



# Massachusetts Department of Public Health

## Public Health Council Meeting January 15, 2025

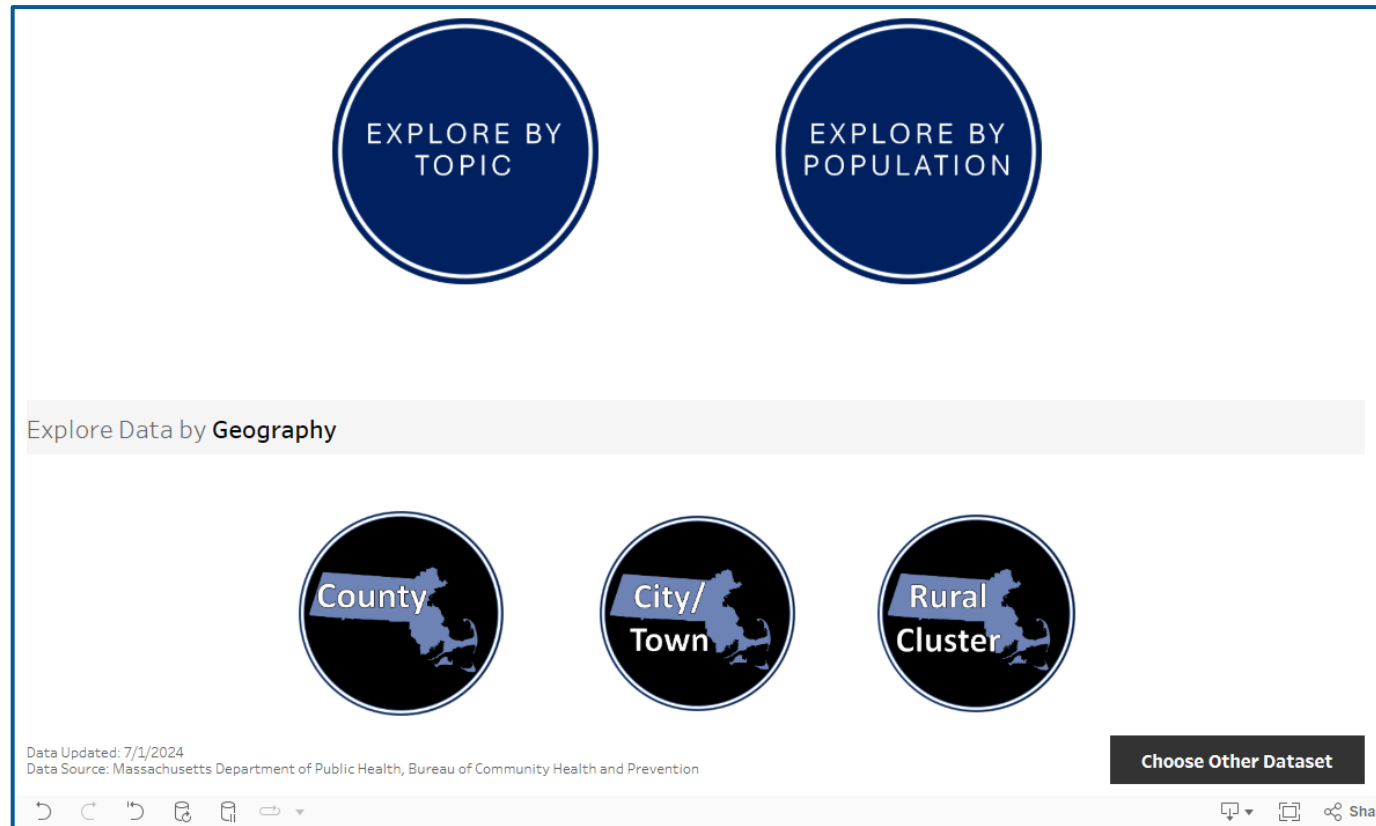
Robert Goldstein, Commissioner

*Today's presentation is available on [mass.gov/dph](https://mass.gov/dph) under  
"Upcoming Events" by clicking on the December 11  
Public Health Council listing.*

# Martin Luther King Jr. Day



# Community Health Equity Initiative updates



- Dashboard: [mass.gov/info-details/community-health-equity-initiative-data-dashboard](https://mass.gov/info-details/community-health-equity-initiative-data-dashboard)
- Community partner data request form: [forms.office.com/g/7pxW24Yc5K](https://forms.office.com/g/7pxW24Yc5K)
- Mental health report: [mass.gov/info-details/ches-2023-mental-health](https://mass.gov/info-details/ches-2023-mental-health)

# Barriers to Entry Project



*Photo: DPH staff take part in workshop for the Reducing Barriers to Entry project.*

As of December 2024:

**~200**  
solutions identified

**87**  
solutions implemented

**35**  
solutions in process

# Emergency Regulations — Shield Law

**Reproductive  
health care  
providers**




**Gender-affirming  
health care  
providers**

[mass.gov/news/healey-driscoll-administration-adopts-emergency-regulations-protecting-reproductive-health-care](https://www.mass.gov/news/healey-driscoll-administration-adopts-emergency-regulations-protecting-reproductive-health-care)



# Respiratory Illness

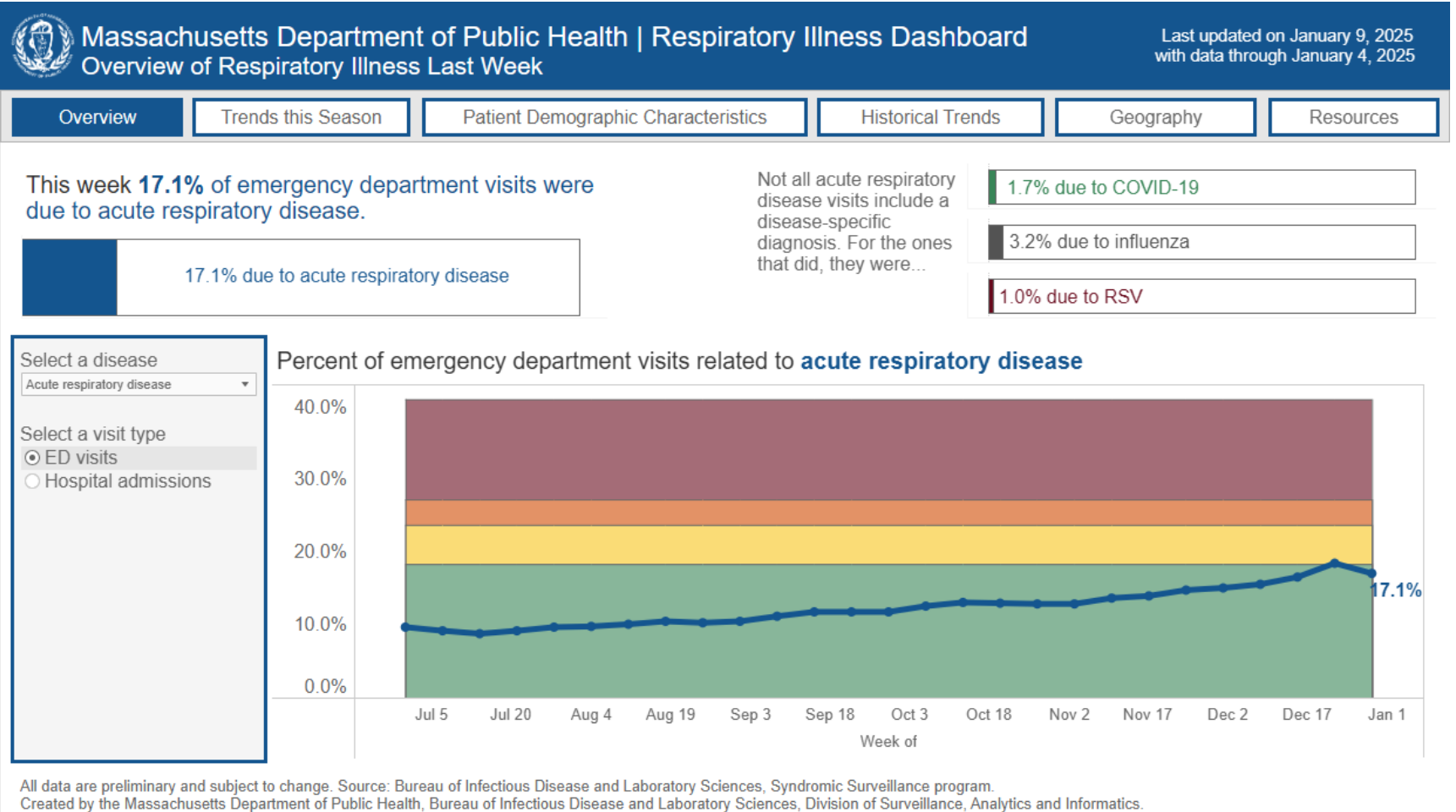


**REMINDER**

It's still flu and COVID season.

**SCHEDULE YOUR VACCINES TODAY**

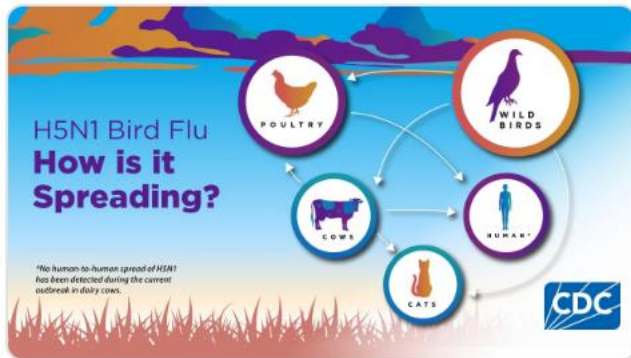
[mass.gov/SeasonalVaccines](https://mass.gov/SeasonalVaccines)



[mass.gov/info-details/respiratory-illness-reporting](https://mass.gov/info-details/respiratory-illness-reporting)

# Avian Flu

[cdc.gov/bird-flu](https://www.cdc.gov/bird-flu)



## Current Situation

H5 bird flu is causing outbreaks in wild birds and poultry, other animals and sporadic human cases.

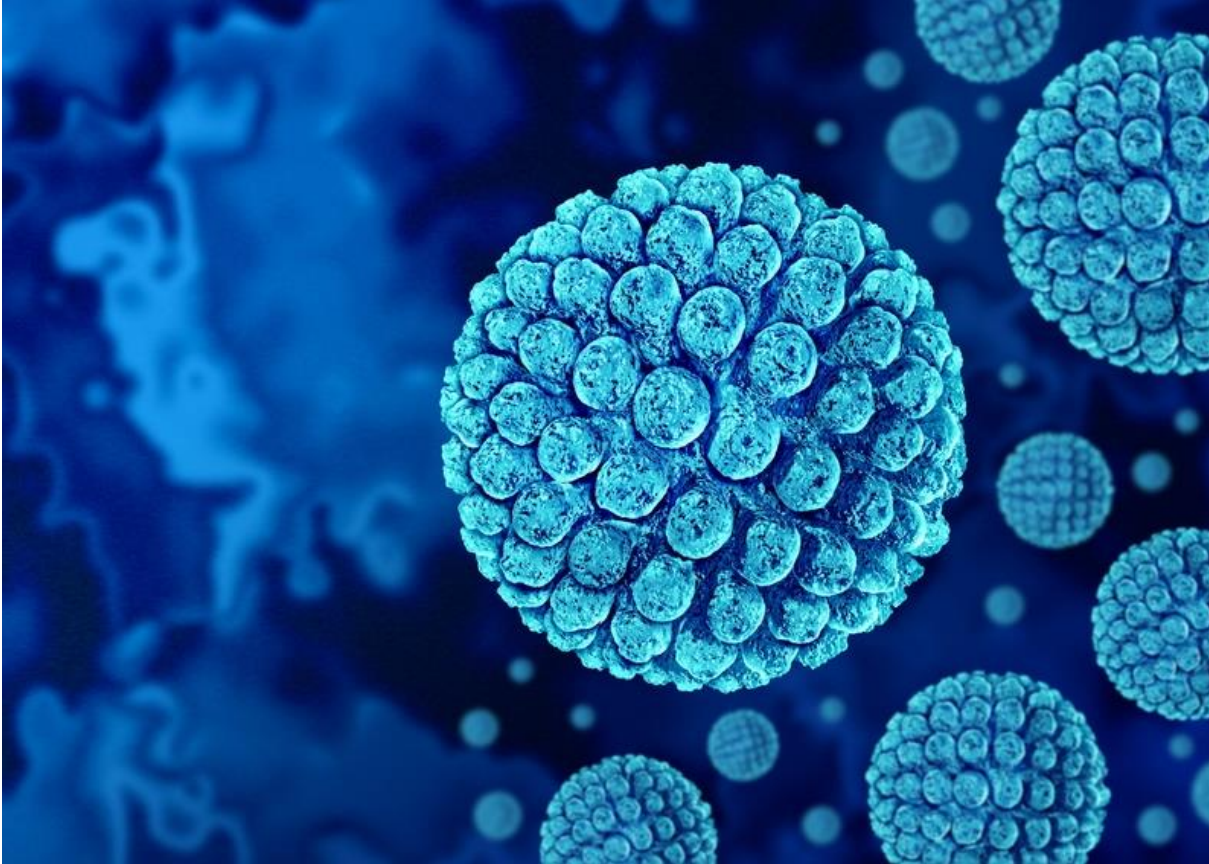


## Current H5N1 Bird Flu Situation in Dairy Cows

A multi-state outbreak of HPAI A(H5N1) bird flu in dairy cows was first reported on March 25, 2024.

Milk collected from all 95 dairy cattle herds in Massachusetts and tested monthly, remains negative.

# Norovirus



## Prevention tips

- ✓ Wash hands frequently hand with soap and water.
- ✓ Cook shellfish thoroughly and wash fruits and vegetables.
- ✓ Clean and disinfect potentially contaminated surfaces.
- ✓ Stay home when sick.





# Massachusetts Department of Public Health

## Determination of Need:

*Atrius Health, Inc.*

*Ambulatory Surgery Center*

**Dennis Renaud**

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

# Background Information

## **Atrius Health**

- Physician led non-profit, multi-specialty group practice
- Health Policy Commission (“HPC”) Certified Accountable Care Organization
- Member of the Fallon-Health-Atrius Health Care Collaborative, a MassHealth Accountable Care Organization (“MassHealth ACO”)

# Proposed Project Description

- Licensed freestanding ambulatory surgery center (“ASC”) with six (6) operating rooms and associated support space located in Waltham, Massachusetts.
- Multi-specialty clinic offering otorhinolaryngology (“ENT”), general surgery, obstetrics and gynecology (“OB/GYN”), orthopedics, and podiatry.
- Value-based care model for surgical care to the Atrius patient panel.
- The capital expenditure for the Proposed Project is \$20,777,721. The Community Health Initiatives (CHI) contribution is \$1,038,886.05.

# Six Factors of a Determination of Need (DoN) Application

<b>Factor 1</b>	Patient Need, Public Health Value and Operational Objectives
<b>Factor 2</b>	Health Priorities
<b>Factor 3</b>	Compliance
<b>Factor 4</b>	Financial Feasibility and Reasonableness of Expenditures and Costs
<b>Factor 5</b>	Relative Merit
<b>Factor 6</b>	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 Project to the following:

1. Need to Expand Upon the Limited ASC Supply in Massachusetts
2. Need for Surgical Services Due to Growth in Population Requiring Outpatient Procedures (Including the Aging Population)
3. Need to Integrate ASC services into Atrius Health Continuum of Care

# Factor 1: Patient Panel Need Analysis– cont.

## 1. Need to Expand Upon the Limited ASC Supply in Massachusetts

- Health Policy Commission's reports from June 2023 and February 2024
- Atrius Panel current surgical location
- ASC capacity by specialty
- Atrius surgical access at ASC's
- Lower the cost of care for the patient panel

# Factor 1: Patient Panel Need Analysis– cont.

## Proposed, Current and Approved ASCs in Waltham

	Surgical Offerings
<b>Proposed Atrius ASC</b>	ENT, OB/GYN, General Surgery, Orthopedics, Podiatry
<b>Current ASCs in Waltham</b>	Center 1: Ophthalmology
	Center 2: Ophthalmology
	Center 3: Fertility Services
	Center 4: Pain Management
	Center 5: Orthopedics and Podiatry
<b>Approved ASC in Waltham</b>	Center 6: Orthopedic, Spine, Podiatry, and General Surgery
<b>Approved HOPD in Waltham</b>	HOPD: Burn, Endoscopy, Oncology, Gynecology, Urology, Oral Maxillofacial, Orthopedic, Podiatry, Radiology, Reconstructive, and Neurosurgery



# Factor 1: Patient Panel Need Analysis– cont

## 2. Need for Surgical Services Due to Growth in Population Requiring Outpatient Procedures- Including the Aging Population

	Total	Under 50	Over 50	50+ % of Total
CY 2020	12,573	4,611	7,962	63.3%
CY 2023	15,396	5,783	9,613	62.4%
Change CY 2020 - 2023	2,823	1,172	1,651	-

# Factor 1: Patient Panel Need Analysis– cont

## 3. Need to Integrate ASC services into the Atrius Health Continuum of Care

- Navigate a different set of providers where they have a time-bound limited, relationship
- Coordinate medical records sharing among outside providers and their Atrius Health team
- Undergo repeat diagnostic testing due to inefficient or lack of medical record-sharing
- Ensure follow-up with their Atrius Health primary care provider on their own

# Factor 1: Patient Panel Need Analysis– cont

## Utilization Rates for Each Year Based on Projections

	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030
Projected Cases	3,428	6,233	6,358	6,485	6,615
Projected Hours	5,485	9,973	10,173	10,376	10,584
Utilization Rate	46%	83%	84%	86%	88%

# Factor 1: Patient Panel Need Analysis– cont.

**Factor 1: b) Public health value, improved health outcomes and quality of life; assurances of health equity**

- Quality benefits
- Shorter surgical procedures and faster recovery times
- Less of an impact related to schedule disruptions



# Factor 1: Patient Panel Need Analysis– cont.

## ***Public Health Value: Health Equity***

- High MassHealth population
- Health Equity Steering Committee
- Pride + Care

# Factor 1: Patient Panel Need Analysis– cont.

## Factor 1: c) Efficiency, Continuity of Care, Coordination of Care

1. Benefits of a limited scope of care
2. Improved scheduling and shorter wait times
3. Management Agreement with Surgical Associates Inc.
4. Integrated Electronic Medical Record (EMR)

## Factor 2: Health Priorities - Requirements

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

## Factor 2: Cost Containment - Analysis

- “Foundational Element” to control costs
- Alternative Payment Arrangements - “APMs”
- Anticipated Costs Savings in Year 2 = \$15.9 million

## Factor 2: Improved Public Health Outcomes Analysis

Coordination of Care

Improved Patient Experience

Benefit the Aging Population

# Factor 2: Delivery System Transformation Analysis

1. Culturally Competent Care
2. Training and DEI Resources
3. Screening for Health-Related Social Needs



## Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program staff has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

# 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:

*“Based upon our review, the Atrius Waltham Prospective Financial Schedules are based upon reasonable and feasible assumptions. Accordingly, we determined that the Atrius Waltham Prospective Financial Schedules (associated with the Proposed Project) are a reasonable expectation and based on feasible and sustainable financial projections which are not likely to have a negative impact on the Atrius patient panel or result in a liquidation of assets of the Applicant.”*

## Factor 5: Relative Merit - Requirements

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: Alternatives Considered to the Proposed Project

### **Alternative #1: Maintain the status quo and continue providing outpatient surgeries at local hospitals and/or other ASCs.**

- Applicant would not meet Patient Panel need for low-cost and high-quality outpatient surgical services in the community.
- The anticipated positive impact the project would have on patient health outcomes and quality of life would not be achieved.
- This alternative would not result in integration of medical records and therefore, clinical and operational inefficiencies would persist.

## Factor 5: Alternatives Considered to the Proposed Project-cont.

### **Alternative #2: Alternative Sites Evaluation**

- Not ideally located for the patient population
- Not appropriately sized for 6 operating rooms
- Greater implementation costs

## Factor 6: Community Health Initiatives - Requirements

This is a DoN project for a freestanding ASC that is not affiliated with a hospital, and therefore does not require the submission of CHI forms. Atrius Health, Inc. will fulfill Factor 6 requirements by directing their full CHI contribution to the Statewide Community Health and Healthy Aging Funds (CHHAF).

# Conditions

In addition to the measures provided in Appendix 1, commencing with the approval of this DoN, and continuing for a period of five years after the Proposed Project is complete, the Holder shall provide the following information as part of the annual report.

- a. Surgical procedure volume by Specialty
- b. Payer-mix by specialty for surgical cases



# Outcome Measures

- Clinical Quality – Surgical Site Infection Rate
- Clinical Quality – On-Time Starts
- Clinical Quality – Hospital Transfer Rate
- Patient Satisfaction

# Thank you for the opportunity to present this information today.

Please direct any questions to:

**Dennis Renaud**

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

[Dennis.Renaud@mass.gov](mailto:Dennis.Renaud@mass.gov)



# Massachusetts Department of Public Health

## Proposed Revisions to 105 CMR 210:

*The Administration of Prescription  
Medications in Public and Private Schools*

**Karen Robitaille**

Director, School Health Program, Bureau of Community Health and Prevention

# Summary of Regulation

105 CMR 210: *The Administration of Prescription Medications in Public and Private Schools*, provides minimum standards for the safe and proper storage and administration of medications to students in the Commonwealth's public and non-public primary and secondary schools. It also permits school nurses to delegate responsibility for administration of medications to trained, nursing-supervised, unlicensed school personnel. The regulation addresses:

- The role of the medication program manager in overseeing and managing the medication program, beginning with registering with the Department of Public Health
- Training of unlicensed school personnel who may administer medication under the school nurse's supervision
- Procedures for students who administer their own medication
- Handling, storage, and disposal of medications
- A carve-out specific to administration of epinephrine for life-threatening allergic reactions

# Overview of Proposed Revisions to the Regulation

Medical practice and medication prescribing has advanced significantly since this regulation was last amended. There have also been increases in students with chronic conditions and medical complexity attending school. Key changes which we will discuss today are:

- Language updates and updated definitions
- Requirement for a Massachusetts Controlled Substance Registration (MCSR)
- Expanded access to emergency rescue medications
- Adding a carve-out for emergency rescue opioid antagonist (e.g., naloxone)
- Adding procedures for self-carry
- Outlining the authority in these regulations to conduct investigations

# Proposed Revisions: Language Updates

## Current regulation

- Title and content of the regulation refers to “prescription” medication
- Language is out of date
- Common terms are used inconsistently

## Summary of proposed revisions

- The Department proposes to clarify that, because the Department’s statutory authority is more expansive, this regulation applies to all medications, including over-the-counter medications as well as medical devices that deliver medications.
- The Department proposes changes to update the names of state agencies and make the language of the regulation gender neutral.
- The Department proposes changes to improve consistency of common terms throughout the regulation, such as caregiver, student, etc.

# Proposed Revisions: Updated Definitions

## Current regulation

- Some definitions are unnecessarily complex or unclear
- Key definitions are missing

## Summary of proposed revisions

- The Department proposes removing an unnecessary hierarchy of school staff and instead refers to a new defined term, Unlicensed School Personnel.
- The Department proposes adding a definition of Medication which is specifically inclusive of over-the-counter medications.
- The Department proposes adding a definition of Regular School Activities which has been challenging to define for residential schools.

# Proposed Revisions: Requirement for MCSR

## Current regulation

- Unclear on whether or under what circumstances registration with the Department was required

## Summary of proposed revisions

- The Department proposes changes to affirmatively require that all schools that store or administer medications must register with the DPH Drug Control Program for a Massachusetts Controlled Substances Registration (MCSR).



# Proposed Revisions: Emergency Rescue Medications

## Current regulation

- Allows training on administration of epinephrine
- Does not address the current availability of pre-dosed, layperson-appropriate emergency rescue medications

## Summary of proposed revisions

- The Department proposes changes that will allow training on, or delegation of, additional emergency rescue medications to unlicensed staff under certain circumstances. These may include, but are not limited to:
  - Naloxone or other FDA-approved opioid antagonists
  - Rescue inhalers
  - Glucagon (nasally administered)
  - Seizure rescue medications (nasally administered)
  - Nerve agent or nuclear fallout antidotes (e.g., atropine and pralidoxime chloride)

# Proposed Revisions: Naloxone

## Current regulation

- No specific section on emergency rescue opioid antagonists

## Summary of proposed revisions

- The Department proposes adding a new section *210.011: Administration of Emergency Rescue Opioid Antagonist* that is similar to the existing carve-out for epinephrine and allows unlicensed staff to administer undesignated emergency rescue opioid antagonists (e.g., from naloxoboxes). This will increase access to emergency rescue opioid antagonists in school settings.

# Proposed Revisions: Self-Carry

## Current regulation

- Provisions related to self-administration of medications do not allow for students to self-carry medication, making self-administration impractical

## Summary of proposed revisions

- The Department proposes changes to provide clear guidance for students to self-carry medication.

# Proposed Revisions: Investigations

## Current regulation

- The Department provided minimal detail on its ability to conduct investigations

## Summary of proposed revisions

- The Department proposes to add *210.017: Inspection and Investigation* which clarifies the Department's ability to inspect school records and issue plans of correction to schools found to be out of compliance with the regulation.

# Next Steps

- Following this presentation, DPH will hold a public hearing and will provide a public comment period.
- After the close of the public comment period, DPH 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 regarding the administration of medications in primary and secondary schools, please find the relevant statutory language and the full current regulation here:

## **Massachusetts Law:**

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C>

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section54B>

## **Current Regulation:**

<https://www.mass.gov/regulations/105-CMR-21000-the-administration-of-prescription-medications-in-public-and-private-schools>

## **Proposed Amendment:**

[mass.gov/dph/proposed-regulations](https://mass.gov/dph/proposed-regulations)

## **Please direct any questions to:**

[Karen.Robitaille3@mass.gov](mailto:Karen.Robitaille3@mass.gov)



# Massachusetts Department of Public Health

**Next Meeting:  
February 12, 2025**