



Massachusetts Department of Public Health

Public Health Council Meeting July 17, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the July 17 Public Health Council listing.



Massachusetts Department of Public Health

Public Health Council Meeting July 17, 2024

Robert Goldstein, Commissioner

Disability Pride Month



*Image courtesy of
[Disabled and Here](#)*

Link: [7/23 AUCD-ASTHO Disability and Health Data Analysis Webinar](#)

Heat Education and Alert Tools (HEAT)



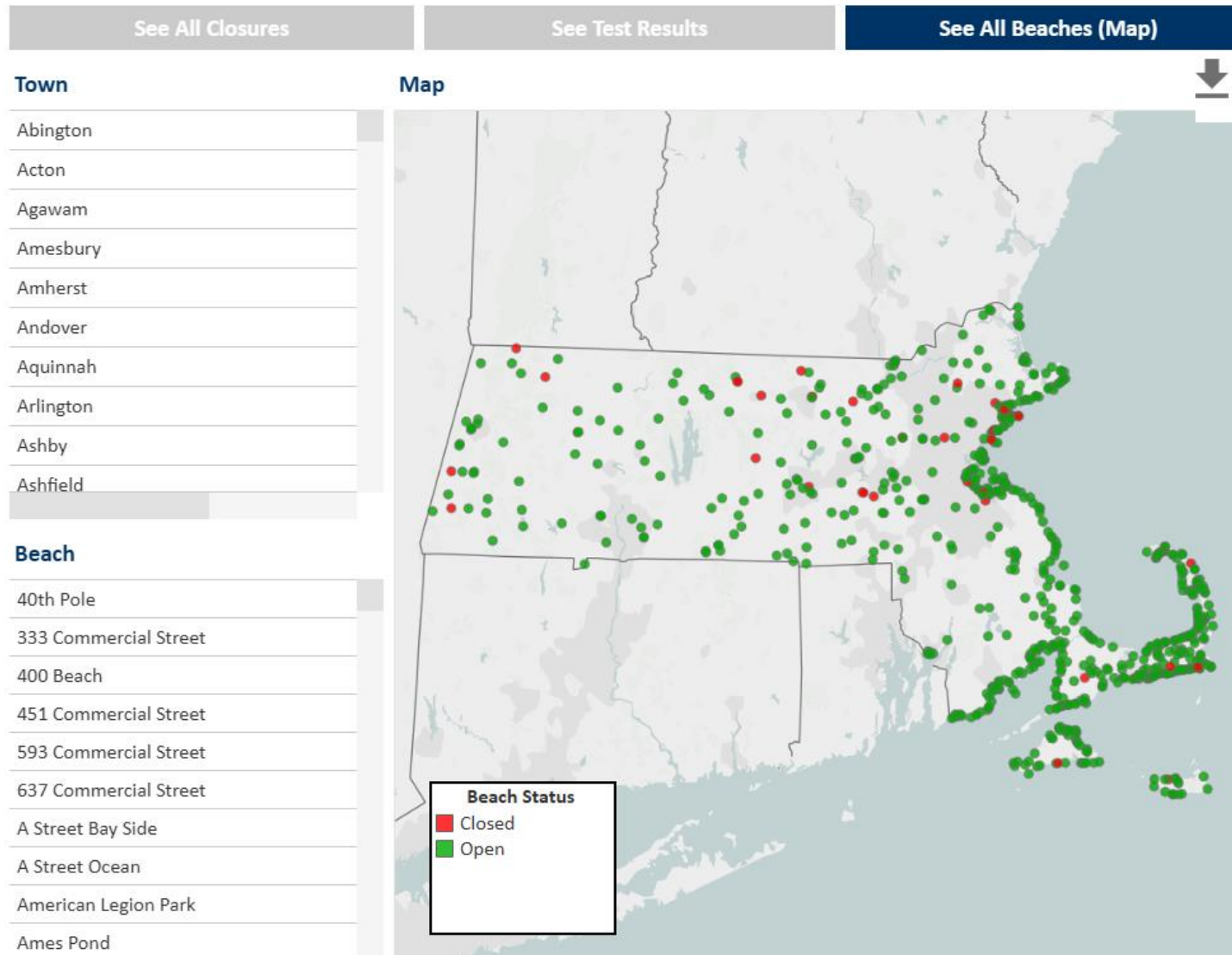
Bureau of Climate and Environmental Health

EXTREME HEAT
ALERT

The HEAT EDUCATION and ALERT TOOLS (HEAT) RESPONSE

Link: [BCEH Announces New Heat Education and Alert Tools \(HEAT\) Response Initiative](#)

Beach Closings



Link:
[Interactive Beach
Water Quality
Dashboard](#)

Mosquitoes and Ticks

Mosquitoes and Ticks

Learn what Massachusetts is doing to keep you safe – and ways you can protect yourself and your family – from mosquito and tick bites and the illnesses they can cause.

Mosquitoes in Massachusetts



Learn about mosquito-borne disease prevention →

Find mosquito-borne disease information, including fact sheets and downloadable materials.

WNV and EEE activity and risk maps →



Find local risk levels for Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV) based on seasonal testing.

For health care providers and veterinarians →



View mosquito-borne disease information for health care providers and veterinarians, including links to specimen submission forms.

Link:

mass.gov/mosquitoes-and-ticks

Summer Safety Guidance

[Albanian](#) | [Arabic](#) | [Cape Verdean](#) | [English](#)
[Haitian Creole](#) | [Khmer](#) | [Portuguese](#) | [Russian](#)
[Simplified Chinese](#) | [Somali](#) | [Spanish](#)
[Traditional Chinese](#) | [Vietnamese](#)

Long COVID

 OFFERED BY [Bureau of Infectious Disease and Laboratory Sciences](#) | [Department of Public Health](#)

Long COVID or Post-COVID Conditions

Anyone who has been sick with COVID-19 can develop long COVID. Learn about the symptoms, how to prevent getting sick, and how to find information, resources, and support.

Information about long COVID continues to change as we learn more.

TABLE OF CONTENTS

- ✓ [Symptoms of long COVID](#)
- ✓ [Who can get long COVID?](#)
- ✓ [Getting help for long COVID](#)
- ✓ [Preventing long COVID](#)
- ✓ [Long COVID resources and support](#)
- ✓ [Learning more about long COVID](#)
- ✓ [Resources for health care providers](#)

Link: [Long COVID or Post-COVID Conditions](#)

Emergency Abortion Care

On Two-Year Anniversary of Dobbs, Governor Healey Signs Executive Order Protecting Access to Emergency Abortion Care



Link:
[Press Release](#)

Caring for Residents with Substance Use Disorders



The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings

**Supporting the Care Needs of
Individuals in Long-Term Care Facilities (LTCFs)**

**Link:
Toolkit**

CDC Director Site Visit



Photo: CDC Director Mandy Cohen with state officials and leaders from Boston Medical Center and NeighborHealth, at gathering to discuss initiatives to support maternal health and healthy families.



Massachusetts Department of Public Health

Determination of Need: Factors of a DoN Application

Dennis Renaud

Director, Determination of Need Program
Bureau of Health Care Safety and Quality

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 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 3: Compliance — Key Requirements

The Determination of Need Program evaluates that an 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 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 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.





Massachusetts Department of Public Health

Determination of Need:

Beth Israel Lahey Health Surgery Center Plymouth, LLC
Ambulatory Surgery Center

Dennis Renaud

Director, Determination of Need Program
Bureau of Health Care Safety and Quality

Background Information

- The Applicant is a newly formed joint venture between BILH Surgery Center Plymouth Hospital Holdco, LLC, a subsidiary of Beth Israel Deaconess Hospital – Plymouth, Inc. and Pilgrim ASC LLC, a subsidiary of Plymouth Bay Orthopedic Associates, P.C.
- Beth Israel Deaconess Plymouth – BID Plymouth
- Plymouth Bay Orthopedic Associates – PBOA
- The joint venture was created for the purpose of operating the ASC proposed in this Application.
- The proposed ASC will provide outpatient orthopedic surgery services for patients seeking treatment for orthopedic pain and conditions.

Proposed Project Description

The Proposed ASC will be 19,091 Gross Square Feet (GSF) consisting of the following:

- 4 operating rooms (ORs), as well as related support and administrative areas
- 16 pre/post operative bays
- Lobby, waiting area, lounge, and lockers
- Sterile processing, including tank storage
- Loading dock, utility rooms/ storage

The capital expenditure for the Proposed Project is \$16,349,011.00. The Community Health Initiatives (CHI) contribution is \$817,450.55.

Proposed Project Description (cont.)

- Shifting of clinically appropriate cases
- Proposed procedures at the ASC:
 - Total knee arthroplasty (“TKA”)
 - Knee arthroscopy
 - Shoulder arthroscopy
 - Carpal tunnel surgery
 - Total hip arthroplasty

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 Project to the following:

1. Growth in an aging population
2. Disease prevalence: arthritis and obesity

Factor 1: Outpatient Orthopedic Surgeries Performed at BID Plymouth

Outpatient Orthopedic Surgeries Performed at BID Plymouth*

	2019	2020	2021	2022	2023
Foot & Ankle	164	160	133	104	109
General/Other	71	56	88	83	103
Hand	730	624	750	753	744
Joint Replacement	28	220	493	644	846
Joint Arthroscopy	405	340	375	400	379
Spine	107	98	159	194	150
Trauma	41	60	54	41	43
Total	1546	1558	2052	2219	2265

**Data provided by the Applicant – See Responses to DoN Questions Pages 3-4*

Factor 1: Projected ASC Volume

Projected ASC Volume*

Projected ASC Volume	FY2025	FY2026	FY2027	FY2028	FY2029
Total Volume	2,578	2,871	3,064	3,197	3,330

**Data provided by the Applicant – See Application Narrative Page 9*

Factor 1: Patient Panel Need Analysis (cont.)

Determining the Number of Operating Rooms:

- Average procedure length time
- Procedure times include surgical time, set-up and turnover
- Four operating rooms
- 64% capacity in year 1 and 86% capacity in year 5

Factor 1: Patient Panel Need Analysis (cont.)

Anticipated Surgeon Roster:

- Two Hand/Wrist/Elbow Surgeons
- One Shoulder Surgeon
- Two Sports Surgeons
- Five Joint Replacement Surgeons
- Two Spine Surgeons

Factor 1: Patient Panel Need Analysis (cont.)

Growth in an aging population and associated conditions requiring surgery

Shift in the surgical procedures that can safely be performed in an outpatient environment

Factor 1: Patient Panel Need Analysis (cont.)

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

Health outcomes

Reduction in wait times

Reduced costs

Improved access to surgical procedures

Factor 1: Patient Panel Need Analysis (cont.)

Public Health Value: Health Equity

Interpreter services
Transportation
Improved access to the Medicaid population

Factor 1: Patient Panel Need Analysis (cont.)

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

1. Pre-operative assessment
2. Community Resources
3. Screening for post-operative complications
4. Quality Improvement Program
5. MassHealth ACO Program

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

Lower-cost setting

Reimbursement rates

ASC projections for orthopedic procedures

Factor 2: Improved Public Health Outcomes Analysis (cont.)

Increasing access

Shorter wait times

Limiting the impact of cost of care

Factor 2: Delivery System Transformation Analysis (cont.)

1. The Applicant asserts that patients will have assistance with social determinants of health (SDoH), needs and care management.
2. The Applicant will work with patients and primary care providers to ensure patients are linked to social service organizations as needed.

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:

“We determined that the projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support a freestanding ambulatory surgical center. Based upon our review of the projections and relevant supporting documentation, we determined the creation of a freestanding ambulatory surgery center by the Applicant is reasonable and based upon feasible financial assumptions.”

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 existing outpatient orthopedic surgery at BID Plymouth

- No capital expenses and operating costs would remain the same
- Operational efficiency cannot be maximized
- Quality of care is not inferior, but patient satisfaction might be impacted
- Would not result in a reduction of healthcare costs

Alternative #2: Expand outpatient surgical capacity at the Hospital's Main Campus

- Would not result in a reduction of healthcare costs
- Would not adequately address cost concerns

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: Key Requirements & Analysis

Factor 6 Requirements for this Application*	Summary Analysis
<p>Materials submitted by BILH included:</p> <ul style="list-style-type: none">• 2022 Community Health Needs Assessment (CHNA)• 2023-2025 Implementation Strategy (IS)• Self-Assessment• Partner Assessments• CHI Narrative	<p>Of the total required CHI contribution of \$817,450.55:</p> <ul style="list-style-type: none">▪ \$198,231.76 will be directed to the CHI Statewide Initiative▪ \$594,695.27 will be dedicated to local approaches to the DoN Health Priorities▪ \$24,523.52 will be designated as the administrative fee

Factor 6: Key Requirements & Analysis

Summary Analysis

As a result of the information provided by the Applicant and additional analysis, staff finds that with the conditions outlined in the staff report, and with their ongoing commitment to meaningful community engagement and based on planning timelines that staff will approve, **the Applicant has demonstrated that the Proposed Project has met Factor 6.**

Other Conditions

- In addition to their obligation to participate in MassHealth, the Holder shall provide annual certification that all physicians and health professionals are enrolled as participating providers of MassHealth.
- The Holder shall report on efforts to support equitable access to BILH Surgery Center services.
- The Holder shall report on BILH Surgery Center patients stratified by race and ethnicity, patient origin (zip code), and payer mix.

Other Conditions (cont.)

- The Holder shall report on ongoing efforts to increase Medicaid in its payer mix, detailing the strategies being implemented to achieve this goal.
- The Holder will report on Surgical Volume by Specialty for both the BILH Surgery Center and BID Plymouth based on case type. Annual reporting should demonstrate that the new ASC is reducing the volume of low acuity surgeries at BID Plymouth.

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



Massachusetts Department of Public Health

Determination of Need: *UMass Memorial Health Care Inc.* *Transfer of Ownership*

Dennis Renaud

Director, Determination of Need Program
Bureau of Health Care Safety and Quality

Background Information

UMass Memorial Health Care, Inc.

- 4 Hospitals, one teaching hospital (UMass Memorial Medical Center) and three community hospitals in Central Massachusetts (Harrington Memorial, Health Alliance Clinton, and Marlboro Hospital)
- Clinical partner to UMass Chan Medical School

Background Information

Milford Regional Medical Center

- 148 beds
- 18 town service area in South Worcester County
- Broad range of clinical services, including, but not limited to, Oncology, Cardiovascular, Orthopedics, Women's Health, Maternity, Surgical (including subspecialties), and Pediatrics
- Affiliates:
 - Milford Regional Physician Group
 - Milford Regional Healthcare Foundation
 - Milford Regional Management Services

Proposed Project Description

- On January 12, 2024, MRMC and UMass entered into an Affiliation Agreement.
- The Applicant asserts the proposed corporate affiliation, which builds on the longstanding relationship between the parties, will allow the parties to further their common nonprofit missions of promoting the health of the communities they serve in Central Massachusetts.

Proposed Project Description

- The parties expect the Project will enhance MRMC's ability to continue to meet and better respond to the health care needs of patients and the communities in its service area.
- Strengthen the sustainability of MRMC as a comprehensive community-based acute care hospital with both inpatient and outpatient services, while maintaining local access to quality health care in the Milford service area.

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 Transfer of Ownership to the following:

1. Secure the Financial Viability of MRMC to Maintain Access to Care
2. Preserve Local Access to All Levels of Care for the Patient Panel and Service Area
3. Investments in Clinical Collaborations and Information Technology at MRMC
4. Opportunity for Innovative Programs that Reduce the Cost of Care at MRMC

Factor 1: Patient Panel Need Analysis (cont.)

1. Need to Secure the Financial Viability of MRMC to Maintain Access to Care

- Significant operating losses
- Standard & Poor's credit rating agency, downgraded MRMC from a B+ to a B rating in its report from January 30, 2024
- Operating and service delivery challenges
- Benefits of UMass experience, access to capital and diversification of risk

Factor 1: Patient Panel Need Analysis (cont.)

2. Need to Preserve Local Access to All Levels of Care for the Patient Panel and Service Area

- 60% of the MRMC panel is insured through Medicare and Medicaid
- Applicant states the merger will result in improved access to specialty care
- Public Hearing commitments

Factor 1: Patient Panel Need Analysis (cont.)

3. Need for Investments in Clinical Collaborations and Information Technology at MRMC

- Transition to the UMass Electronic Health Record
- Clinical Collaboration

Factor 1: Patient Panel Need Analysis (cont.)

4. Opportunity for Innovative Programs that Reduce the Cost of Care at MRMC

- Hospital at Home
- Mobile Integrated Health
- Road to Care

Factor 1: Patient Panel Need Analysis (cont.)

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

Outcomes- Assessment of Project Impact

Quality Assessment and Benchmarking

Improved Patient Experience

Factor 1: Patient Panel Need Analysis (cont.)

Public Health Value: Health Equity

UMMHC's Anchor Mission

Behavioral Health and Substance Use

Fostering Culturally Proficient Staff

Factor 1: Patient Panel Need Analysis (cont.)

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

1. A common Electronic Health Record (EHR)
2. The initiatives of the UMMHC Office of Clinical Integration (OCI) to close gaps in care
3. Closer alignment between MRMC and UMMHC physicians

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

Both Parties' TME is among the lowest in their hospital cohorts.

By providing long-term financial stability, the parties will benefit from investments that will enable better coordination of care which can lower the cost of care.

By improving communication and coordination of care, value-based programs may be enhanced.

Factor 2: Improved Public Health Outcomes Analysis (cont.)

Care remaining in the service area and within an integrated delivery system

Improved health outcomes

Factor 2: Delivery System Transformation Analysis (cont.)

1. Social Determinants of Health and the Care Planning Process
2. Navigate Platform implemented by Get Well

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:
The CPA determined the anticipated earnings before interest, depreciation, and amortization surplus is a reasonable expectation and based upon feasible financial assumptions and projections. Accordingly, it determined that the Proposed Affiliation is not likely to have a negative impact on the patient panel or result in a liquidation of assets of UMMHC.

Factor 5 Relative Merit and Factor 6 CHI

Transfers of Ownership are exempt from Factor 5 and Factor 6.

Other Conditions

1. The Holder must maintain all essential services at MRMC for a minimum of 5 years post DoN approval.
2. On a quarterly basis, the Holder will inform the Program of any anticipated material or prolonged reduction of any essential service at MRMC during the upcoming quarter.

Other Conditions (cont.)

- Tri-River and Water Street sites
- Reporting requirements to demonstrate increased access and reduction in the overall cost of care: Hospital at Home, Mobile Integrated Health, Road to Care, and EMR technology enhancements
- Annual reporting requirements:
 - (1) Clinical quality metrics such as patient mortality;
 - (2) Patient safety, as measured by Patient Safety Indicator (PSI) events;
 - (3) Patient experience scores, as measured through patient survey responses;
 - (4) Health equity, as measured by the MassHealth health equity incentive program metrics

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



Massachusetts Department of Public Health

Post-Comment Revisions to 130.000

Hospital Licensure

Marita Callahan

Director of Policy and Health Communications

Bureau of Health Care Safety and Quality

Regulation Overview

105 CMR 130.000, Hospital Licensure:

- Sets forth standards for the maintenance and operation of hospitals, pursuant to M.G.L. c. 111, §§ 51 and 51G.
- Ensures a high quality of care, industry standardization, and strong consumer protection for individuals receiving care in hospitals.

Regulation Change: Hospital Capacity Reporting

As a reminder, at the Public Health Council meeting held on May 3, the Department **proposed an emergency amendment to the regulation**, to continue critical hospital capacity reporting while requiring that hospitals report elements necessary for hospital and Department situational awareness.

Public Comment Period

- A public hearing on the emergency regulations was held on June 10, 2024, following the presentation to the Public Health Council.
- The Department received one written comment, which did not request any revisions to the emergency regulation.
- **The Department does not recommend any further revisions to the regulation.**

Next Steps

- This amendment has been in effect since May 3, 2024, when the emergency amendment was filed with the Secretary of the Commonwealth.
- To ensure these changes become permanent, the Department **requests the Public Health Council approve the proposed regulations for final promulgation.**
- Following Public Health Council approval, the Department will file the notice of compliance with the Secretary of the Commonwealth.

Thank you for the opportunity to present this information today.

For more information regarding hospital licensure, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

[Chapter 111 \(malegislature.gov\)](http://malegislature.gov/Chapter111)

Regulation:

[105 CMR 130 \(mass.gov\)](http://mass.gov/105CMR130)

Please direct any questions to:

DPH.BHCSQ@MassMail.State.MA.US



Massachusetts Department of Public Health

Post Comment Revisions to 105 CMR 222.000: *Massachusetts Immunization Information System*

H. Dawn Fukuda, ScM, Assistant Commissioner,
Director, Bureau of Infectious Disease and Laboratory Sciences

Pejman Talebian, Director, Division of Immunization
Bureau of Infectious Disease and Laboratory Sciences

Summary of Regulation

105 CMR 222.000: Massachusetts Immunization Information System (MIIS)

- This regulation implements the provisions of M.G.L. c. 111, §24M which promotes the use of the MIIS to help improve immunization coverage among all individuals in the Commonwealth.
- The MIIS is a comprehensive statewide immunization data system used to increase immunization rates, inform clinical decisions making, reduce vaccine waste, and enhance vaccine-preventable disease outbreak control.

Overview of Amendments

- The Department previously presented proposed amendments to 105 CMR 300 to the Public Health Council on March 13, 2024.
- The amendments to 105 CMR 222.000 allow for:
 - Implementation of the MIIIS' enabling statute, allowing the Department to disclose MIIIS data to health plans for improvement of immunization rates and quality improvement efforts
 - Updated language
 - Clarification of changes to the system
 - Addition of content not included in the original version.
 - Amendments involve definitions, system terminology, registration, access, confidentiality, record amendments and collaborative agreements.

Public Comment

- A public hearing was held on March 15, 2024, and the public comment period closed on March 15, 2024.
- Written comments were received from one commentor. No verbal comments were received.
- As a result of the comments received, the Department of Public Health, recommends one further amendment:
 - **222.105(2) Duty to Inform.** Text in this section has been revised to address the comment concerning submission of Objection Forms from a health care provider to the Department. The word “fax” was removed. Language indicating Objection Forms may be submitted "in a manner determined by the Department" was included. Submission of Objection Forms (objection to sharing personal MIIS data) ensures individual demands for privacy are upheld.

Next Steps

- The Department requests the Public Health Council vote to approve the proposed regulations for promulgation.
- Following Public Health Council approval, the Department will file the amended regulation with the Secretary of the Commonwealth for final enactment.

Thank you for the opportunity to present this information today.

Massachusetts Law:

malegislature.gov/laws/generallaws/parti/titlexvi/chapter111/section24m

Regulation:

mass.gov/regulations/105-CMR-22200-massachusetts-immunization-information-system

Please direct any questions to:

pejman.talebian@mass.gov



Massachusetts Department of Public Health

**Next Meeting:
August 14, 2024**