Massachusetts Department of Public Health

Public Health Council Meeting
March 13, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the March 13 Public Health Council listing.

Massachusetts Department of Public Health

Public Health Council Meeting
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DPH Language Access Plan

LINK: Language Access Plan

March 11 Budget Hearing

Commissioner Robbie Goldstein speaking to the Joint Committee on Ways and Means at Northeastern University's Innovation Campus at Burlington, accompanied by DPH Chief Financial Officer Matthew Courchene

BU School of Medicine Symposium

Reproductive Health Panel with Sen. Warren

At the Roundtable (from left): Dominique Lee, President and CEO, Planned Parenthood League of Massachusetts (PPLM); Jaime Watson, Policy Counsel, Reproductive Equity Now (REN); Dr. Timothy Spurrell, Medical Director, Health Imperatives; Sheila Ramirez, Director of Health Policy and Govt Relations, PPLM; Senator Elizabeth Warren; Julia Kehoe, President and CEO, Health Imperatives; Commissioner Robbie Goldstein, MD, PhD; Claire Teylouni, Director of Govt Affairs, REN; Karen Cosmas, Senior Director of Strategy, DPH.

MA Coalition for Suicide Prevention State House Day

Commissioner Robbie Goldstein, MD, PhD, presents Senator Paul Feeney with an award at the Massachusetts Coalition for Suicide Prevention State House Day.

Massachusetts Department of Public Health

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Respiratory Illness

- **Vaccination** is the best way to prevent serious illness and death from COVID-19 and flu.
- If you do get sick, **stay home**, **test** for COVID and flu, and contact your health care provider for potential **treatment** if you test positive.
- **Free telehealth consultations** are available for eligible individuals 12 or older who are currently living in Massachusetts and insurance is not required. Please visit mass.gov/COVIDtelehealth for a free, convenient consultation.

Massachusetts Department of Public Health

Strategic Plan to Advance Racial Equity

2024-2028

Hafsatou Fifi Diop, MD, MPH
Assistant Commissioner for Health Equity

Stephanie Kang, DrPH, MS
Deputy Assistant Commissioner for Health Equity

DPH Vision, Mission & Values

Vision: An equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances.

Mission: To promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and health care services and partnering with communities most impacted by health inequities and structural racism.

Values: The Department of Public Health enacts its vision and mission through daily practices of the principles of equity, innovation, accessibility, partnership, and accountability.

Racism is a serious public health threat.

The Impact of Racism in Public Health

- United States Centers for Disease Control and Prevention shares that throughout the United States data show that people of color "experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their white counterparts.” (1)
- In Massachusetts, racial inequities contribute to significant disparities in health outcomes and access for people of color, particularly Black residents, across health conditions, including diabetes, asthma, maternal health, infant health. (2)

1. “Racism and Health.” *Office of Health Equity*. *Centers for Disease Control and Prevention*. August 16, 2023.

2. "Population Data Stories." Populational Health Information Tool. *Massachusetts Department of Public Health*. 2023.

The Impact of Racism in Public Health: COVID-19

- An analysis of COVID-19 death rates between January 2020 and January 2022 revealed rates in Massachusetts were higher among Black and Hispanic residents than white residents in every adult age group — and that the **rates were up to three (3) times higher among Black and Hispanic younger adults in their prime parenting and professional years**. (1)
- "Communities with the highest case rates are primarily in high density population areas and where the majority of residents are people of color." (2)

DPH's Strategic Plan to Advance Racial Equity is a response to racism as public health threat.

1. McKoy, Jillian. “Racial Disparities in Mass. COVID Deaths Are Widest Among Younger Adults” Boston University School of Public Health News. March 19, 2022.

2. "Population Data Stories." Populational Health Information Tool. *Massachusetts Department of Public Health*. 2023.

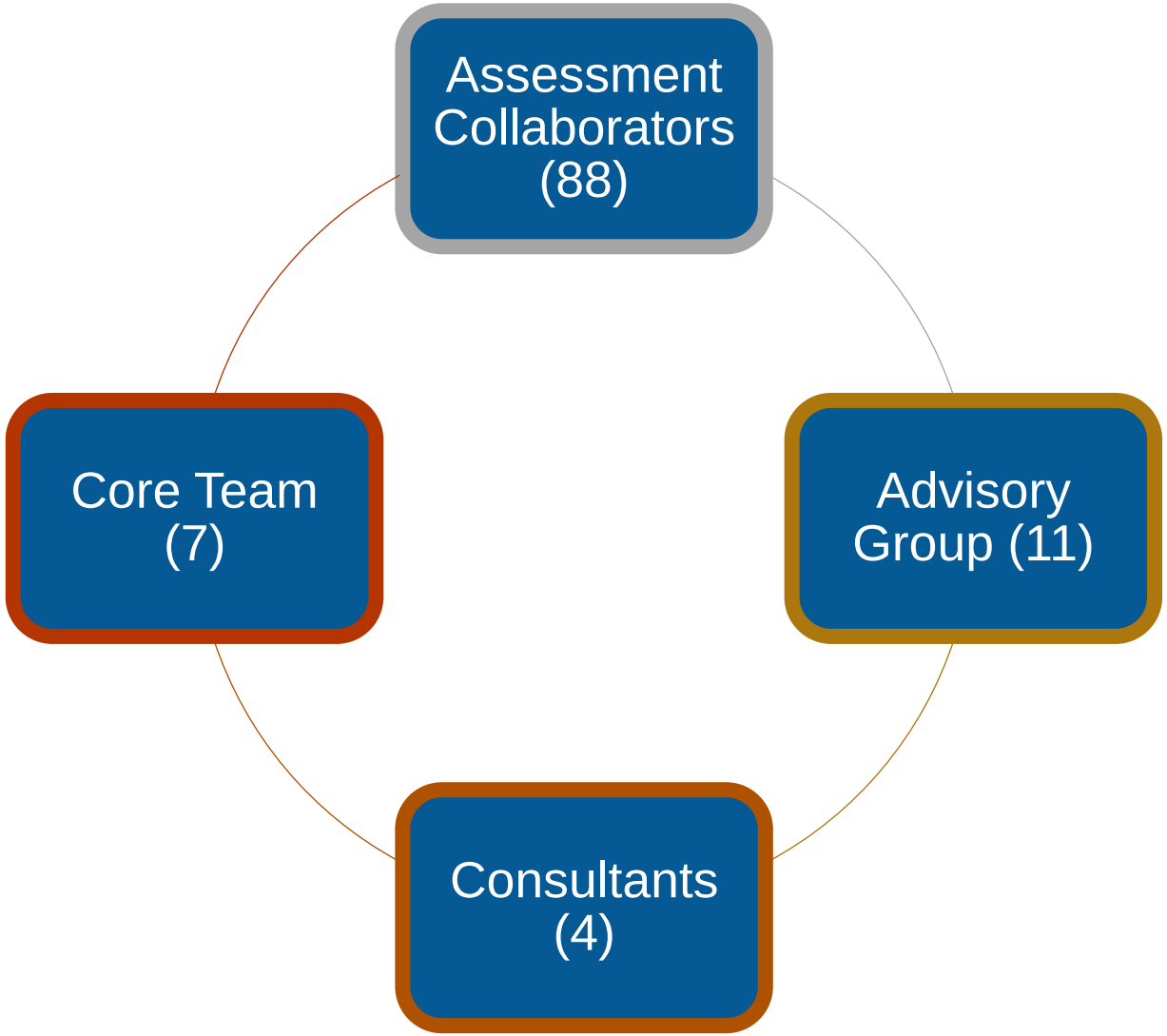
History of Racial Equity at DPH

The Strategic Plan to Advance Racial Equity builds upon the organizing efforts and health equity expertise of DPH staff and advisors who have both advocated for and led change in response to the public health threat of racism and racialized violence.

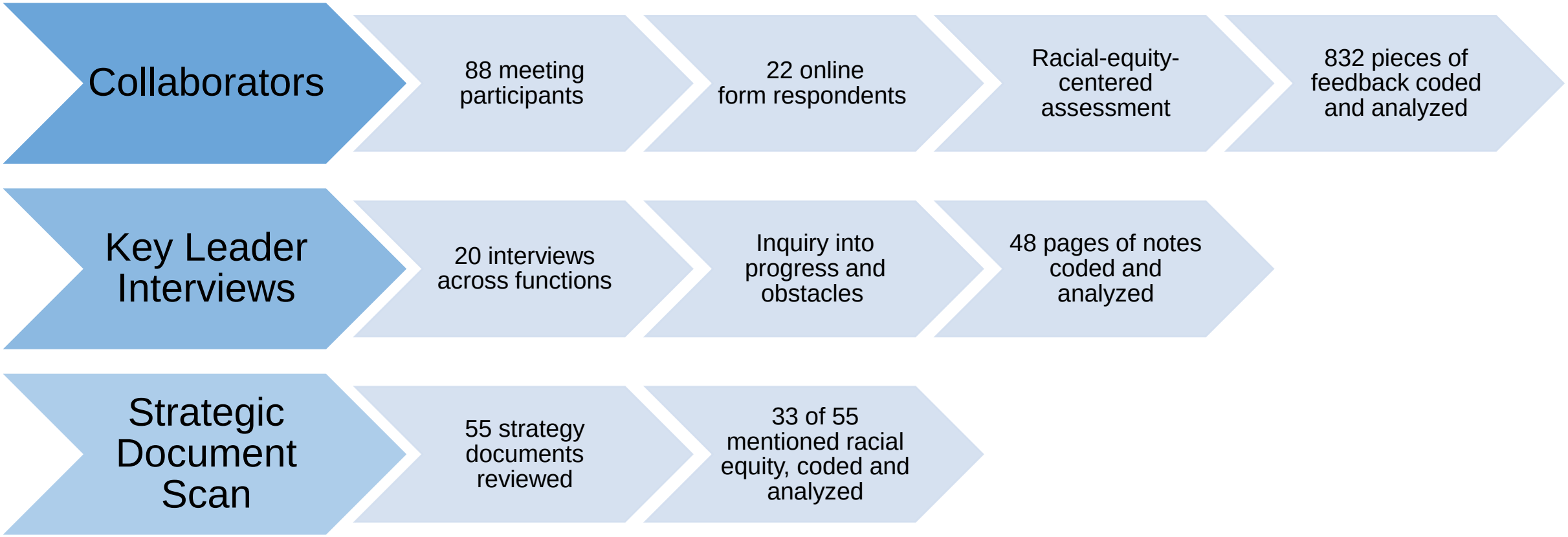
- Racial Equity Initiative
- Racial Equity Movement
- Cross-Department Racial Equity Collaborative
- Vaccine Equity Initiative
- Health Equity Advisory Group
- Advancing Health Equity in MA (formerly IHET)

Centering Racial Equity Expertise

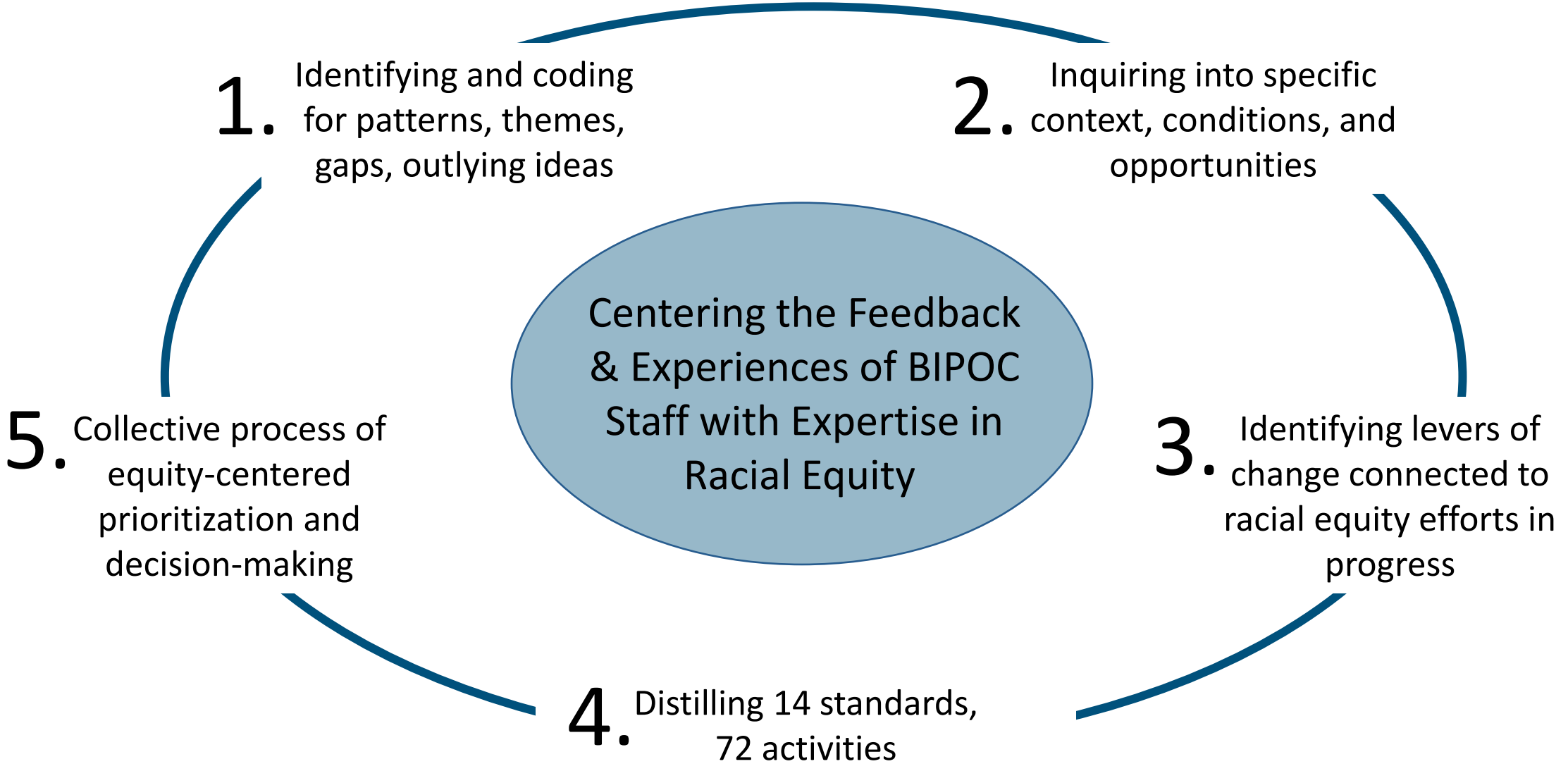
The Strategic Plan to Advance Racial Equity was developed in collaboration with 110 people (leaders, staff advisors, consultants, and collaborators) **selected for their expertise in racial equity.**



Strategic Planning Feedback & Assessment



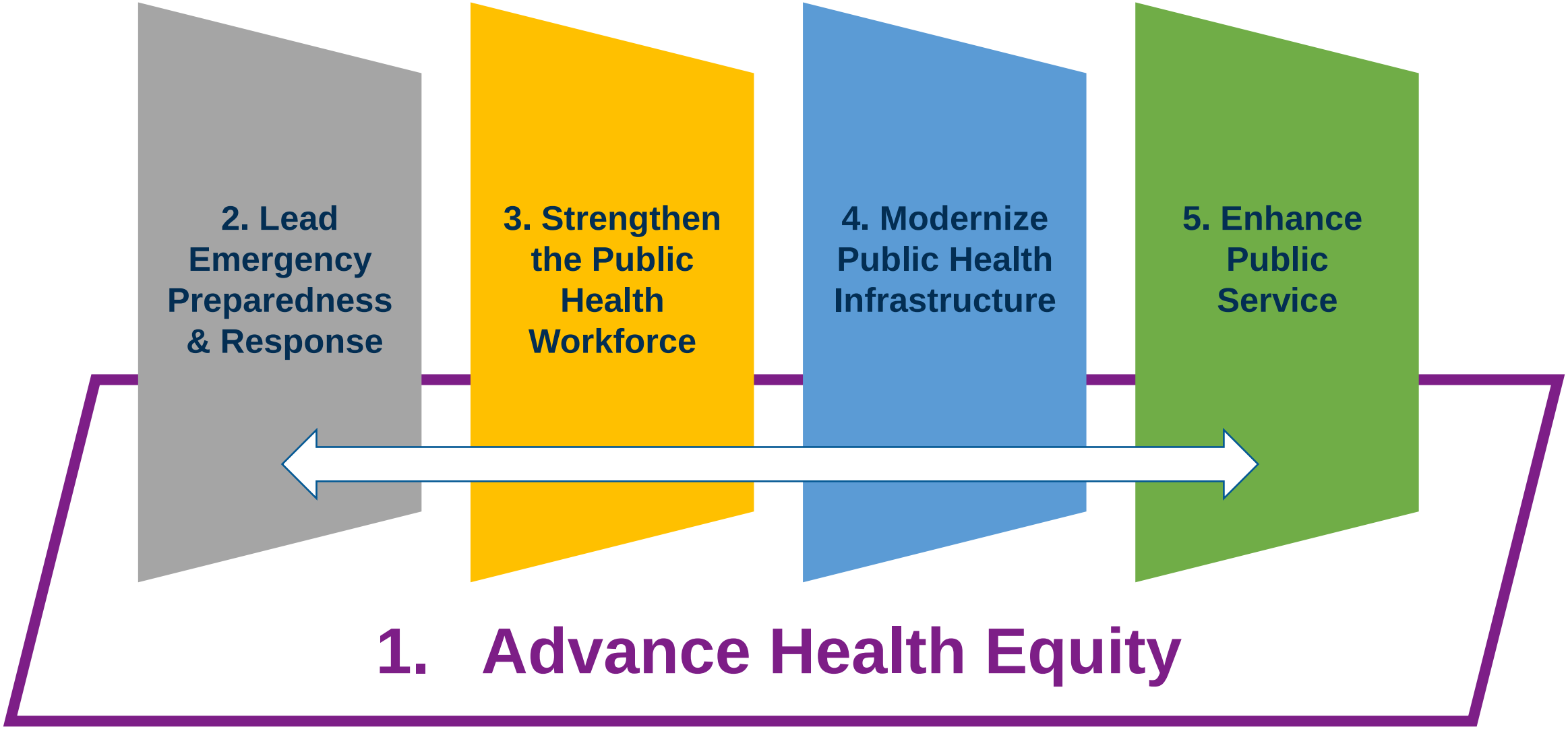
Strategic Planning Qualitative Analysis



The Strategic Plan:

Overview & Highlights

Five Foundational Public Health Strategies



Headline Overview of Five-Year Plan

Nine (9) objectives with twenty-two (22) primary activities, working to:

Identify racial inequities through
impact assessment, partnership, data systems

Build workforce capacity for racial equity
analysis and action, particularly at senior levels.

Create and sustain solutions in
collaboration with communities of color.

Health Equity Framework

Commitments & Practices

DPH Health Equity Framework: Commitments

1. **Partnering with communities**

   to provide and interpret data and other information to identify and dismantle inequities in health access and outcomes.

2. **Examining the root causes of inequities**

   to address the public health impacts of racial inequities and all other forms of oppression.

3. **Co-creating solutions**

   to transform the root causes that perpetuate inequities in public health.

4. **Creating new structures and policies**

   to advance health equity by focusing on the social determinants of health through cross-sector, cross-agency coordination and collaboration.

DPH Health Equity Framework: **Practices**

Centering the experiences of Black, Indigenous, and people of color within each priority population.

Focus on priority populations

Understanding the ways racism and oppression operate within systems and structures.

Use a structural analysis

Acting on principles to advance racial equity in all work.

Lead with equity principles

Detailed Examples of Strategic Objectives & Activities

Example One

3. Strengthen the Public Health Workforce

Optimal health and well-being for the residents of Massachusetts starts by cultivating optimal health and well-being for our public health workforce. DPH advances racial equity and resilience in the public health workforce through strategic recruiting, hiring, retention, and professional capacity building.

Example One (continued)

Strengthen the Public Health Workforce 3.3:

Increase the DPH workforce capacity to lead with and act on the principles and practices of racial equity, with a particular focus on developing capacity and accountability amongst senior leadership and managers (MIV and above).

Primary Activity 3.3.2: Within two years of hire, DPH managers (MIV and above) complete and engage annually in the continuum of racial equity training offerings, which includes the foundational 2-Day Racial Equity Training and Integration Sessions (Racial Equity Training), as well as ongoing Racial Equity Learning Labs focused on application of racial equity principles within specific roles and job functions.

Goal:

Supporting all staff participation in Racial Equity Training Series with the goal of 85%percent of managers and 60% for non-managers complete a particular training,

Example Two

4. Modernize Public Health Infrastructure

DPH advances racial equity through a strategic data modernization effort that seeks to understand the experiences of the populations most impacted by racial inequities in health and to lead with equity throughout the full data life cycle to address health inequities throughout the Commonwealth.

Example Two (continued)

Modernize Public Health Infrastructure Objective 4.2:

Engage with populations most impacted by racial inequities in health when interpreting, disseminating, and taking actions on data related to racial inequities in health.

Primary Activity 4.2.2: Bureaus and offices collaborate with community members from priority populations most impacted by racial and health inequities to support data contextualization, qualitative data gathering, and narrative reframing to advance racial equity.

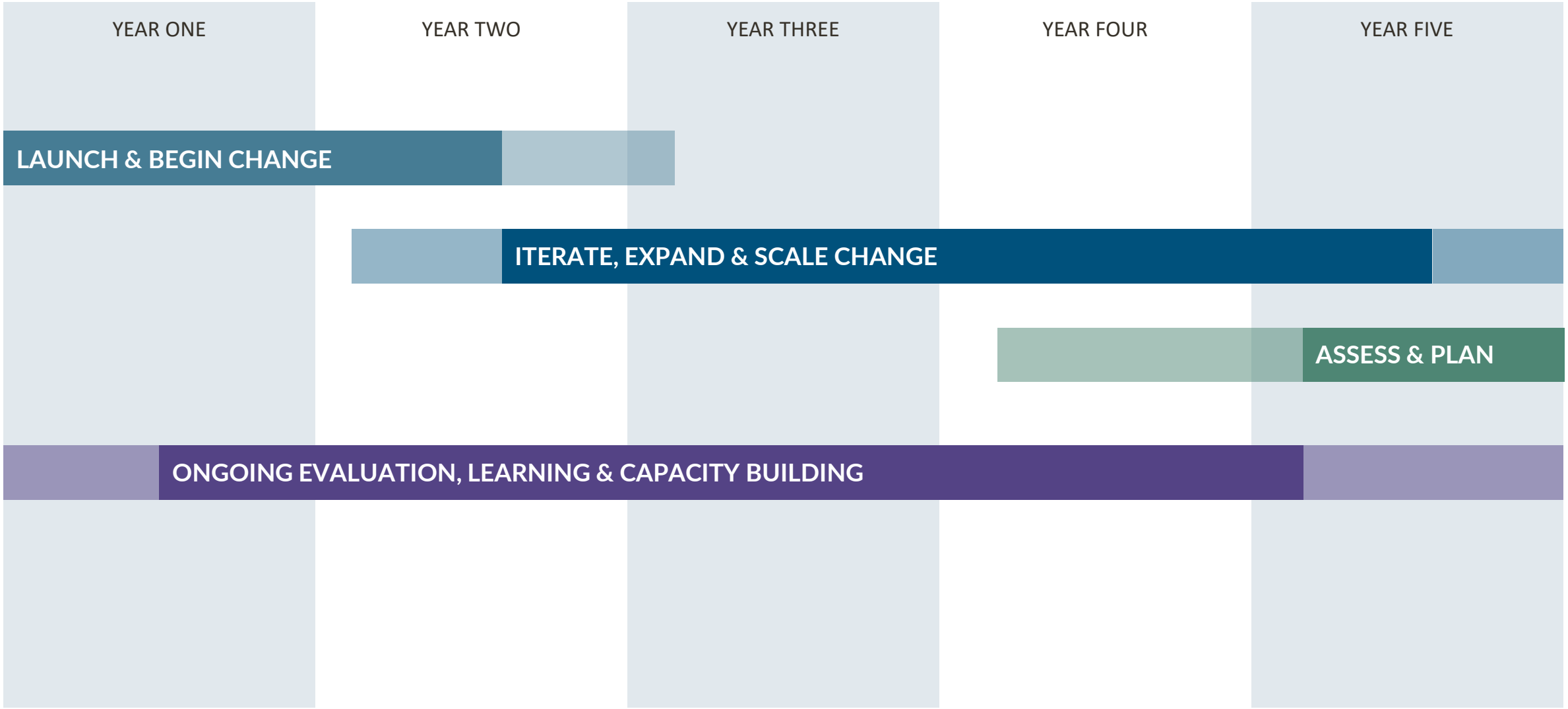
Goal: *100% of key reports and dashboards use disaggregated data.*

What's Next?

Implementation & Performance Management Team

SP-ARE Executive Sponsor	SP-ARE Day-to-Day Owners (by Role)	
	Implementation & Performance Management Team Co-Facilitators	SP-ARE Implementation & Performance Management Team Hub Strategy Owners
Assistant Commissioner **Fifi Diop**	Deputy Chief Operating Officer, **Antonia Blinn** Deputy Assistant Commissioner for Health Equity, **Stephanie Kang**	Strategy Owner for SP-ARE Performance Management System
		SP-ARE Project Manager
		Strategy Owner for SP-ARE Lead Emergency Preparedness & Response
	Commissioner's Office Liaison	Strategy Owner for SP-ARE Strengthen Public Health Workforce
	Senior Director of Strategy, **Karen Cosmas**	Strategy Owner for SP-ARE Modernize Public Health Infrastructure (Data)
		Strategy Owner for SP-ARE Enhance Public Service

Implementation Timeline by Year (2024-2028)



Thank you for this opportunity to present. If you have any questions, please contact:

Hafsatou.Diop@Mass.Gov and Stephanie.Kang@Mass.Gov

Massachusetts Department of Public Health

Determination of Need:

The Children's Medical Center Corporation
Substantial Capital Expenditure

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- On August 22, 2022, the Department approved a DoN for an institutional affiliation categorized as a Transfer of Ownership, whereby Children's Medical Center Corporation ("CMCC") became the sole corporate member of Franciscan Hospital for Children ("Franciscan").
- The affiliation closed on July 1, 2023.

Proposed Project Description

The Proposed Project for a Substantial Capital Expenditure includes the following components:

CMCC submits this application for approval of a Proposed Project at Franciscan located at 30 Warren Street, Brighton that includes;

- Construction of a replacement facility to enable an improvement in the delivery of mental health services and post-acute rehabilitation services that includes replacement of 112 licensed beds and the addition of 4 new licensed beds.
- Consolidation of mental health services including relocating 12 operational psychiatric beds and an approved but not yet implemented partial hospitalization program from CMCC in Waltham.
- Renovation of an ambulatory dental surgical suite and adding a fourth operating room.

The Proposed Project's total capital expenditure is $481,371,000; the Community Health Initiatives (CHI) contribution is $24,068,550.

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. The Aging Facility and Infrastructure Needs Replacement
2. Pediatric Mental Health Services Require Consolidation and Expansion
3. Need to Expand to Address Need for Post-Acute Medical Rehabilitation Services
4. Need to Expand Access to Dental Healthcare Including Surgical Services

Factor 1: Patient Panel Need Analysis– cont.

The Aging Facility and Infrastructure Needs Replacement

1. Outdated Infrastructure and Systems
2. Multi-bed rooms
3. Not Purpose - Built

Factor 1: Patient Panel Need Analysis– cont

Pediatric Mental Health Services Require Consolidation and Expansion

Type of Mental Health Care	Wait Times
Psychiatric Care	2 month waitlist
Outpatient Therapy	6 to 12 month waitlist
Neuropsychological Testing	9 to 12 month waitlist
Mental Health ED Observation	9.1% to 27.4% increase

Factor 1: Patient Panel Need Analysis– cont

Commitment to Expand to Address Need for Post-Acute Medical Rehabilitation Services

- Annually, Franciscan accepts admissions from ~15 different referring hospitals, based on the level of care that patients require.
- The Applicant notes that facility, staffing and payor network limitations have slowed or stopped Franciscan from accepting some patient transfers.

Factor 1: Patient Panel Need Analysis– cont

Need to Expand Access to Dental Healthcare Including Surgical Services

- Average wait times for pediatric dental surgery is 4 to 6 weeks.
- With a new Operating Room, the Applicant projects an increase of 48% in surgical cases from 2023 to 2031.

Factor 1: Public Health Value

Improving Health Outcomes and Quality of Life

- Facilities: Improvement in specialized inpatient and out-patient care
- Staffing Models: Improvements and expansion
- Coordination of Care Across the Continuum

Factor 1: Operational Objectives
Efficiency, Continuity, Coordination of Care Analysis

Providing a Coordinated Care Delivery System that is Less Fragmented and Operates with Greater Efficiency

- Integrated and common Electronic Health Record
- Single Point of Entry Triage System
- Increased focus on School Based Programs
- Colocation will improve transitions among level of care
- Improved post discharge coordination of care

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: Analysis

Cost Containment

- Long term strategy to improve the physical and mental health of children for decades to come.
- Timely and appropriate access to care
    - Access to mental health care
    - Improved transitions of care
    - Decrease fragmented of care

Factor 2: Analysis – cont.

Improved Public Health Outcomes

- Sharing of collective resources and expertise
- Addition of 12 medical and rehabilitative beds
- Long term view of public health outcomes

Factor 2: Analysis – cont.

Delivery System Transformation

- Improved access for Massachusetts providers
- Linkages with community partners and social service organizations
- Membership in the Learning Health Collaborative

Factor 3: Compliance - Key Requirements and Analysis

Requirements and Analysis

The Determination of Need Program 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

CPA Analysis

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

Based upon its review, it determined the anticipated earnings before interest, depreciation and amortization surplus is a reasonable expectation and is based upon feasible financial assumptions and therefore it concluded 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 assets of BCH.

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: Analysis-Alternatives Considered to the Proposed Project

	Proposed Project	Alternative # 1	Alternative #2
Description	Construction of a four-story building: 278,000 GSF	Seven-story Addition	Renovation of existing facility
Quality	Comparable	Comparable	Inferior and Unable to Meet Demand of Growing Population
Efficiency	Most operationally efficient	Less operationally efficient and significant challenges expected in obtaining local approval	Deemed infeasible due to age of facilities and shutdown of services for long period of time
Costs	Lowest Capital Cost and Most Operationally Efficient	Higher Capital Cost approximately $680 million	Higher Capital Cost and not Operationally Feasible

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.

Figure adapted from 2017 Massachusetts State Health Assessment

Factor 6: Key Requirements & Analysis

Factor 6 Requirements for this Application	Summary Analysis
Materials submitted by CMCC included: 1. CHI Narrative 2. 2021 CMCC Community Health Needs Assessment (CHNA) 3. Community Engagement Self-Assessment 4. Stakeholder Assessments	**Total required CHI contribution:** $24,068,550 • $5,896,794 to the Statewide Fund • $17,690,384 to local CHI approaches • $481,372 administrative allowance 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.**

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:

Mass General Brigham Incorporated
Significant Change Amendment

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

On June 13, 2018, the Department approved a Determination of Need (DoN) for a Substantial Capital Expenditure to expand ambulatory surgical services at MG Waltham. The Original DoN included approval to:

- Build-out 6 additional ambulatory surgery operating rooms (bringing the total to 10).
- Add 21 peri-operative bays with support space.
- Include 9,881 gross square feet of additional shell space for future build out.
- The total approved Maximum Capital Expenditure (MCE) was $30,504,587 (2018 dollars).

Proposed Amendment Description

The Proposed Amendment for a Significant Change includes the following components:

- Building out 9,881 gross square feet of approved shell space.
- Adding 3 operating rooms and 11 peri-operative bays.

If approved, the Proposed Amendment would increase the MCE by $21,156,000, for a new MCE of $51,660,587. The increase to the Community Health Initiatives (CHI) contribution would be $1,057,800.

Requirements for Approval of a Significant Change Amendment

- Pursuant to 105 CMR 100.635, a change to a project of a previously issued Notice of DoN, requires either:
    1) a new notice of DoN or
    2) an approval of a request for a Significant Change
- Any build-out of shell space that was subject to a previously issued Notice of DoN falls within the definition of Significant Change.
- To approve a request for a Significant Change, the change must be:
    - Within the scope of the previously issued Notice of DoN and
    - Reasonable
- To support the request for a Significant Change, the Applicant must provide:
    - A description of the previously issued notice of DoN and of the proposed Significant Change
    - Cost Implications (to the Holder and to the Holder's Patient Panel)
    - A rationale for the change

Significant Change Amendment – Project Rationale Overview

- Need for the Proposed Change
- Patient Benefits
- Volume Growth and Acuity Shift
- Cost Implications
- Impact on Community Health Initiatives

Proposed Amendment Impact on ORs

Result of Proposed Amendment at MG Waltham

The Proposed Amendment will result in 13 operating rooms and 32 peri-operative bays at MG Waltham.

Result of Proposed Amendment at MGH Main Campus	
Current Total Number of ORs	71
Out of Service ORs To Be Transferred to MG Waltham	3
Out of Service ORs To Be Deactivated	2
Total ORs After Proposed Amendment	**66**

MG Waltham Historical Surgical Volume by Specialty

MG Waltham Historical Surgical Volume by Specialty*

Case Type	FY19 Volume (4 ORs)	FY22 Volume (10 ORs)	FY23 Volume (10 ORs)	Volume Change (FY23 - FY19)	% Change (FY23 - FY19)
Burn	0	51	30	30	N/A
Endoscopy	0	1,235	1,324	1,324	N/A
Surgical Oncology	12	455	1,153	1,141	9508%
Gynecology	0	351	366	366	N/A
Neurosurgery	<11	30	14	13	1300%
Oral Maxillofacial Surg	0	77	132	132	N/A
Orthopedic Surgery	3,095	4,804	4,959	1,864	60%
Reconstructive Surgery	122	235	301	179	147%
Podiatry	0	<11	<11	<11	N/A
Radiology	0	293	283	283	N/A
Urology	0	742	949	949	N/A
Grand Total	3,230	8,274	9,513	6,283	195%

**Data provided by the Applicant – See Application Narrative Page 2*

Rationale: Patient Need – Shift in Volume

The Applicant states that since the implementation of the DoN in 2022, there has been a shift of clinically appropriate volume from MGH Main Campus in Boston to MG Waltham.

Drivers of volume growth at MG Waltham include:

- Shift in outpatient cases
- Organic growth
- MGH Operating Room Block Governance Committee

Rationale: Patient Benefits

Benefits of increasing capacity at MG Waltham

- Larger portion of clinically appropriate cases at MG Waltham
- Lower baseline wait times at MG Waltham

Rationale: Patient Need at MG Waltham

Increased wait times for medically necessary outpatient surgery.

- MG Waltham – Increase in median number of days for surgery throughput by 24% between FY22-FY23.
- MGH Main Campus – Increase in median number of days for surgery throughput by 22% between FY22 – FY 23.

Rationale: Volume Growth at MG Waltham

Waltham Projected Surgical Volume For 3 Additional Operating Rooms*

Project Years	FY2027	FY2028	FY2029	FY2030	FY2031
Case Volume	1,275	1,913	2,550	2,550	2,550

**Data provided by the Applicant – See Application Narrative Page 2*

Rationale: Impact on Higher Acuity Patient Access at MGH and Patient Origin

- Growth at MG Waltham driven by a shift of outpatient cases from the MGH Main Campus to MG Waltham and projected new outpatient case volume.
- Backfill of higher acuity cases at MGH Main Campus
- MG Waltham patient origin

Condition: Assessment of Shift in Acuity

Staff is proposing a Condition that the Applicant report metrics on the shift in acuity so the Program can assess the shift in lower acuity surgeries from MGH Main to MG Waltham for consistency with the Applicant's assertion for patient need described in this application and the basis for approval of the original DoN in 2018.

Condition: Assessment of Shift in Acuity

The Applicant will be required to report through a Condition on Surgical Volume by Specialty for both MG Waltham and MGH Main Campus based on the case type listed below. Annual reporting should demonstrate that the additional OR capacity is reducing the volume of low acuity surgeries at MGH Main Campus.

- Burn
- Endoscopy
- Surgical Oncology
- Gynecology
- Neurosurgery
- Oral Maxillofacial Surgery
- Orthopedic Surgery
- Reconstructive Surgery
- Podiatry
- Radiology
- Urology

Condition: Assessment of Shift in Acuity

The DoN program will review the data received in accordance with this Condition to determine whether one or more of the following Referral Indicators is present:

- A material increase in total volume of the targeted surgeries at MGH Main Campus

- A material decrease in total volume of targeted surgeries at MG Waltham

If the DoN Program finds any one or more of the Referral Indicators, the matter shall be referred to the Public Health Council (PHC) for review to determine whether MGB is in violation of one or more of the conditions and thus out of compliance with the terms of this Amendment.

Associated Costs

- Incremental Operating Cost of $14,500,000
- Cost are less than providing the service at the MGH Main Campus
- Cost effective strategy to meet the needs of the surgical community
- No impact on cost for the patient panel

Community Health Initiatives

Community-based Health Initiatives (CHI)

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**.

Figure adapted from 2017 Massachusetts State Health Assessment

Community Health Initiatives

Materials Submitted	Summary Analysis
1. CHI Narrative 2. 2022 Community Health Needs Assessment (CHNA)	**Total CHI contribution:** $1,057,800 • $256,516 to the Statewide Fund • $769,550 to local CHI approaches

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

Proposed 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 Proposed Revisions to the Regulation

This regulation was first promulgated in 2015. These will be the first set of amendments to the regulation since its promulgation.

- The proposed amendments to 105 CMR 222.000 will implement the FY22 changes to M.G.L. c. 111, §24M regarding the disclosure of MIIS data to health plans for improvement of immunization rates and quality improvement efforts.

- Additional amendments are proposed to update language and clarify changes to the system and include content not included in the original version.

Proposed Revisions:
Scope, Definitions, Health Care Provider

Current regulation

- **Scope -** Outlines scope of regulations
- **Definitions -** Defines terms
- **Health Care Provider -** Covers reporting timeline, addresses reporting of current and historical immunization information, emphasizes electronic data exchange.

Summary of proposed revisions

- **Scope -** Amends language to reinforce compliance with regulations by all authorized users.
- **Definitions** - New definitions, revisions, and removal.
- **Health Care Provider -** New section name, revised reporting time, birthing hospitals, clarification on data elements and data element updates.

Proposed Revisions:
Duty to Inform, Provider Enrollment, System Access and Confidentiality

Current regulation

- **Duty to Inform** - Addresses explanation of MIIS to immunization recipients or their legal representatives and how to object to data sharing.
- **Provider Enrollment** - Explains MIIS registration for users and sites.
- **System Access and Confidentiality -** Describes authorized recipients of immunization information in MIIS.

Summary of proposed revisions

- **Duty to Inform -** Clarification of data sharing and objecting to data sharing.
- **Provider Enrollment -** New section name, clarification of site vs. user registration, details access, updated statutory language.
- **System Access and Confidentiality -** Reflects amendments to MGL c 111 s24M to include health plans as authorized recipients, adherence to MGL C111 s24A, statutory language on DPH user designation.

Proposed Revisions:
Protection from Subpoena and Public Record Requests, Requests to Amend Records and Access Records by Individuals, Collaborative Agreements with Registries in Other States

Current regulation

- **Protection from Subpoena and Public Records Requests -** Clarifies MIIS data does not constitute a public record, is not subject to subpoena or court order, and is not admissible as evidence.
- **Requests to Amend Record and Access Records by Individuals -** describes amending and accessing MIIS records.
- **Collaborative Agreement with Registries in Other States -** new section.

Summary of proposed revisions

- **Protection from Subpoena and Public Records Requests -** Section is new with existing text, new section to reflect the statutory authority of MIIS data more broadly.
- **Requests to Amend Record and Access Records by Individuals -** revised language to protect immunization recipient records.
- **Collaborative Agreement with Registries in Other States -** not included in original regulation.

Next Steps

- Following this presentation, staff will hold a public hearing and will provide a public comment period.
- 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 regarding 105 CMR 222.000, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

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

Current Regulation:

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

Proposed Amendment:

mass.gov/dph/proposed-regulations

Please direct any questions to:

pejman.talebian@mass.gov

Next Meeting:
April 17, 2024