



Massachusetts Department of Public Health

Public Health Council Meeting February 14, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the February 14 Public Health Council listing.



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Health in the Commonwealth Report




DATA BRIEF

Health in the Commonwealth: Mortality, Premature
Mortality, and Life Expectancy by Census Tract, 2012-2021

Released: January 2024



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 OFFERED BY [Registry of Vital Records and Statistics](#) | [Department of Public Health](#)

Special Reports

Special reports from the Registry of Vital Records and Statistics


The Registry of Vital Records and Statistics (RVRS) is dedicated to providing the residents of Massachusetts with resources that are crucial to informing research, decision-making, and informing policy. Here, you will find data briefs and other one-time reports that offer detailed analyses on some of the most pressing public health and demographic issues. These reports advise public health research, ensuring that you have the most up-to-date information for our communities in the Commonwealth.

[Link: Health in the Commonwealth Report](#)

New Marriage Forms



Budget Highlights



Governor's Budget
FY2025 RECOMMENDATION

SEARCH

ABOUT
BUDGET ▼

APPROPRIATIONS
RECOMMENDATION ▼

SECTIONS &
PREAMBLES ▼


LOCAL AID
DISTRIBUTION

OUTSIDE
SECTIONS

BUDGET
BRIEFS

January 24, 2024

Maura Healey, Governor →
Kimberley Driscoll, Lieutenant Governor →





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PhotoVoice Exhibit at State House



NIH
HEAL
INITIATIVE

HEALing Communities Study

From left: Commissioner Robbie Goldstein; Representative Smitty Pignatelli; Jeffrey Samet, Principal Investigator, HEALing Communities Study; Randy Gratton, community member involved with the PhotoVoice Exhibit; and Alyssa Curran, Healing Communities Study Coordinator for Belchertown and Ware.

Student Health Policy Forum



Massachusetts Health Policy Forum



Annual Student Forum

January 8-9, 2024

MHA Annual Meeting



2024 ANNUAL MEETING
THE FUTURE IS NOW



**THE FUTURE OF CLIMATE:
HEALTHCARE'S CENTRAL ROLE**



Paul Biddinger, MD
Chief Preparedness and Continuity Officer,
Mass General Brigham



Robert Goldstein, MD
Commissioner,
Massachusetts Department of Public Health



Tevin Wooten,
Meteorologist,
NBC10 Boston

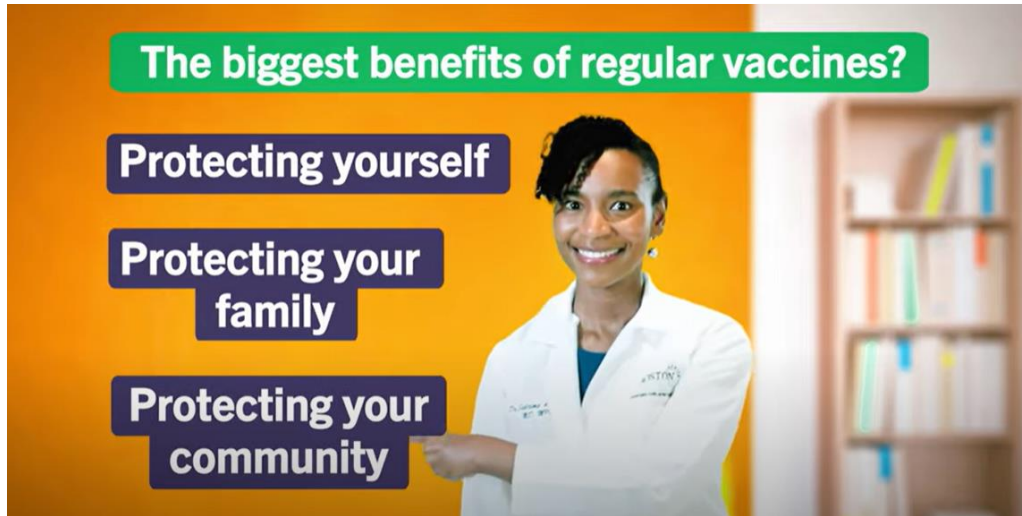


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Respiratory Illness Season



- The best way to prevent severe illness is vaccination. It is not too late to get vaccinated!
- Everyone 6 months and older should get flu and COVID-19 vaccines this season. Ask your provider, or to find a public clinic or retail pharmacy near you, visit [Vaccines.gov](https://www.vaccines.gov).
- Stay home if you are sick and test for COVID-19 and flu. You may order 4 additional free COVID tests at [COVIDTests.gov](https://www.covidtests.gov), up to 8 free tests per household. Seek treatment if you test positive.



Black History Month





Massachusetts Department of Public Health

Post-Comment Revisions to 105 CMR 430.000

*Minimum Standards for Recreational Camps
for Children, State Sanitary Code IV*

Kris Callahan

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

Regulation Overview

105 CMR 430.000 *Minimum Standards for Recreational Camps for Children (State Sanitary Code IV):*

- Promulgated pursuant to the State Sanitary Code, M.G.L. c. 111, § 127A.
- The Bureau of Environmental Health's Community Sanitation Program (CSP) establishes requirements for operating a recreational camp for children and sets minimum standards for housing, health, safety and sanitary protection for children in the care of recreational camps operating in the Commonwealth.

An Outside Section of the FY21 Budget required the Department to promulgate regulations to allow certain unlicensed individuals at medical specialty camps to administer diabetes medications.

Overview of Pre-Comment Changes

Pre-comment amendments include:

1) Administration of Medications for Diabetes Care

105 CMR 430.159 and 430.160 are amended to:

Define individuals and staff authorized to administer insulin and other medications for diabetes care at medical specialty camps. Authorized individuals are 18 year of age or older who are:

- A student nurse or a nursing school graduate who is not yet licensed;
- A staff person trained by the health care consultant to administer medications for diabetes care; or
- A Certified Diabetes Care and Education Specialist in good standing with the Certification Board for Diabetes Care and Education.

For medical specialty camps, require the administration of medication for diabetes care shall be conducted or be under the direct supervision of a health care supervisor who must be:

- A nurse licensed to practice in MA;
- A physician licensed to practice in MA; or
- A physician assistant licensed to practice in MA

Overview of Pre-Comment Changes

Pre-comment amendments include:

2) Training and Parental Consent Requirements

105 CMR 430.160 is amended to:

Require informed consent from parents/guardians for unlicensed staff members in medical specialty camps to monitor a camper's blood sugar and administer diabetes medications.

Require those unlicensed staff who are authorized to administer diabetes medication in medical specialty camps to:

- Be under the supervision of a health care supervisor, which for medical specialty camp is a healthcare provider listed in 159(E); and
- Complete a training on medication administration that, at a minimum, includes content standards and a test of competency developed and approved by the Department.

Overview of Pre-Comment Changes

Pre-comment amendments include:

3) Supervision and Operation of Specialized High-Risk Activities:

105 CMR 430.103 is revised to:

- Clarify that an experienced water safety professional is at every camp that provides on-site aquatics activities.
- Require that camps operating specialized high-risk activities out-of-state must comply with all local laws or regulations, including any licensure and permitting requirements
- Clarify training and certification requirements for camp staff operating or supervising paddle sport and sailing or motor-powered watercraft activities.
- Require camps offering on-site boating activities to develop a written boating safety plan.

Overview of Pre-Comment Changes

Pre-comment amendments include:

4) Minor/Technical Changes

- Injury reports must include injuries or incidents resulting from the administration of medication, including diabetes care.
- Updates language relevant to hygiene supplies to be consistent with other hand hygiene requirements throughout the State Sanitary Code, including an adequate supply of soap at sinks and disposable towels or hand drying devices near each sink or group of sinks.
- Updates to approved trainings regarding CPR Certificates, Lifeguard, and First Aid Training to align with changes to program offerings.
- Require camps to obtain written authorization for emergency medical care for adult staff/volunteers, in addition to the current requirement to have this authorization for campers.
- Disaster planning section is updated to include written procedures for disease outbreaks.

Public Comment Period and BCCC Review

A public hearing on the pre-comment changes was held on June 27, 2023, following the presentation to the Public Health Council.

- The Department received 45 comments from twelve commentors, resulting in 15 changes.
- The post-comment changes relative to the Building and/or Plumbing Codes were presented to the Building Code Coordinating Council (BCCC) in January 2024 and were unanimously approved.

Final Amendments: Changes based on Comments Received

430.010(B): Scope

Summary of Pre-Comment Changes

Programs licensed by the Department of Early Education and Childcare are not required to meet these regulations, unless they offer high risk activities.

Summary of Proposed Final Amendment

Pre-comment changes were revised to allow exempt programs to offer high-risk activities with written approval from the Community Sanitation Program and compliance with regulation requirements for any high-risk activities offered.

Final Amendments: Changes based on Comments Received

430.020: Definition

Summary of Pre-Comment Changes

Health Care Consultant means a Massachusetts licensed physician, certified nurse practitioner, or physician assistant having documented pediatric training.

Summary of Proposed Final Amendment

Deleted the last part of the definition requiring physician assistants to have pediatric training since it is already part of their core training.

Final Amendments: Changes based on Comments Received

430.020: Definition

Summary of Pre-Comment Changes

The definition for Recreational Camp for Children was re-organized to improve readability.

Summary of Proposed Final Amendment

In response to comment, language was revised to correct an inadvertent ambiguity regarding licensure for programs that advertise as camps.

Final Amendments: Changes based on Comments Received

430.154: Injury and Incident Reports

Summary of Pre-Comment Changes

Injury reports must include injuries or incidents resulting from the administration of medication, including diabetes care.

Summary of Proposed Final Amendment

Included pre-comment changes in addition to a clarification that injury reports must include the administration of an Epi-pen.

Final Amendments: Changes based on Comments Received

430.160(H): Storage and Administration of Medication

Summary of Pre-Comment Changes

Pre-comment changes addressed the ability of a camper to carry and self-administer Epi pens but were silent on the use of inhalers.

Summary of Proposed Final Amendment

Post comment changes corrected the omission and mirrored the Epi pen language to include the ability for a camper to carry and self-administer an inhaler.

Final Amendments: Changes based on Comments Received

430.165 and .166: Tobacco Use and Alcohol and Recreational Marijuana Use

Summary of Pre-Comment Changes

There were no pre-comment changes proposed

Summary of Proposed Final Amendment

Amended the language to use consistent terminology in both sections prohibiting the use of tobacco, alcohol, and recreational marijuana during camp operating hours.

Final Amendments: Changes based on Comments Received

430.373: Handwashing Facilities.

Summary of Pre-Comment Changes

Updates language relevant to hygiene supplies to be consistent with other hand hygiene requirements throughout the State Sanitary Code, including an adequate supply of soap at sinks and disposable towels or hand drying devices near each sink or group of sinks.

Summary of Proposed Final Amendment

Included pre-comment changes and added new language allowing the use of hand sanitizer in lieu of sinks in limited situations where standard plumbing is unavailable.

Next Steps

- Based on a comprehensive review of 105 CMR 430.000 Minimum Standards for Recreational Camps for Children (State Sanitary Code IV), and the incorporation of comments from the public, DPH recommends Public Health Council approval of these amendments for promulgation.
- The Community Sanitation Program will conduct trainings to Local Boards of Health and other stakeholder organizations on the new regulations in Spring 2024.

Thank you for the opportunity to present this information today.

For more information regarding 105 CMR 430, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section127A>

Regulation:

<http://mass.gov/dph/proposed-regulations>

Please direct any questions to:

Kristopher.Callahan@mass.gov



Massachusetts Department of Public Health

Proposed Revisions to 105 CMR 721.000 and 105 CMR 722.000 *Standards for Prescription Format and Security in MA; Dispensing Procedures for Clinic and Hospital Pharmacies*

Lauren B. Nelson, Esq.

Deputy Director, Bureau of Health Professions Licensure

Summary of 105 CMR 721

105 CMR 721.000, *Standards for Prescription Format and Security in Massachusetts*:

- Outlines Drug Control Program (DCP) format and security requirements for valid prescriptions in Massachusetts;
- Requires all prescriptions to be electronic (ePrescribing), subject to a waiver and exceptions; and
- Establishes requirements for prescriptions issued by Advanced Practice Registered Nurses (APRN).
- Amendments are needed to implement chapter 260 of the acts of 2020, provide needed updates to ePrescribing requirements, and align the regulation with other controlled substances regulations.

Overview of Proposed Revisions to 105 CMR 721

These new proposed amendments address three goals:

1. Implement chapter 260 of the acts of 2020, which authorizes independent practice for APRNs with 2+ years' prior supervised prescriptive practice.
 - *Example:* 721.020(E) exempts independent APRNs from the requirement to list a supervising practitioner on their prescriptions
2. Update sections that created a grace period for implementation of ePrescribing regulations.
 - *Example:* Removes the grace period in 721.020(H), which ended on January 1, 2021
3. Align the regulation with the other Drug Control Program (DCP) regulations.
 - *Example:* Adds 721.080, a general waiver provision, as is included in 105 CMR 700.000

Proposed Revisions: Supervisor's Name

Current regulation

- 105 CMR 721.020(E) requires a prescription issued by an APRN to include the name of their supervisor.
- A pharmacist may not dispense an APRN's prescription without a supervisor listed.

Summary of proposed revisions

- The Department proposes amending this section to exempt independent APRNs from the requirement to list a supervising practitioner on their prescriptions when issued, as they require no supervision
- In addition, this amendment makes it clear that a pharmacist may dispense an APRN's prescription that lists no supervisor, with no additional responsibility to verify the APRN's independence.

Proposed Revisions: ePrescribing Implementation

Current regulation

- 721.020(H) was previously drafted to provide a one-year grace period for initial compliance with ePrescribing requirements.
- 721.070(A)(11) provides long term care facilities until January 1, 2023 to comply with the requirements of ePrescribing.

Summary of proposed revisions

- The grace period was deleted because it ended on January 1, 2021, making this provision obsolete
- The exception for long term care facilities was extended for two years to align with the federal government's extension of their ePrescribing compliance deadline for long term care facilities.

Proposed Revisions: Waivers and Severability

Current regulation

- 721.075 offers a limited time waiver of compliance with ePrescribing requirements.
- The current regulation has no severability clause

Summary of proposed revisions

- To align with other DCP regulations, like 105 CMR 700.000: *Implementation of MGL c. 94C*, a waiver provision was added with general applicability to the whole regulation.
- To align with other DCP and DPH regulations, a severability clause has been added to the regulation.

Summary of 105 CMR 722

105 CMR 722.000, *Dispensing Procedures for Clinic and Hospital Pharmacies*:

- Sets forth standards governing dispensing procedures for clinic and hospital pharmacies; and
- Shares jurisdiction with clinic and hospital regulations, which limit dispensing authorization to facilities with pharmacy services and staffing.
- Amendments are needed to align the regulation with clinic and hospital licensure regulations with regard to pharmacies and to recognize an exemption from these requirements.

Overview of Proposed Revisions to 105 CMR 722

These new proposed amendments address three goals:

1. Align multiple regulations to ensure consistency and eliminate confusion.
 - *Example:* These amendments add a definition for “hospital,” which was lacking in prior hospital dispensing regulations.
2. Support compliance with the clinic regulations.
 - *Example:* These amendments clarify the clinic regulation requirement that clinics must have pharmacy services and staffing in order to dispense controlled substances.
3. Recognizes an exception for family planning clinics.
 - *Example:* These amendments note an exception to the on-site pharmacy requirement, as recognized in M.G.L. c. 94C, § 9(e).

Proposed Revisions: Hospital Defined

Current regulation

- There is no definition for “hospital” in 105 CMR 722.020.

Summary of proposed revisions

- A definition was added for “Hospital,” in alignment with the statutory definition to avoid further confusion.

Proposed Revisions: On-site Pharmacies

Current regulation

- 105 CMR 140.345 governs pharmacy services at clinics with a pharmacy, authorizing drug handling at all levels, including dispensing to clinic patients and employees.
- 105 CMR 140.347 governs pharmacy services at clinics without a pharmacy, authorizing drug possession and administration, not dispensing.

Summary of proposed revisions

- This section was amended to align with the clinic regulation, which requires appropriate pharmacy services and staffing for a clinic to dispense controlled substances.
- This language is being added here to eliminate existing confusion among clinics about the relationship between the clinic regulation (105 CMR 140) and the Massachusetts Controlled Substances Registration (MCSR) process.

Proposed Revisions: Family Planning Clinics

Current regulation

- There are no exceptions to the requirement that a dispensing clinic have an on-site pharmacy.

Summary of proposed revisions

- Section 722.091 was further amended to note an exception to the on-site pharmacy rule for family planning clinics, as recognized in 2021 with an amendment to [M.G.L c. 94C, § 9\(e\)](#).

Next Steps

- Following this presentation, staff will hold two public hearings and will provide public comment periods for both regulations.
- After the close of the public comment period, staff will review comments, revise as necessary to reflect comments received, and then request approval of the final regulation at a subsequent meeting of the Public Health Council.

Thank you for the opportunity to present this information today.

For more information, please find the relevant statutory language and the full current regulations here:

Massachusetts Law:

[Session Law - Acts of 2020 Chapter 260 \(malegislature.gov\)](#); [M.G.L. c. 94C, § 9\(e\)](#)

Current Regulation:

[105 CMR 721.00: Standards for prescription format and security in Massachusetts | Mass.gov](#)

[105 CMR 722.00: Dispensing procedures for pharmacists | Mass.gov](#)

Proposed Amendment:

mass.gov/dph/proposed-regulations

Please direct any questions to:

DCP.DPH@mass.gov



Massachusetts Department of Public Health

**Next Meeting:
March 13, 2024**