



Public Health Council Meeting

December 10, 2025

Robert Goldstein, Commissioner

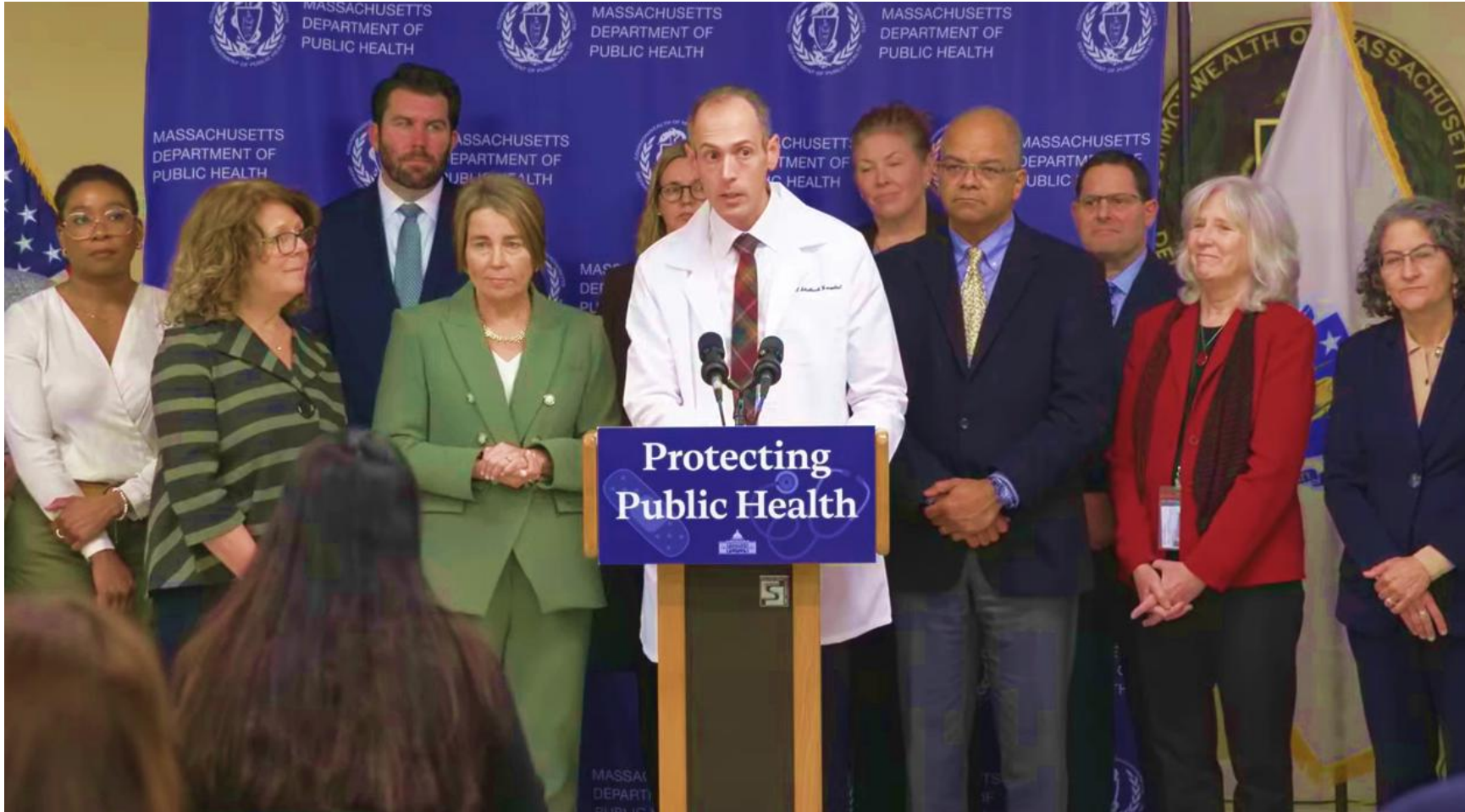
Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the December 10 Public Health Council listing.



Updates

Commissioner Robbie Goldstein

Newborn hepatitis B vaccination



Governor Maura Healey and Commissioner Goldstein hosted the [Strengthening Trust in Childhood Vaccines](#) forum.

World AIDS Day



Countering misinformation about vaccines and autism

NEWS

DPH Commissioner rebukes misleading assertions about vaccines and autism

PRESS RELEASE

Governor Healey Condemns Federal Misinformation about Vaccines and Autism

"The science is real: Vaccines are safe, effective and lifesaving"

Professional degree programs definition

- Physician assistant
- Nurse practitioner
- Physical therapy
- Occupational therapy
- Public health
- Audiology
- Speech-language pathology
- Counseling and mental health therapy
- Social work
- Health administration

Silicosis

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR



KIAME MAHANIAH, MD, MBA
SECRETARY

ROBERT GOLDSTEIN, MD, PHD
COMMISSIONER

FOR IMMEDIATE RELEASE

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Massachusetts Public Health Officials Issue Safety Alert to Employers After State's First Confirmed Silicosis Case in Stone Countertop Industry

Silicosis is an incurable and potentially fatal, but preventable, lung disease associated with working in the stone countertop industry

BOSTON (December 9, 2025) – The Massachusetts Department of Public Health (DPH) today issued a [safety alert](#) urging employers in the stone countertop fabrication industry to protect workers from silica dust exposure, following the first confirmed case of silicosis among this workforce in Massachusetts.

Safety Alert: Silica Dust, a Respiratory Hazard for Stone Fabricators in Massachusetts

Occupational Health Surveillance Program, Fall 2025



Massachusetts sees first documented case of silicosis in a stone countertop fabrication worker.

In early 2025, a Hispanic man in his 40s was diagnosed with silicosis, an incurable lung disease caused by respirable crystalline silica. For the previous 14 years, he had worked for two stone countertop fabrication and installation companies in Massachusetts. His work as a fabricator involved cutting and shaping quartz, granite, marble, and porcelain. He reported that the workplace at the first company, where he worked for 12 years, was very dusty; wet methods were not routinely used; and he was given thin surgical masks to wear when performing job duties.

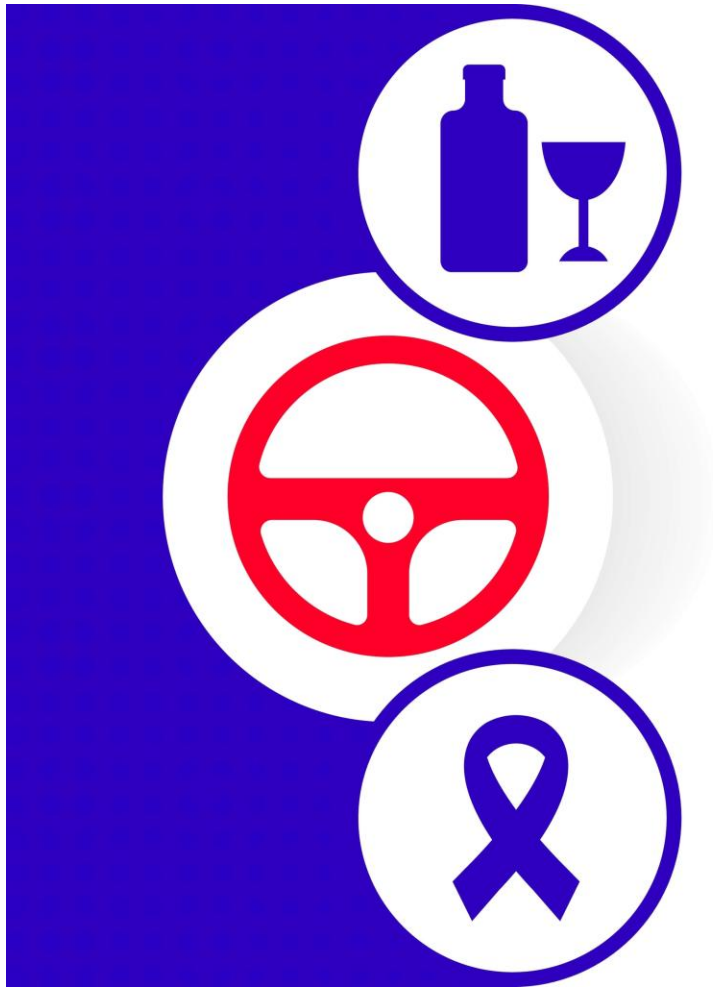
After about ten years with that company, he started experiencing cough and shortness of breath. These symptoms persisted, and four years later — after several medical visits



A stone countertop worker uses a grinding tool to alter a countertop.

Silica Dust Safety Alert

National Drugged and Drunk Driving Prevention Month



**DRUNK AND
DRUGGED
DRIVING
AWARENESS MONTH**
— DECEMBER —

Plan to Prevent Drink Spiking campaign

**Drink spiking
can happen to**

-  **any drink**
-  **anywhere**
-  **anytime**

**Make a plan to protect yourself
and your friends**

Alert staff if you suspect spiking.

Scan below to learn more about
protecting you and your friends, and
what to do if drink spiking happens.



mass.gov/DrinkSpiking



**Drink spiking can happen
anytime. Know the signs.**

-  **Quick, extreme intoxication**
-  **Inability to stand, see, speak,
or concentrate**
-  **Shortness of breath**
-  **Confusion**
-  **Hallucinations**
-  **Dizziness**
-  **Sudden changes in body
temperature**
-  **Loss of bladder/bowel control**



Alert staff if you suspect spiking.

Scan to learn more about protecting you and your
friends, and what to do if drink spiking happens.

mass.gov/DrinkSpiking



Quit Vaping campaign

**This ad won't make
you quit vaping.**

**But knowing
you'll feel less
anxious or
stressed might.**

Support is ready when you are.
**Text 'Start' to:
36072**
mass.gov/QuitVaping

Find a way to quit that works for you:

- Text a live coach
- Create a personalized plan
- Get quit meds

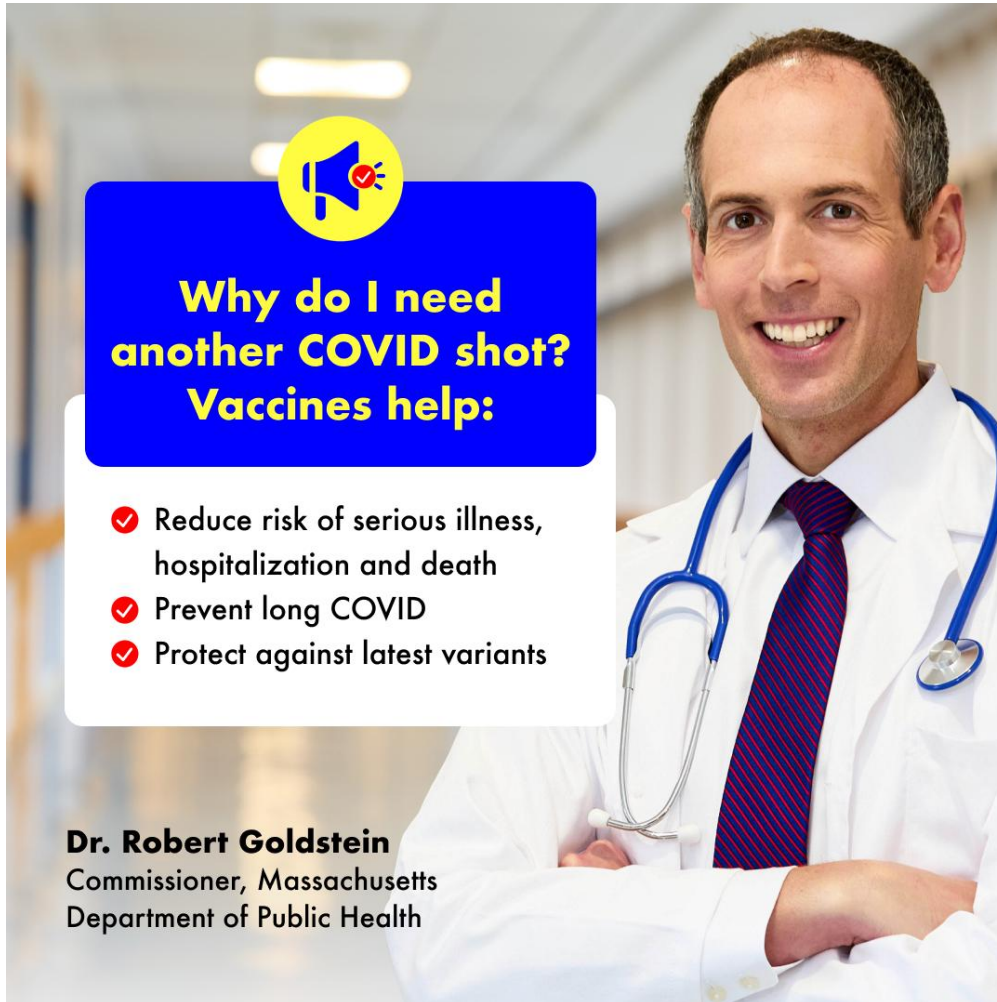
All for FREE.




Massachusetts Department
of Public Health
DPH



Respiratory illness vaccination





**Why do I need another COVID shot?
Vaccines help:**

- ✓ Reduce risk of serious illness, hospitalization and death
- ✓ Prevent long COVID
- ✓ Protect against latest variants

Dr. Robert Goldstein
Commissioner, Massachusetts
Department of Public Health





REMINDER
It's flu and COVID season.

[SCHEDULE YOUR VACCINES TODAY](#)

 mass.gov/SeasonalVaccines

Massachusetts Department
of Public Health



Determination of Need

UMass Memorial Health Care, Inc.

Substantial Change in Service/Substantial Capital
Expenditure

Teryl Smith, RN, MPH

Director

Bureau of Health Care Safety and Quality

UMass Memorial Health Care, Inc.

- The Applicant, UMass Memorial Health Care, Inc. (“UMMHHC”), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of health care providers serving the residents of Central Massachusetts.
- The UMMHC system encompasses one academic medical center (UMass Memorial Medical Center or UMMMC), four acute care community hospitals including, Marlborough Hospital, Harrington Memorial Hospital, Health Alliance Clinton and Milford Regional Medical Center.

UMass Memorial Health Care, Inc. – Cancer Care

UMMHC provides advanced oncology services across all cancer types, including the following key areas:

Clinical Oncology Services

- Adult bone marrow transplants
- Surgical oncology
- Medical oncology
- Radiation oncology
- Pediatric oncology

Support & Psychosocial Services

- Nursing
- Nutrition
- Psychiatry
- Health psychology
- Social work
- Palliative care
- Pain management

Proposed Project

To acquire one single-gantry proton beam and physically expand the UMMMC Cancer Center at Marlborough Hospital to establish Proton Therapy Service.

Background Information

- Total Value of the proposed Substantial Change Service and Substantial Capital Expenditure is \$53,598,043.00
- The CHI contribution is \$2,679,902.15
- 25 public comments received on the application
- 12 Ten Taxpayer Groups formed-for the application

Availability of Proton Beam Therapy

- Patient access to PBT remains limited nationally.
- Advancements in technology have reduced capital and operating costs.
- Two PBT units in New England; both are operated by Massachusetts General Hospital in Boston.
- The next closest operating PBT is in New York.
- Recently two other PBT services have been approved in New England but are not yet operational; one is in Johnston, Rhode Island, and one is in Danbury, Connecticut.

Six Factors of a Determination of Need (DoN) Application

- **Factor 1** - Patient Need, Public Health Value and Operational Objectives
- **Factor 2** - Health Priorities
- **Factor 3** - Compliance
- **Factor 4** - Financial Feasibility and Reasonableness of Expenditures and Costs
- **Factor 5** - Relative Merit
- **Factor 6** - Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas:

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed-Substantial Change in Service to the following key issues.

- High incidence rates of cancer in Worcester County
- Limited access to proton beam therapy due to travel burden: frequency, distance and cost
- Limited access due to limited supply
- Projections of patients who would benefit from proton beam treatments

Factor 1: High Incidence Rates of Cancer in Worcester County

	CA Incidence Rates	Average Annual
County	Cases per 100,000	Count
Plymouth Co Total	476.5	3,415
Berkshire Co Total	458.4	949
Worcester Co Total	457.1	4,854
Norfolk Co Total	454.3	4,198
Bristol Co Total	453.8	3,357
Barnstable Co Total	447.4	1,982
Hampden Co Total	436.4	2,568
Essex Co Total	433.6	4,509
Middlesex Co Total	414.0	8,022
Franklin Co Total	410.7	452
Hampshire Co Total	406.8	823
Suffolk Co Total	405.5	3,187
Dukes Co Total	403.3	137
MA Total	437.2	38,533

Factor 1: Limited Access to Proton Beam Therapy due to travel burden - Frequency, Distance and Cost

- Average patient course: 24 consecutive treatments
- Frequent long-distance travel creates physical, financial, and logistical burden
- Per-patient savings over treatment course (Marlborough vs Boston)
 - 1,406 miles
 - 19 hours (2 PM travel)
 - 36 hours (9 AM travel)

Factor 1: Limited Access Limited Supply

- Limited reliable Worcester County data, as patients must leave UMMC system due to limited availability, and claims-based information is incomplete.
- Boston PBT units treat an estimated 640 patients per year over a 3-year period from 2021 to 2023.
- Massachusetts patients are traveling to multiple states for PBT, per CHIA's APCD analysis.

Factor 1: Projections of Patients Who Would Benefit from Proton Beam Treatments

- **Model 1:** American Society for Radiation Oncology ("ASTRO") PBT Model.
- **Model 2:** Dutch Model Horizon Scanning Report (and 2016 update)

Factor 1: ASTRO Projections

ASTRO Group	FY22 Patient Counts	FY24 Patient Counts
Group 1	279	290
Group 2	1,394	1,533

Factor 1: Public Health Value – Evidence Based

The Applicant provided an overview of clinical evidence showing that PBT has demonstrated benefits across multiple cancer sites and types

- Pediatrics
- Central Nervous System (CNS)
- Head and Neck
- Esophageal cancer
- Hepatocellular Carcinoma (Liver Cancer)
- Thoracic
- Breast Cancer
- Abdomen, Pelvis, and Extremities

Factor 1: Public Health Value- Health Outcomes and Quality of Life

For clinically eligible PBT patients, cited benefits include:

- Reduced side effects
- Potentially improved survival rates
- Equitable access and timely care
- Lower costs from fewer complications

Factor 1: Health Equity

The Applicant will implement and/or expand the following programs and initiatives

- Transportation solutions
- Financial assistance programs
- Nutritional and psychological support
- Cancer survivorship program

Factor 1:

Efficiency, Continuity of Care, Coordination of Care

The Applicant detailed how existing clinical, research, and training expertise, along with its nurse navigators and the integrated Epic EMR, will enhance the efficiency, communication, and care coordination for the PBT service for patients.

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports the Commonwealth's cost containment goals and improved public health outcomes.

Factor 2: Cost Containment - Analysis

- Reduction in radiation induced adverse effects can reduce costs of care
- Lower insurance costs for employers
- Increased workforce productivity and lower disability rates
- More affordable access for patients
- Cost-effective location and new technology

Factor 2: Improved Public Health Outcomes Analysis

- Focused precision of PBT in targeting tumors.
- PBT improves not only-survival rates but also quality of life for clinically appropriate patients.

Factor 3: Compliance - Key Requirements and Analysis

While the Application was pending, a subsidiary of UMMHC licensed by DPH did not adhere to the Department's treatment program closure requirements. As a result of information provided by the Applicant and with inclusion of the "Other Condition" requiring UMMHC's adherence to closure procedures for DPH licensees operating thereunder, staff finds the Applicant has reasonably met the standards of Factor 3.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, the CPA concluded the following:

"Within the projected financial information, the Projections exhibit a cumulative operating EBIDA surplus of approximately 4.6 percent of cumulative projected operating revenue for the eight years from FY 2025 through FY 2032. Based on the review of the relevant documents and analysis of the Projections, we determined the anticipated EBIDA surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the patient panel or result in a liquidation of major assets of UMMHC."

Factor 5: Relative Merit

When conducting an evaluation and articulating the relative merit determination, Applicants shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5 Relative Merit – Alternatives

Alternative #1: Not establishing PBT services at UMMHC Cancer Center

Alternative #2: Establish the PBT Service at University Hospital

Factor 6: Community Health Initiatives - Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.

Factor 6: CHI- Context for this Application

- CHI Narrative
- Self-Assessments
- Partner Assessments
- 2023 Marlborough CHNA
- 2024 Greater Worcester CHNA

Factor 6: Contribution

Total required CHI contribution equals \$2,679,902.15

- \$ 649,876.27 will be directed to the CHI Statewide Initiative
- \$ 1,949,628.82 will be dedicated to local approaches to the DoN Health Priorities
- \$ 80,397.06 will be designated as the administrative fee

Other Conditions

Applicant will report on the following:

- The number of PBT patients stratified by age group
- Patient origin for the PBT service stratified by MA county or state of residence if outside of MA
- Treatments by ICD-10 codes

Other Conditions

Applicant will report on the following:

- Payer-mix based on charges for the PBT service, the LINAC Service and the payer-mix overall for UMMHC
- Total number of patients who meet the Medical Necessity Criteria for PBT service
- Total percentage of PBT patients denied coverage by payer
- Number of PBT patients referred to the Applicant's Financial Assistance Program

Factor 3-Other Conditions

The Holder shall comply with federal, state, and local requirements, including licensure requirements applicable to facility, program, and service closure as set forth in Code of Massachusetts Regulations Title 105.

Should the DoN program determine the Holder has failed to comply with such requirements:

- The Holder shall report to the Department on why the Department should find that the Holder remains in compliance with the terms and conditions of the Notice of Determination of Need.
- The Department may revoke its DoN approval pursuant to 105 CMR 100.640(A) and may not accept additional DoN Applications from UMMHC until the Holder is found to have remedied compliance issues cited by the Department.

Outcome Measures

- Patient access
- Hospitalizations
- Patient-Reported Satisfaction Scores

Thank you for the opportunity to present this information today.

Please direct any questions to:

Teryl Smith RN, MPH

Director, Bureau of Health Care Safety and Quality

Teryl.A.Smith@mass.gov

Massachusetts Department
of Public Health



Post-comment revisions to regulation:

105 CMR 125.000

Licensing of Radiologic Technologists

Kris Callahan

Director of Policy and Regulatory Affairs
Bureau of Climate and Environmental Health

Regulation Overview: 105 CMR 125.000

105 CMR 125: Licensing of Radiologic Technologists sets out the requirements to obtain and maintain a license to practice as a Radiologic Technologist in Massachusetts.

- Ensures minimum standards necessary for an individual to become licensed as a Radiologic Technologist
- Specifies enforcement procedures the state may take for violations
- Amendments are needed to allow more individuals to qualify as Limited Scope Radiologic Technologists within specific, regulated capacities

Overview of pre-comment changes

- The proposed amendments aim to create a Limited Scope of Practice in Radiography license.
- This would help support urgent care centers, offer career advancement opportunities, and promote a more equitable approach to workforce development.
- The new license type will not require additional fees, as it falls under the existing radiologic technologist license application.

Overview of pre-comment changes:

Limited Scope of Practice License

Current Regulations: The regulations currently list eight disciplines for which the Department issues Radiologic Technologist licenses (125.004).

Proposed Amendments: The Department proposes creating a new definition and licensing discipline referred to as "Limited Scope of Practice in Radiography" (105 CMR 125.003 and .004).

Overview of pre-comment changes:

Limited Scope of Practice License, continued

Current Regulations: The regulations currently outline requirements to practice Radiographic Technology in Massachusetts (125.005 (A)), which includes a list of certifying boards recognized by the Department (125.005 (C)).

Proposed Amendments:

- Add requirements to qualify for a license in Limited Scope of Practice in Radiography to 125.005:
 - Be at least 18 years of age; and
 - Have obtained a high school diploma or have passed an approved equivalency test; and
 - Have successfully completed a course of study in Limited Scope of Practice in Radiography approved by DPH; and
 - Successfully passed the Limited Scope of Practice in Radiography Examination administered by the American Registry of Radiologic Technologists (ARRT) on behalf of DPH in up to two of the following procedure specialties: chest, extremities, skull/sinuses, spine, or podiatric radiography
- Remove list of certifying boards recognized in 125.005 (C), as this will be instead made available online.

Overview of pre-comment changes:

Continuing Education Requirements

Current Regulations

- The regulations currently require Continuing Education Requirements to be obtained through a provider approved by the Department (125.009 (A)).
- All licensees shall obtain a minimum of 24 Continuing Education Units (CEUs) during each two-year license renewal cycle.

Proposed Amendments

- The Department proposes adding CEUs for individuals seeking the newly created Limited Scope of Practice in Radiography license (125.009 (1)).
- CEUs must be obtained through a provider approved by the Department
- All licensees are required to obtain a minimum of 24 CEUs during each two-year license renewal cycle
- Proposed changes include a breakdown of the 24 CEUs to be obtained
- Other proposed amendments to this section are intended to improve readability and clarify existing regulatory requirements.

Public comment period: March 2025

A public hearing on the pre-comment changes was held on March 26, 2025, following the presentation to the Public Health Council.

- **116** comments were received, resulting in **16** changes.
- No additional changes resulted from supportive comments and comments outside the scope of the pre-comment changes

Final amendments: Changes based on comments received

125.002(E), General Provisions

Summary of pre-comment changes

- Previously, the regulation required all radiological technologists to "work under the direct supervision of a radiologist."

Summary of proposed final amendment

- Removed outdated requirement that technologists work under a radiologist's supervision
- Revised language clarifies that technologists may not interpret images, make diagnoses, or prescribe therapies.

Final amendments: Changes based on comments received

125.003, Definitions

Summary of pre-comment changes

- Updated to add Limited Scope of Practice definition and revised related terms

Summary of proposed final amendment

- Corrected terminology for the American Society of Radiologic Technologists (ASRT) in Computed Tomography and Mammography definitions
- Minor technical corrections for consistency

Final amendments: Changes based on comments received

125.005, Qualifications and Application

Summary of pre-comment changes

- Established education and exam requirements for all applicants

Summary of proposed final amendment

- Clarified requirement to achieve a passing score on the ARRT Limited Scope Exam or other DPH-approved test.
- Added language clarifying that Limited Scope of Practice licensees may not practice fluoroscopy, contrast media, mobile, and remote imaging to align with ASRT/ARRT standards.

Final amendments: Changes based on comments received

125.006, Requirements for Licensure in Advanced Practice

Summary of pre-comment changes

- Included Radiologist Assistant language within this section.

Summary of proposed final amendment

- In response to comment, the supervision language was removed.
- The remaining text was moved to .002(E) and broadened to apply to all radiologic technologists, not just radiologist assistants.

Final amendments: Changes based on comments received

125.008, Temporary Licensing

Summary of pre-comment changes

- Authorized temporary licensure under certain conditions.

Summary of proposed final amendment

- Clarified that temporary licenses will not be issued for Limited Scope licensees to maintain competency and oversight requirements.

Final amendments: Changes based on comments received

125.009, Continuing Education

Summary of pre-comment changes

- Set continuing education (CE) standards of 24 CEUs per two-year license renewal cycle.

Summary of proposed final amendment

- Added requirement that 10 of the 24 CEUs must be within the licensee's specific discipline.

Next steps for amendment

Based on a comprehensive review of 105 CMR 125.000: *Licensing of Radiologic Technologists*, and the incorporation of comments from interested parties, DPH recommends Public Health Council approval of these amendments for promulgation.

Thank you for the opportunity to present this information today.

For more information regarding the licensing of radiologic technologists, please find the relevant statutory language and the full current regulation online.

Massachusetts law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section5L>

Regulation:

<https://www.mass.gov/regulations/105-CMR-12500-licensing-of-radiologic-technologists>

Please direct any questions to:

Jack.Priest@mass.gov

Massachusetts Department
of Public Health



Post-comment Revisions to Proposed Regulation 105 CMR 775.000

Certified Medication Aides in Long-Term Care Facilities

Lauren B. Nelson

Deputy Director, Bureau of Health Professions Licensure

Jonathan Dillon

Director of Policy, Bureau of Health Professions Licensure

Regulation Overview: 105 CMR 775.000

105 CMR 775.000: Certified Medication Aides in Long Term Care

Facilities implements the requirements of *An Act to Improve Quality and Oversight of Long-Term Care*, which requires the Department to create a new certified medication aide (CMA) role to be deployed by long-term care facilities (LTCFs) in Massachusetts.

This new regulation:

- Establishes requirements for the eligibility, training, competency testing, supervision, certification, and discipline of CMAs in LTCFs.
- Provides safeguards required by the Act, including minimum training requirements, evaluation every six months by a licensed nurse or physician, biennial recertification requirements, and conduct and disciplinary provisions.

Overview of Pre-Comment Regulation

This new regulation allows LTCFs to upskill certified nurse aides (CNAs) who, after training and competency testing, would be permitted to administer non-narcotic medications to residents under the supervision of a licensed nurse or physician.

New sections lay out:

- Definitions
- Certification requirements
- Renewal requirements
- Practice requirements for Certified Medication Aides
- Grounds for discipline and refusal to certify or renew a certification
- Discipline

Public Comment Period: August 2025

A public hearing on the pre-comment changes was held on August 11, 2025, following the presentation to the Public Health Council in July 2025.

12 comments were received from **5** commenters, resulting in **3** changes.

No additional changes resulted from **2** supportive comments and **2** comments outside the scope of the pre-comment changes.

Final Regulation: Changes Based on Comments Received

Section 3. *Certification requirements*

Pre-Comment Draft

The Department did not include specific details about the content of training and its delivery method.

The Department had instead planned to include these requirements in sub-regulatory guidance.

Proposed Final Regulation

The following amendment was made to require that training includes, as a minimum, theoretical education and practical skills.

775.003: Certification Requirements

- (1) Eligibility requirements: To be eligible for certification as a certified medication aide, an applicant must:
 - (d) have successfully completed a training approved by the Department for the education of certified medication aides, **which includes theoretical education and practical skills**, within 1 year of the application date;

Final Regulation: Changes Based on Comments Received

Section 3. *Certification requirements, continued*

Pre-Comment Draft

The Department proposed that a candidate for certification as a certified medication aide successfully pass the required training and examination within two years of the application date to be eligible for certification.

Proposed Final Regulation

The following amendments were made to require that a candidate passes training and examination within one year of application:

775.003: Certification Requirements

- (1) Eligibility requirements: To be eligible for certification as a certified medication aide, an applicant must:...
 - (d) have successfully completed a training approved by the Department for the education of certified medication aides, which includes theoretical education and practical skills, within **1** ~~2~~ years of the application date;
 - (e) have successfully passed an examination approved by the Department for the competency evaluation of certified medication aides within **1** ~~2~~ years of the application date.

Final Regulation: Changes Based on Comments Received

Section 4. *Renewal requirements*

Pre-Comment Draft

The Department proposed requiring a certification to be renewed every two years on April 30, provided that the applicant submits:

- the required renewal fee;
- proof of successful completion of any required assessments; and
- proof of current CNA certification.

Proposed Final Regulation

The following amendment was made to change the renewal deadline from a fixed date to the two-year anniversary of certification:

775.004: Renewal Requirements

(1) A certified medication aide must renew their certification every other year by **the anniversary of initial certification** ~~by April 30.~~

Next Steps

- Based on the comprehensive draft of 105 CMR 775.000: *Certified Medication Aides in Long Term Care Facilities*, and the incorporation of comments from the public, **DPH recommends Public Health Council approval of these amendments for promulgation.**
- The Drug Control Program will provide sub-regulatory guidance on the regulation to ensure awareness, consistency, and compliance.

Thank you for the opportunity to present this information today.

For more information regarding 105 CMR 775.000, please find the relevant statutory language and the full current regulation online.

Massachusetts law:

<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter197>

Regulation:

[Proposed Regulations and Amendments - Department of Public Health | Mass.gov](#)

Please direct any questions to:

DPH.DCP@mass.gov

Massachusetts Department
of Public Health



Next meeting:
January 14, 2026