1. **SECOND ORDER: Order expanded access to nicotine replacement therapy through a statewide standing order**

Commissioner Bharel then read the second order prior to requesting the Council’s approval, which reads as follows:

Over-the-counter (OTC) products approved by the federal Food and Drug Administration for the sale of or use as tobacco cessation products and marketed and sold exclusively for the approved purpose may be made available pursuant to a standing order.

This order takes effect immediately and shall remain in effect through January 25, 2020, unless extended with the approval of the Governor and the Public Health Council, or until the declared public health emergency is terminated or the order is otherwise rescinded by the Commissioner, whichever happens first.

Commissioner Bharel then asked for a motion to approve this order allowing nicotine replacement therapies to be made available through a statewide standing order. Mr. Lanzikos made the motion, Mr. Brindisi seconded it. All present members approved.

**Request for Authorization to Take Additional Actions Necessary**

Commissioner Bharel stated that the public’s understanding of the impact and cause of this vaping related lung-disease is evolving daily. Additionally, DPH will closely monitor the impact of the orders just approved by the Council on residents of the Commonwealth.

She then asked that the Public Health Council vote to approve that the Commissioner, may, during the period of emergency, take such other actions, incur such liabilities, and establish such procedure which are consistent with, and are of necessity as required by the provisions of the Governor’s declaration.

Commissioner Bharel then asked for a motion to approve this request authorizing her, as Commissioner, to take additional actions as necessary during the period of emergency. Mr. Bernstein made the motion, Mr. Lanzikos seconded it. All present members approved.

With no further votes or presentations, the Commissioner reminded the Council that the next meeting is Wednesday, October 16, 2019 at 9AM.

Commissioner Bharel then asked for a motion to adjourn. Mr. Kneeland made the motion, Ms. Prates-Ramos seconded it. All present members approved.

The meeting adjourned at 4:50PM.