



Massachusetts Department of Public Health

Public Health Council Meeting September 11, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the September 11 Public Health Council listing.



Massachusetts Department of Public Health

Public Health Council Meeting September 11, 2024

Robert Goldstein, Commissioner

International Overdose Awareness Day



Flag planting on Boston Common

National Recovery Month



Recovery Month events and recovery-related trainings:
careersofsubstance.org/trainings-and-events/calendar

National Emergency Preparedness Month



STAY AWARE. BE PREPARED.

For more information about building
an emergency supply kit, visit
mass.gov/BePrepared



mass.gov/BePrepared

Respiratory Illness



mass.gov/MobileVaccine
mass.gov/VaccinesAtHome

Mosquitoes and Ticks



mass.gov/MosquitoesAndTicks

WIC 50th Anniversary Celebration



WIC Program staff and other officials at the State House celebration



youtu.be/kJRZALP256o



Massachusetts Department of Public Health

Public Health Emergency Response

9/11/2024

Kerin Milesky and Aaron Gettinger
Office of Preparedness and Emergency
Management (OPEM)

Emergencies Affecting Public Health

Events that can cause harm to individual or community health

Examples:

- Biological threats
- Natural disasters
- Chemical, nuclear radiological threats
- Cyber threats
- Explosives
- Utility and other supply disruptions
- Health care infrastructure impacts



IN AN EMERGENCY, YOU CAN'T RESPOND EFFECTIVELY IF YOU'RE NOT READY

WHY IT MATTERS
Every community in the U.S. must be ready to respond to a pandemic, natural disaster, or chemical or radiological release. Our action - or inaction - in this area directly impacts the health of the American people and is a matter of national security.

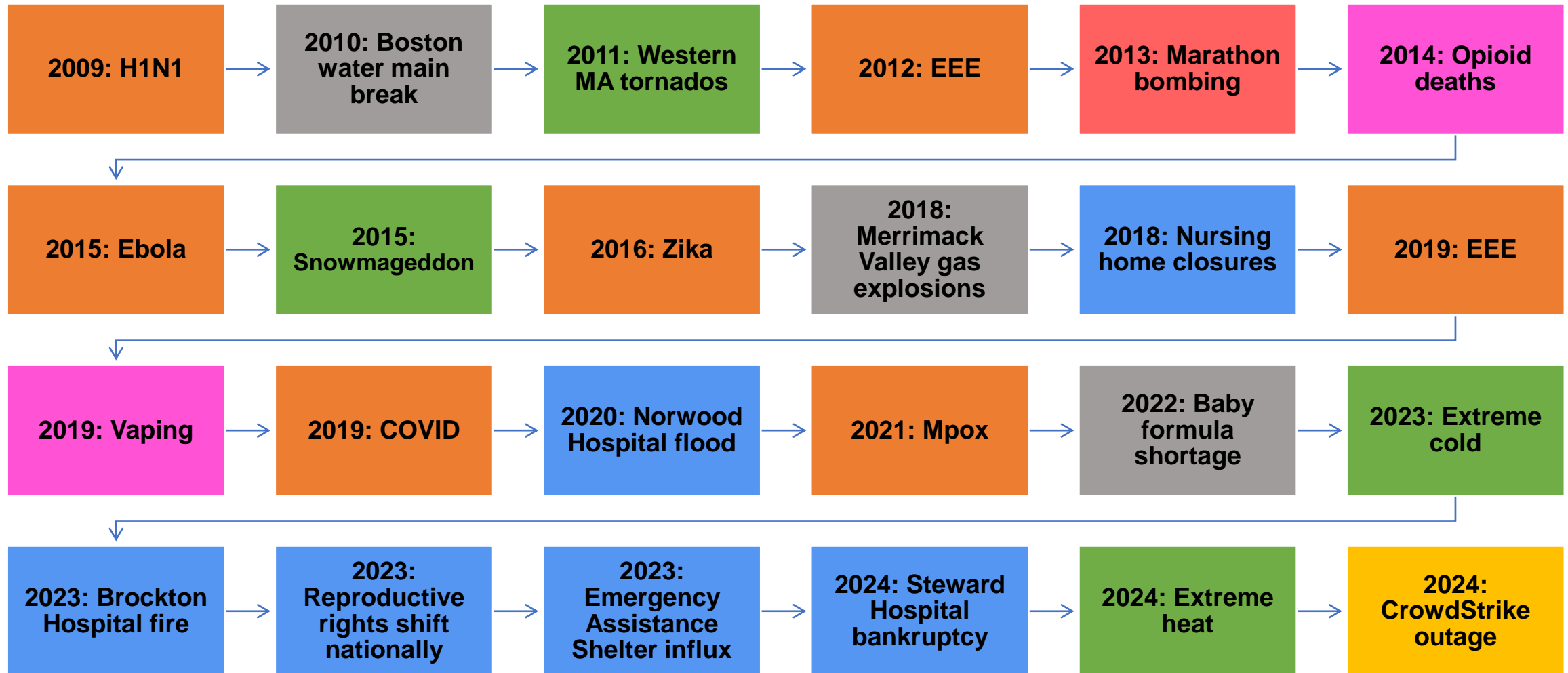
A WELL PREPARED COUNTRY:

- 
Can stop outbreaks before they become epidemics
- 
Can get help to people affected by natural disasters
- 
Can quickly recognize and respond to terrorist attacks
- 
Is fortified against the expected, and can quickly pivot to handle the unexpected

PUBLIC HEALTH PREPAREDNESS AND RESPONSE
READY FOR EMERGENCIES

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Examples Emergencies in MA Affecting Public Health



State Level Response

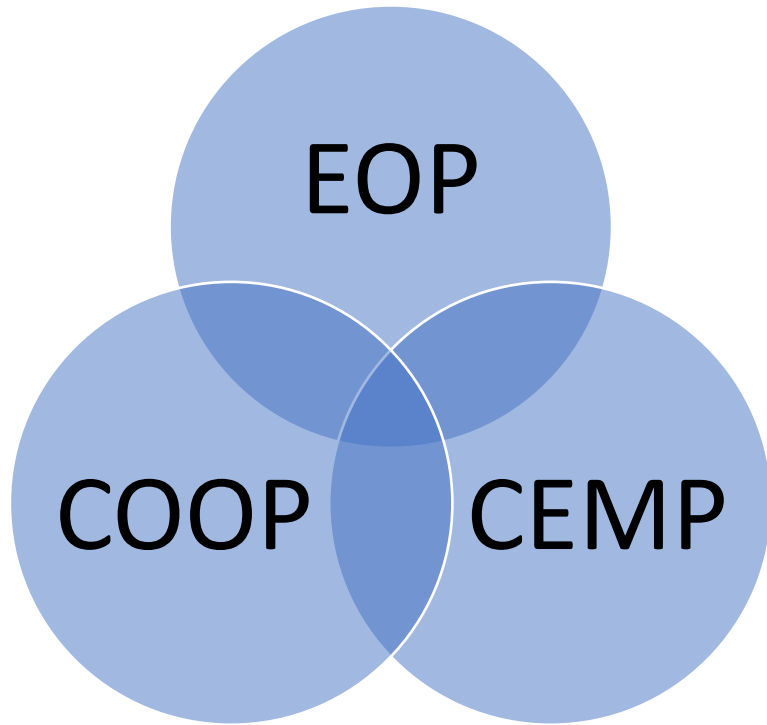
Includes:

- All levels of government
- Private sector
- Non-governmental organizations
- Public

Working together:

To prepare for, respond to, recover from, and mitigate the impacts of major incidents or events that exceed the capacity or capabilities of any single entity.

All Hazards Response and Recovery Emergency Operations Plan (EOP)



- Identifies steps DPH will take to respond to and recover from **all types** of public health incidents and events
- Can be used in conjunction with:
 - Comprehensive Emergency Management Plan (**CEMP**) managed by the Massachusetts Emergency Management Agency (**MEMA**)
 - DPH Continuity of Operations Plan (**COOP**)
 - Other plans or annexes

Emergency Operations Plan (EOP): Objectives

Identify

- Capabilities, resources, authorities, and procedures the Department can utilize during a response.
- Hazards that threaten Massachusetts' public health and health care system and align missions and resources to address those hazards.

Establish

- Framework for managing incidents in circumstances when the Department is acting either in a lead or in a support role that aligns with the Comprehensive Emergency Management Plan (CEMP).
- Expectations for positions with specific roles and responsibilities during an emergency, and designees.

The EOP Establishes the Framework to:

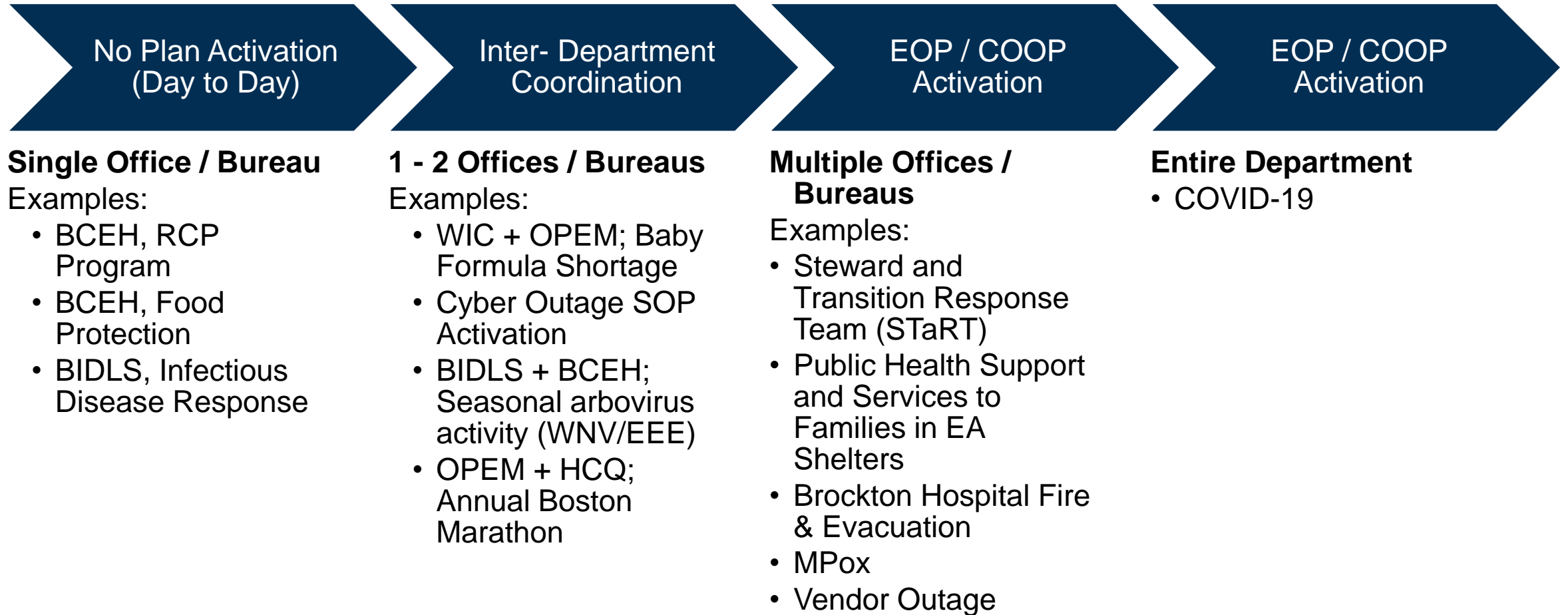
Mitigate or prevent
public health
emergencies

Prepare staff,
volunteers, and the
public to respond to
and recover from
an emergency

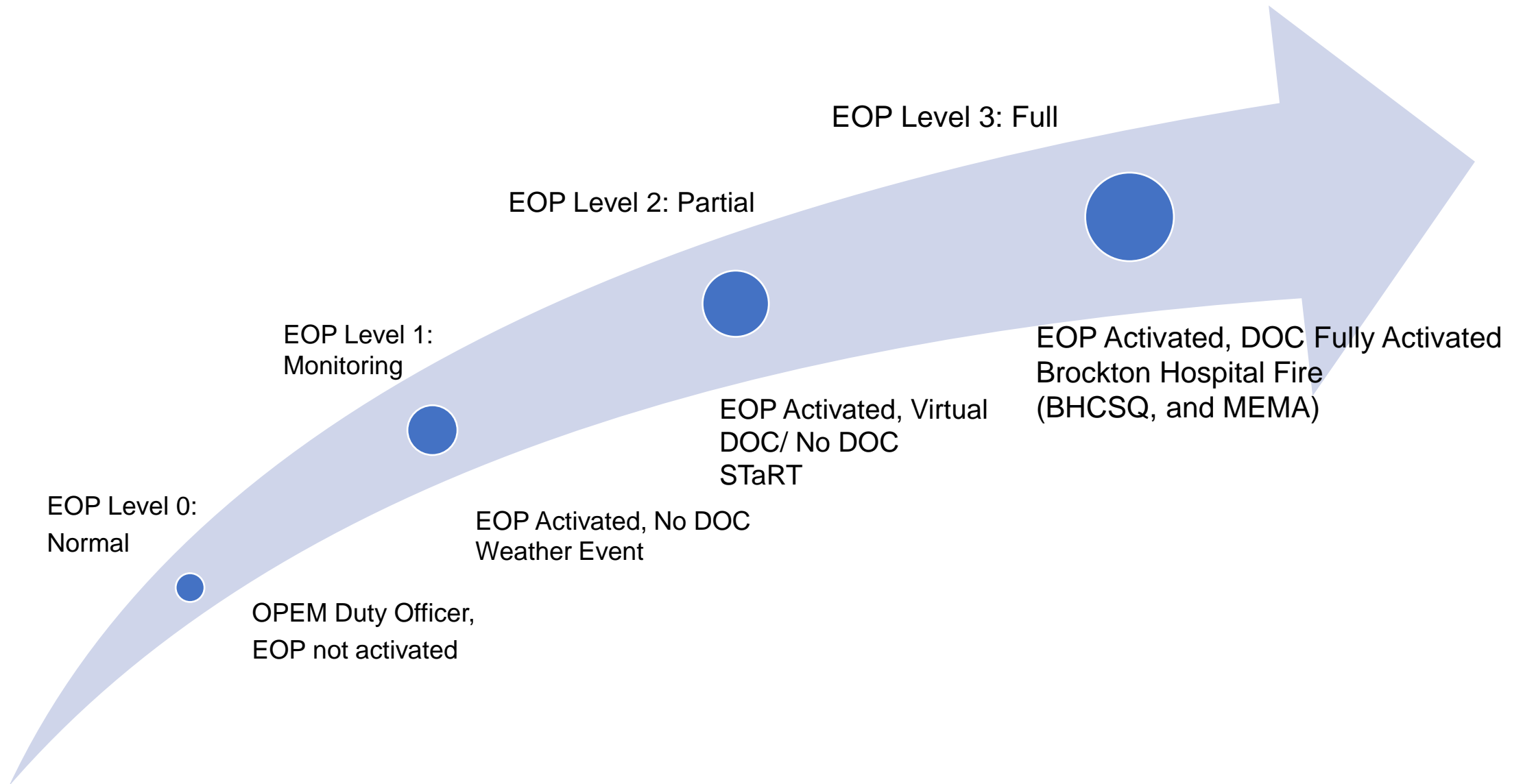
Recover effectively
and efficiently

Respond
appropriately

Levels of Response



EOP Activation Levels



When can the EOP be activated?

Overwhelmed local public health and health care system

A threat to public health with potential to expand is identified

CDC and / or ASPR request assistance

An incident requires increased coordination through Incident command principles

As directed by the Commissioner

Resource requests cannot be managed by a single Bureau or Office

MEMA activates Emergency Support Function-8 (Public Health and Medical Services)

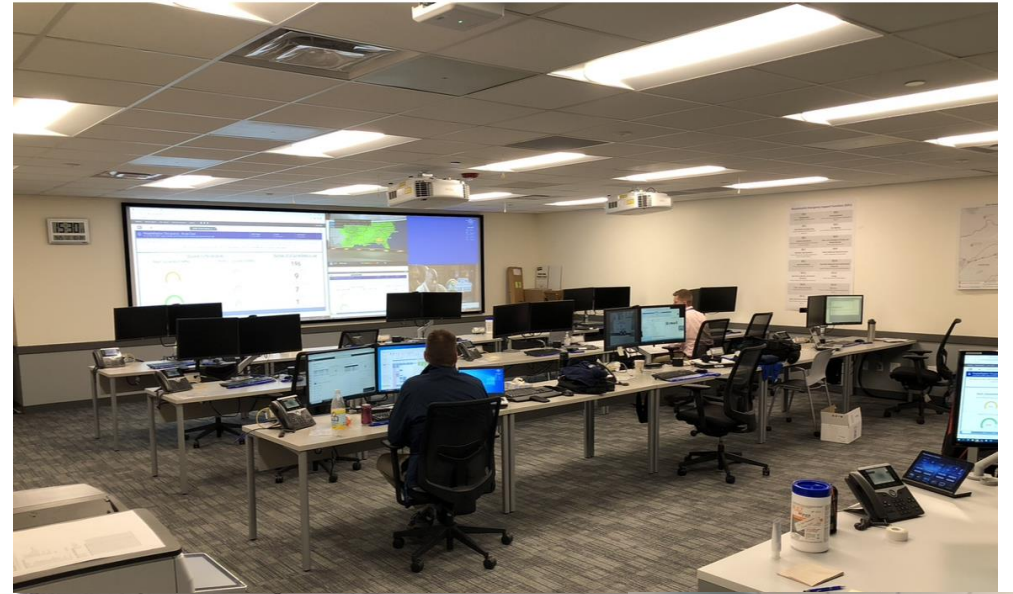
DPH Duty Officer Program



- Resource for partner public health, healthcare, and emergency management agencies when there is an incident of size and scope that overwhelms their respective capacity, or a developing incident that may need further assistance.
- Three person on-call team available 24/7 to respond to large-scale public health and healthcare emergencies.
- First due to respond to MEMA's State Emergency Operations Center (SEOC) to staff ESF-8 function and/or to DPH's DOC during EOP activation
- Able to respond to partner facilities during incidents to provide support and situational awareness

Department Operations Center Capabilities

- Desk and technology support for 8-16 people to coordinate in the same space
- Robust AV capabilities allowing for display of situational awareness tools (such as dashboards, or media)
- Telecomm capabilities to virtually link multiple spaces to allow for workstreams to support larger responses
- Redundant internet, telecom, power, and technology allows for response to continue regardless of outside infrastructure failure.





Massachusetts Department of Public Health

Climate and Health

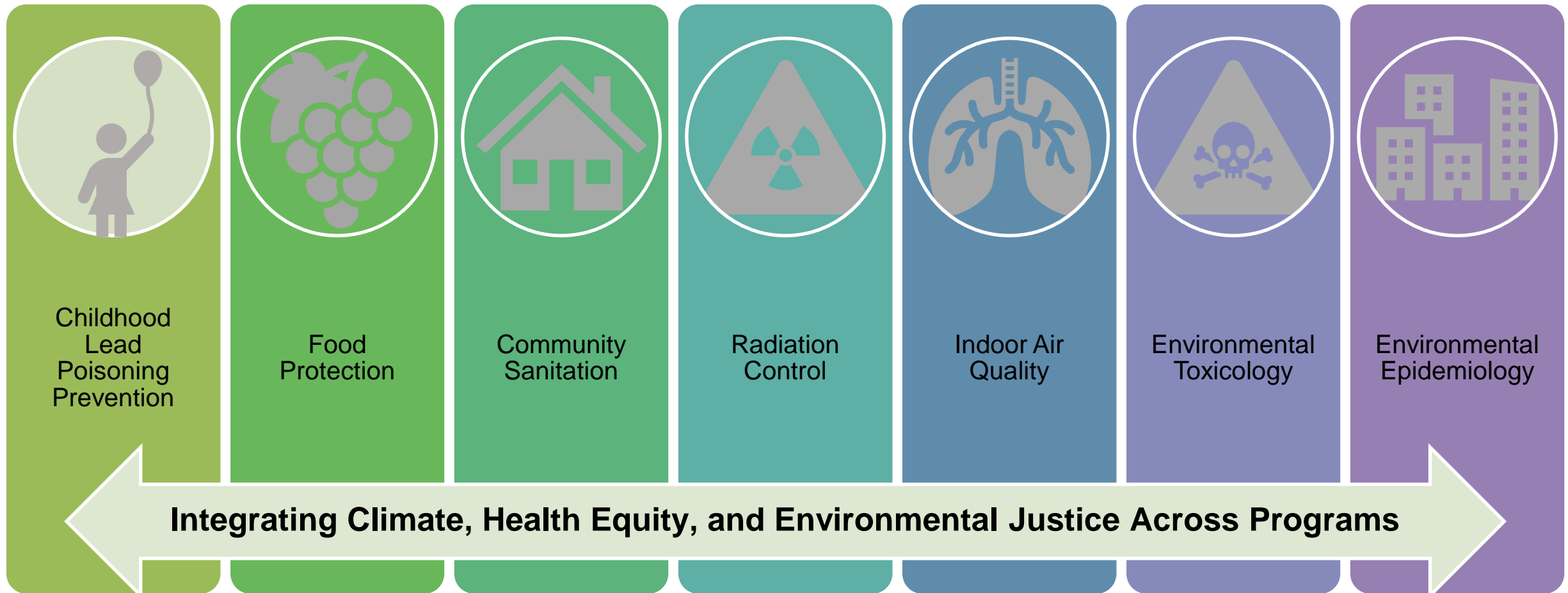
Bureau of Climate and Environmental Health: Progress and Plans

September 11, 2024

Nalina Narain, Ph.D. Director, Bureau of Climate and Environmental Health (BCEH)

Marissa Hauptman, M.D, M.P.H., Medical Director, BCEH & Boston Children's Hospital

Bureau of Climate and Environmental Health



Building on the BCEH Response to Climate Change

Previous Initiatives:

- Received CDC funding (2010-20) for BRACE (Building Resilience Against Climate Effects) and EEA funding (FY 21-24) to integrate public health into state climate initiatives
- Incorporated Environmental Justice and Vulnerable Health EJ criteria into statewide climate change work
- Provided trainings and educational materials for health care providers, local health, and other government agencies

Recent Funding:

- Since SFY 24, DPH has received an annual investment of 2.2M to expand our climate change and health work

Extreme Weather and Health Impacts



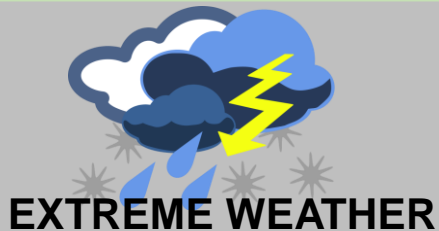
- Heat-related illnesses (e.g., heat exhaustion, dehydration, poor sleep)
- Worsening heart, lung, kidney disease
- Vector-borne, foodborne, waterborne diseases



- Physical injury, drowning
- Bacterial and gastrointestinal infections
- Respiratory illness from mold



- Mental stress from displacement
- Isolation of homes, neighborhoods
- Illness from water quality degradation



- Carbon monoxide poisoning
- Health impacts from electrical power outages (e.g., medical devices)
- Death or injury due to delayed emergency response

Data Source: Massachusetts Environmental Public Health Tracking matracking.ehs.state.ma.us/Climate-Change/conceptual-pathways.html

Key Climate Change Priorities in BCEH

Engage

Modernize
Technical
Capacity

Equity

Response

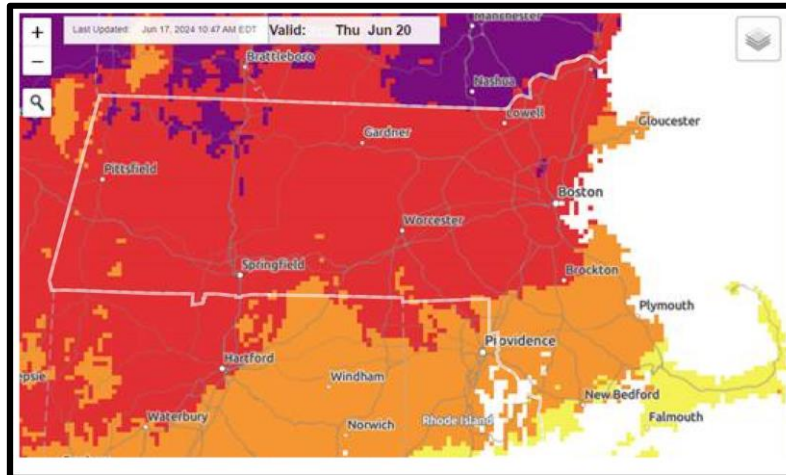
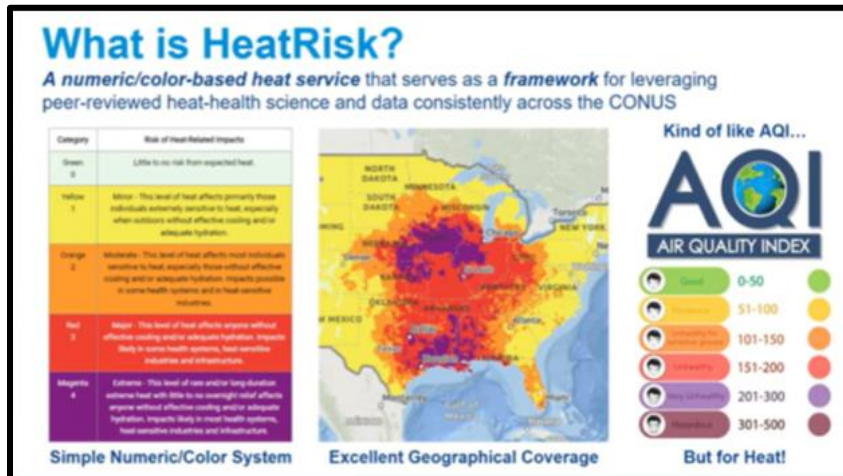
Response: Extreme Heat Events



Bureau of Climate and Environmental Health HEAT EDUCATION and ALERT TOOLS (H.E.A.T.)

BCEH uses HeatRisk to:

- Track extreme heat forecasts throughout the state
- Send targeted alerts & outreach when extreme heat is forecasted
- Connect clinicians & local health to resources & guidance
- Protect people, particularly those most vulnerable, during heat events



ALERT TRIGGER MATRIX

Step 1 Check the NWS HeatRisk Tool

Daily monitoring starts 09:00 am.
Go on NWS Heat Risk [NWS HeatRisk \(noaa.gov\)](https://www.noaa.gov/heat-risk)
View the state of Massachusetts
Check each day (tool has 7 day maximum)

Does the map have 3 or more days in a HHAN Region where red (3) or purple (4) color is shown over the next 7 days?

Yes

No

Has the affected HHAN Region been sent an alert in the last 3 weeks (21 days)?

Yes

No

No Alerts Sent

Activate Alerts

Step 2

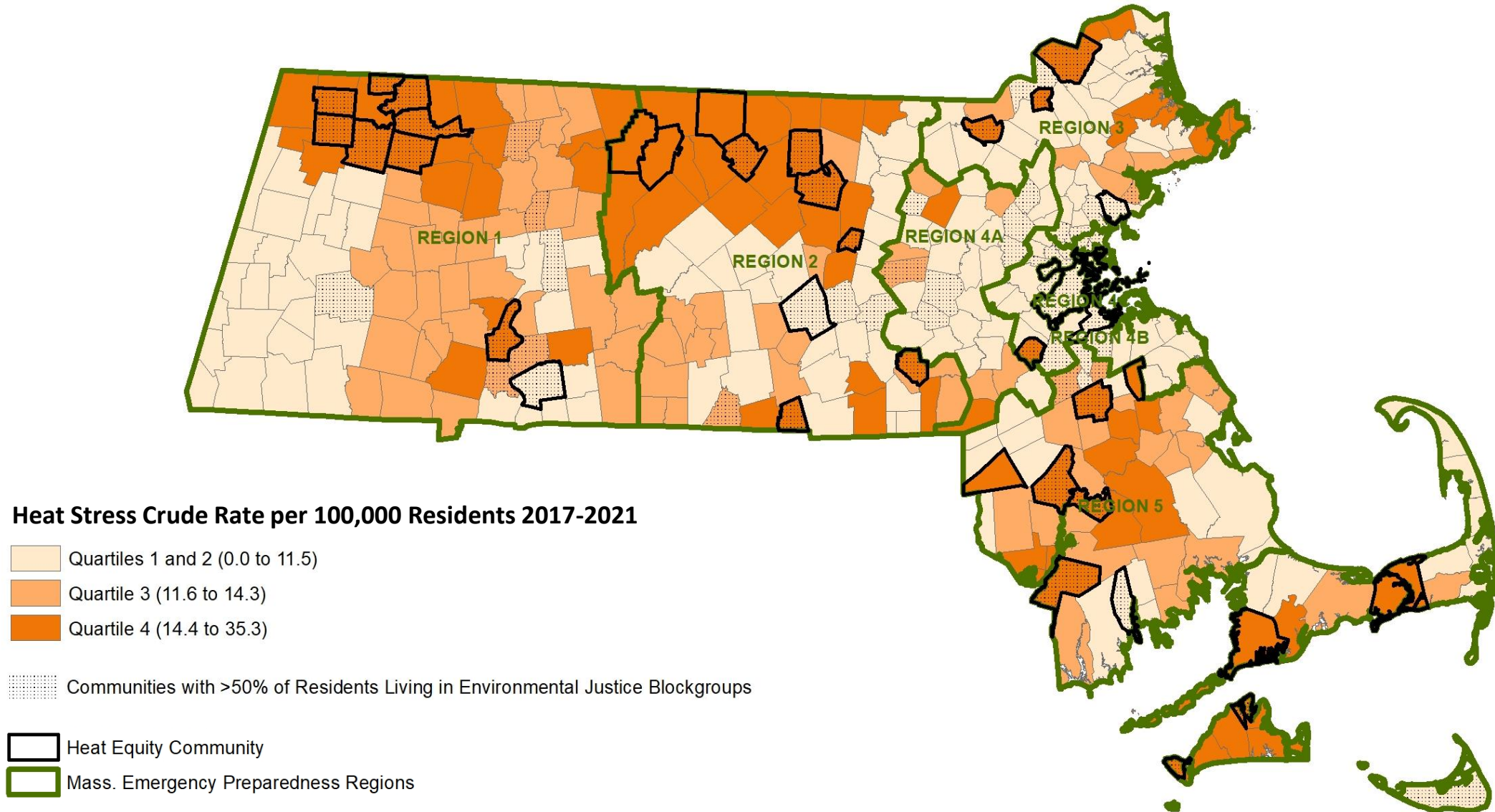
Log Data in Folder

Document HHAN Region
Date and Threshold level

Document all alerts and
non-alerts daily

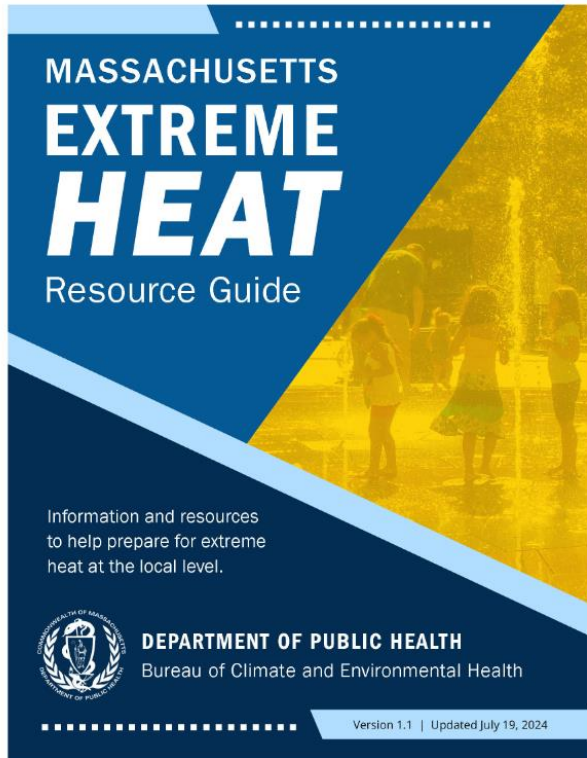
Track all results.

Extreme Heat Response: Heat Equity and Massachusetts Communities



Response: Extreme Heat Events

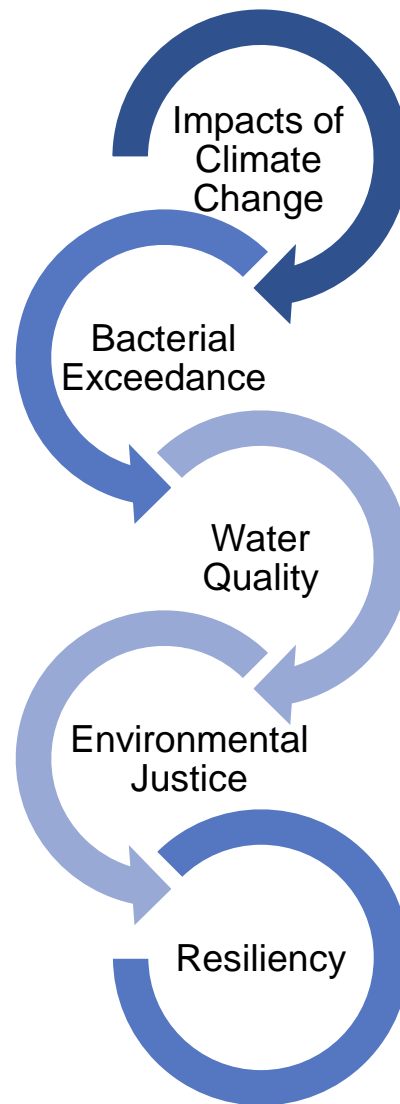
Extreme Heat Resource Guide and Climate & Health Fact Sheets



Available at Massachusetts Department of Public Health Bureau of Climate and Environmental Health:
mass.gov/climate-and-health

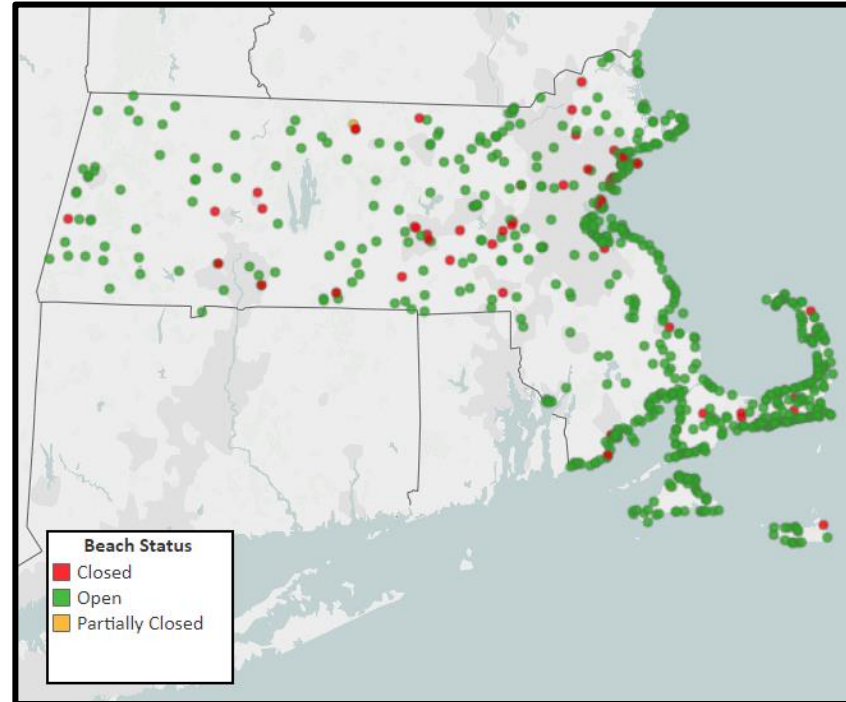
Response: Water Quality at Beaches

Our Role: DPH's bathing beach regulations (105 CMR 445) govern the operation of the 1,100+ public and semi-public bathing beaches in Massachusetts.



Nearly
500,000
views this
season

50-fold
increase
from prior
seasons



Data Source: [Massachusetts DPH Interactive Beach Water Quality Dashboard](https://mass.gov/info-details/interactive-beach-water-quality-dashboard)
mass.gov/info-details/interactive-beach-water-quality-dashboard

Interactive Beach Water Quality Dashboard

MDPH's Interactive Beaches Dashboard provides water quality testing results for the current beach season. It will tell you which beaches are open or closed. If a beach is closed, do not swim or enter the water at that location to avoid risk of illness.

Interactive data dashboard

The dashboard is updated at 9:30am and 12:30pm every day (including weekends) during the beach season.

See All Closures		See Test Results	See All Beaches (Map)
Town	Beach Name	Closure Reason	
Amherst	Puffers Pond (AKA Factory Hollow Pond)	Bacterial Exceedance	
		Other	
	Stanley St. swimming hole at Cushman Bridge	Bacterial Exceedance	
Ashby	Damon Pond Beach (DCR)	Bacterial Exceedance	
Ashland	Ashland Reservoir Main Beach (DCR)	Bacterial Exceedance	
Barnstable	Wiquasquett Lake Town	Harmful Cyanobacteria Bloom	
	Wiquasquett Lake Yacht Club	Harmful Cyanobacteria Bloom	
Braintree	Smith Beach	Bacterial Exceedance	
Brewster	Upper Mill Pond	Harmful Cyanobacteria Bloom	
Concord	Walden Pond - Red Cross (DCR)	Other	
Danvers	Sandy Beach (Danvers)	Bacterial Exceedance	
Dartmouth	Hidden Bay	CSO/SSO event	
	Jones Town Beach North	CSO/SSO event	
	Jones Town Beach South	CSO/SSO event	
	Masses Smith Creek	Bacterial Exceedance	
Framingham	Learned Pond Beach	Bacterial Exceedance	
Granton	Shaw Lake Beach	Other	
Haverhill	Sand Pond	Harmful Cyanobacteria Bloom	
Haverhill	Plugs Pond	Bacterial Exceedance	
Holland	Collette Drive Beach	Bacterial Exceedance	
Kingston	Gray's (Kingston)	Bacterial Exceedance	
Lynn	Kings (DCR)	Bacterial Exceedance	
	Lynn Shore Beach (DCR)	Bacterial Exceedance	



Engagement: Governmental and External Partners for Informed Decision-Making



Commonwealth of Massachusetts
Executive Office of Health and
Human Services



ResilientMass



Environmental Justice Strategy



Health Sector

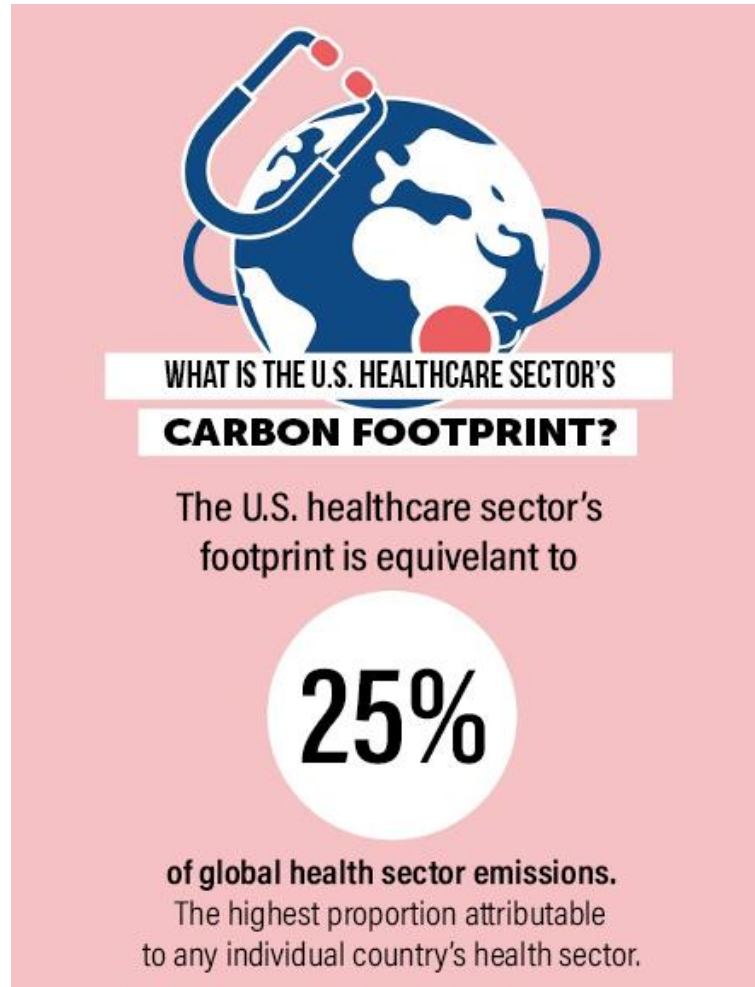
Local Health
Departments
and
Municipalities

IAQ and
Schools

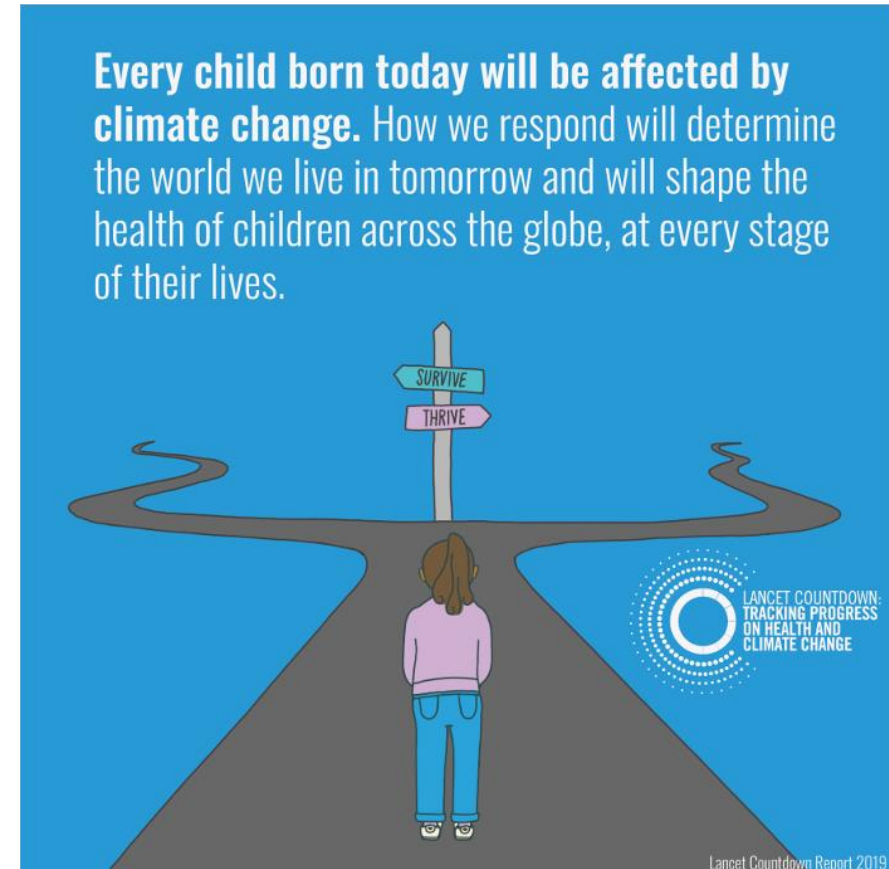
Correctional
Facilities

Native and
Tribal
Communities

Engagement: Health Care Sector

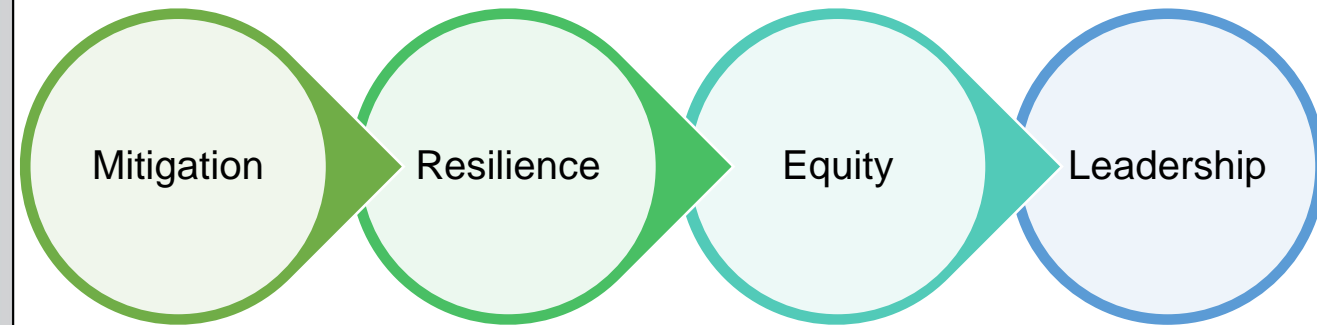
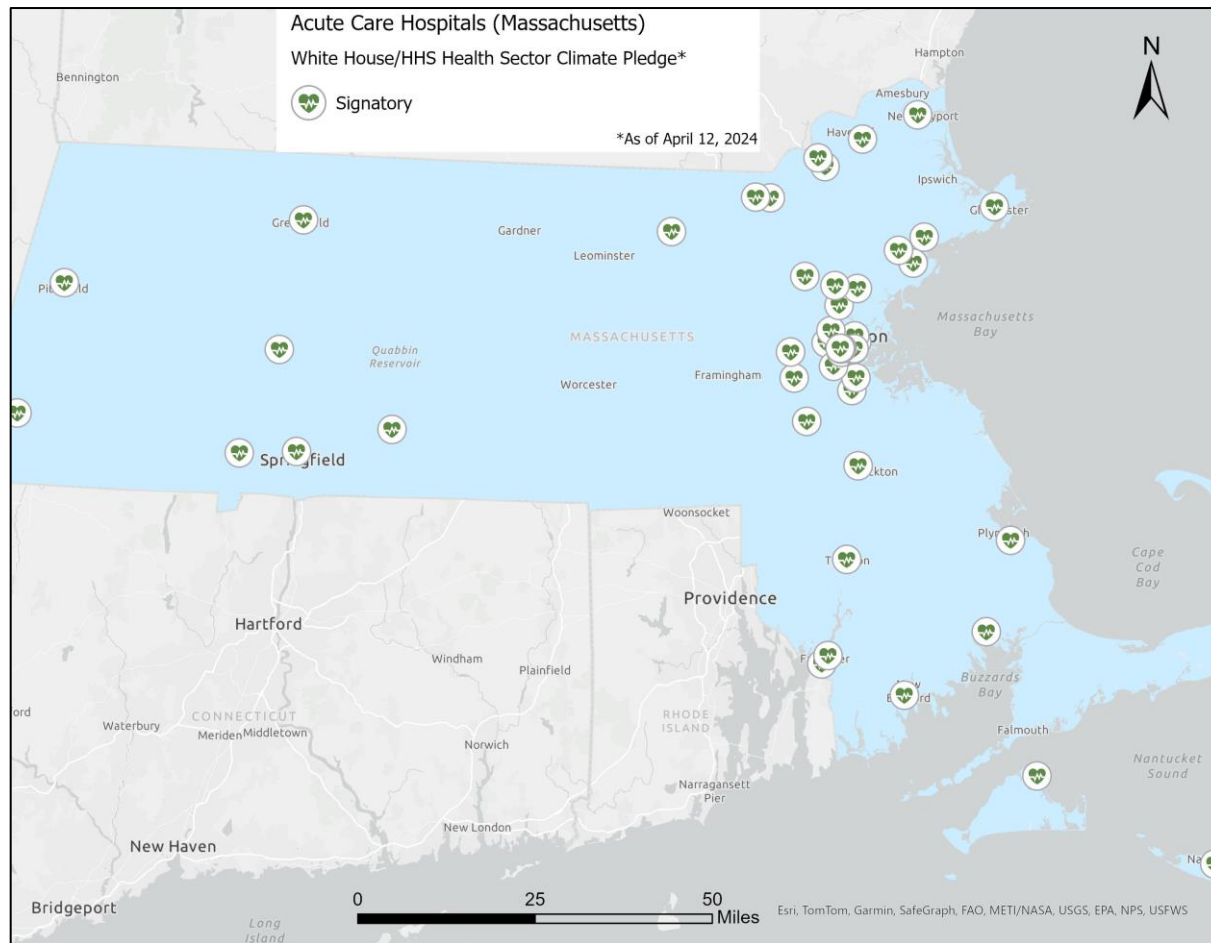


Adapted from Sources: Healthcare Without Harm and [nejm.org/doi/full/10.1056/NEJMp2115675](https://doi.org/10.1056/NEJMp2115675)



Source: Lancet Countdown Report 2019

Engagement: Reducing Healthcare's Own Carbon Footprint Healing Today, Sustaining Tomorrow



FUTURE HEALTH **BEST**
Practices for Advancing Care

Presented by the Massachusetts Medical Society and supported by
The New England Journal of Medicine | NEJM Catalyst | NEJM AI

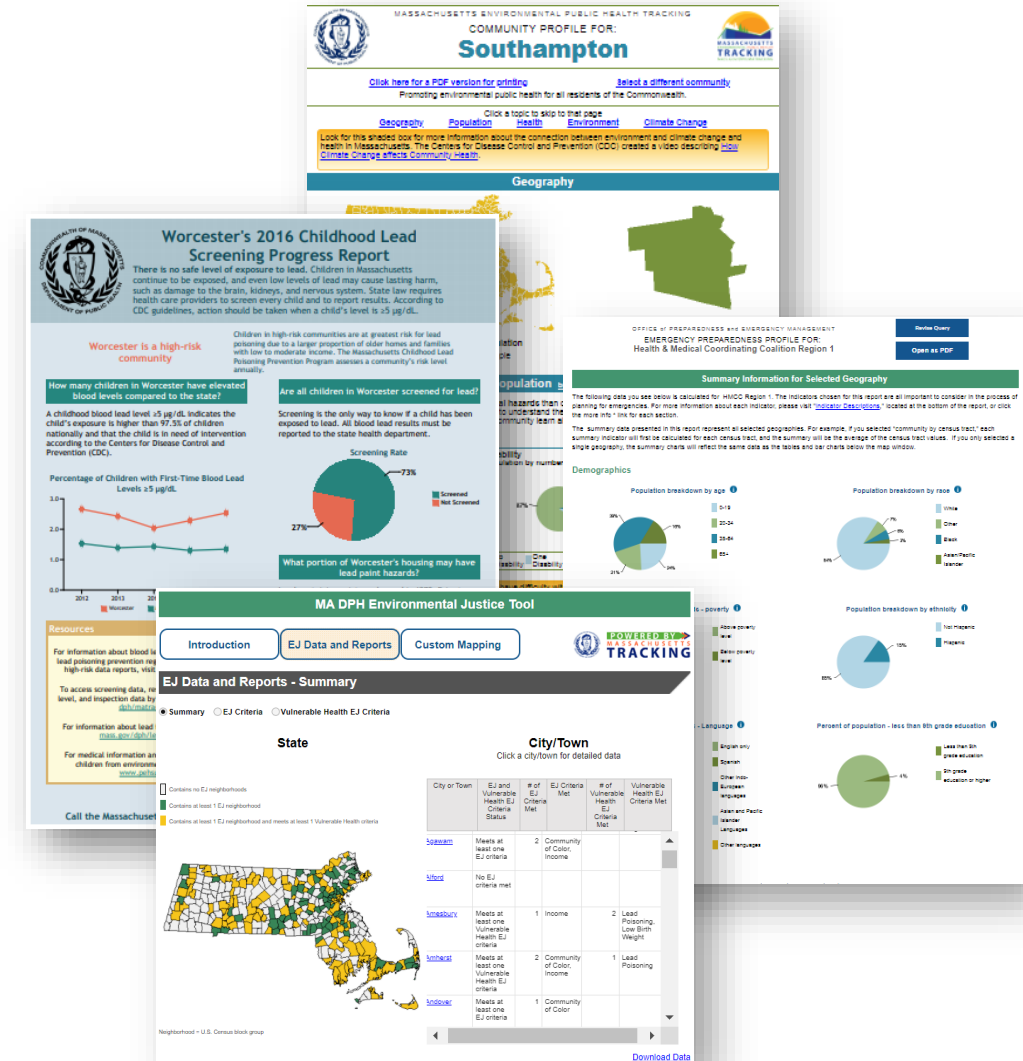
**The Impact of Climate Change
on our Patients and Health Systems**

Adapted from Data Source: U.S. Department of Health and Human Services, Health Sector Commitments to Emissions Reductions and Resilience
hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/actions/health-sector-pledge/index.html

Using Data for Planning, Infrastructure, and Policy

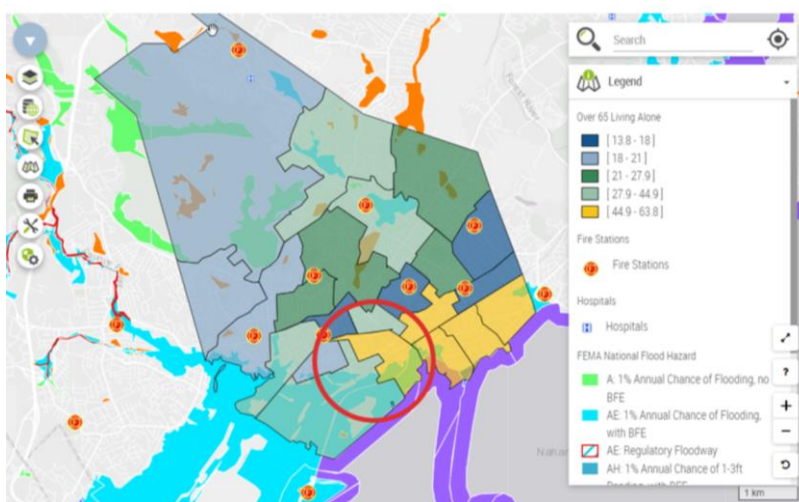
EPHT and Understanding Climate Change Health Impacts

- Assess community level health and environmental data with the **Climate Enhanced Community Profile**.
- Identify vulnerable populations with the **Emergency Preparedness Planning Population Tool**.
- Identify populations already burdened by environmental contamination and high levels of disease prevalence with the **Environmental Justice Tool**.
- Assess baseline health measures and evaluate trends over time with **MA EPHT dynamic data query tools**.

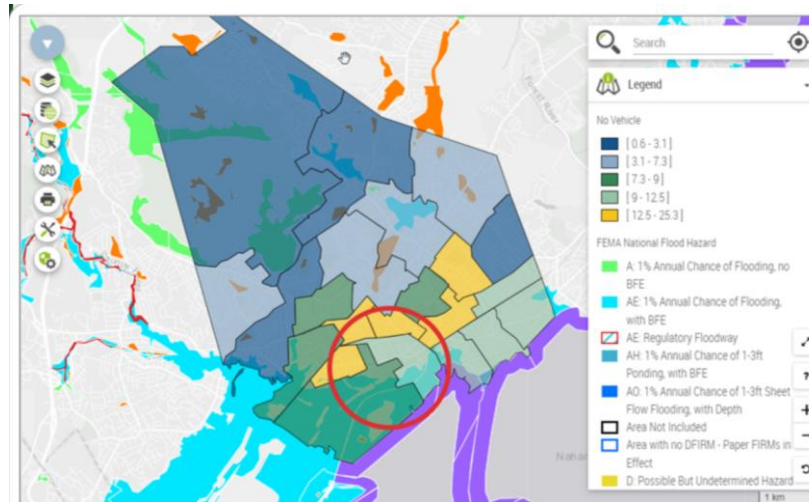


Using Data for Planning, Infrastructure, and Policy

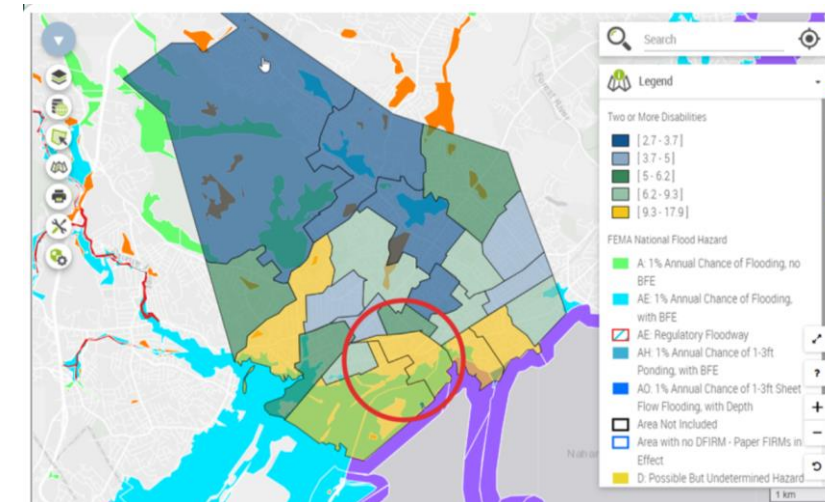
The Power of Mapping: Identifying Vulnerable Populations Emergency Preparedness Planning Population Tool Climate-Vulnerable Populations in Lynn and Flood Zones



65+ and Living Alone



No Vehicle



2+ Disabilities

Building Equity Into Climate Change Initiatives

Working with correctional facilities and jails on heat mitigation

Spring 2024:

- One-day hands-on training with Environmental Health & Safety officers (EHSOs) on inspectional procedures and heat mitigation
- Two virtual trainings on extreme heat and mitigation
- Heat advisory posting and email to EHSOs with follow-up to facilities

Summer 2024:

- Alerted EHSOs when extreme heat was forecasted
- Piloting a new Model Heat Plan and template report form to track heat events
- Hired a new Corrections Specialist



BCEH Climate Framework

Public Health Function	Core Climate and Health Strategy
I. Surveillance, Data Collection, Analysis and Research	a) Data infrastructure to collect, report and analyze data to inform climate policies, programs and planning
	b) Monitor threats and increases in scale of events to trigger public notification systems and outreach activities
II. Health Risk Mitigation	a) Develop, adopt and implement evidence-based climate and health policies and regulations
	b) Modify or increase existing program interventions to mitigate health risks exacerbated by climate hazards
	c) Adapt emergency plans and public notifications systems to address climate impacts
III. Public/Stakeholder Education and Engagement	a) Develop outreach channels and materials and tools on climate change hazards and health protections
	b) Engagement with partners and communities to inform climate strategies and effective reach of vulnerable populations
IV. Capacity Building and Sustainability	a) Address workforce knowledge gaps
	b) Support agency, state, and local climate integration

Some Future Climate and Health Initiatives

- Evaluate the Heat Education and Alert Tools and consider expansion to other climate stressors (flooding, extreme weather)
- Develop syndromic surveillance using emergency department data to track near real-time heat impacts on health
- Use death certificate data on main or contributing cause of death to evaluate extreme heat mortality
- Encourage climate resiliency in the health care sector
- Partner with MassHealth to expand climate resiliency resources for patients in the health sector
- Strengthen capacity to address health impacts of moisture and mold in public buildings (including schools)
- Continue trainings and develop outreach materials for municipalities, local health, and the public



Massachusetts Department of Public Health

Determination of Need: *Southcoast Health System, Inc.* *Transfer of Ownership*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

Southcoast Health System, Inc.

- Not-for-profit, integrated health care system that serves Southeastern Massachusetts and Rhode Island
- Charlton Memorial Hospital, Fall River with 328 licensed beds
- Saint Luke's Hospital, New Bedford with 391 licensed beds
- Tobey Hospital, Wareham with 68 licensed beds

Background Information – cont.

Same Day Surgicare of New England, Inc.

- SDS opened in 1984, and is the first freestanding, licensed multi-specialty ambulatory surgery center (“ASC”) in MA
- 4 operating rooms /4 procedure rooms/Medicare certified ASC
- Prior to 2022 SDS was wholly owned by physician partners
- Since 2022, SDS became a joint venture between its physician partners and by Southcoast Health Surgical Holdings, LLC, a corporate subsidiary of the Applicant

Proposed Project Description

- SDS individual physician stockholders wish to wind down their practice and retire
- Clinical and operational infrastructures have not undergone necessary updates due to financial constraints of SDS
- With the Proposed Project, Southcoast proposes to acquire the remaining 51% ownership of SDS, following all regulatory approvals, constituting a transfer of ownership
- No change or expansion of services associated with this application

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. Need to maintain and improve access to ASC services for SDS's patients in light of the retirement of the SDS physician stockholders and other medical staff.
2. Need for financial resources to replace clinical staff, and upgrade equipment.
3. Need access to lower cost ASC services for Southcoast patients whose procedures are currently performed in a hospital and need access to address projected regional demand among all specialties going forward.

Factor 1: Patient Panel Need Analysis – cont.

4. Need to improve access to and management of patients enrolled in ACO and Public Plans.
5. Need to address the increasing demand for ASC services by the aging population.

Factor 1: Patient Panel Need Analysis

1. Need to maintain and improve access to ASC Services for SDS's patients in light of the retirement of the SDS physician shareholders and other medical staff
- Shortage of Anesthesiology providers
 - Post COVID departures of surgeons, proceduralists and support staff
 - Initial plan includes increasing Gynecology, Pain Management and Orthopedic procedures as well as transferring appropriate Gastroenterology patients to SDS

Factor 1: Patient Panel Need Analysis – cont.

2. Need for financial resources to replace clinical staff and upgrade equipment
 - The Applicant reports that independently, SDS cannot afford to recruit a full complement of anesthesia, surgical and clinical providers.
 - As a result of the loss of general surgery and orthopedic cases, the surgical equipment and instruments at SDS have not been upgraded and SDS does not independently have the resources to invest in upgrades for both general surgery and orthopedics.

Factor 1: Patient Panel Need Analysis – cont.

3. Need to access to lower cost ASC services for Southcoast patients

- The Applicant estimates that more than 33,000 patients (9,000 in FY21, in 11,400 FY22, and 12,600 in FY23) may have been eligible to have their surgical procedure at an outpatient facility, such as SDS.

Factor 1: Patient Panel Need Analysis – cont.

Service Line	2022 Volume	2027 Volume	2032 Volume	5 Yr. Growth	10 Yr. Growth
Spine	443	656	866	48.0%	95.4%
Pain Management	2,812	3,529	4,099	25.5%	45.7%
Orthopedics	12,632	14,587	16,286	15.5%	28.9%
Vascular	3,201	3,704	4,112	15.7%	28.5%
Ophthalmology	8,286	9,511	10,581	14.8%	27.7%
General Surgery	1,484	1,684	1,868	13.5%	25.9%
Gastroenterology	4,437	4,960	5,326	11.8%	20.0%
Podiatry	1,513	1,658	1,790	9.6%	18.3%
Neurosurgery	362	386	417	6.5%	15.2%
Trauma	895	944	998	5.5%	11.4%
ENT	10,379	10,810	11,246	4.1%	8.4%
Dermatology	5,515	5,743	5,934	4.1%	7.6%
Urology	6,328	6,596	6,752	4.2%	6.7%
Cosmetic Procedures	4,173	4,322	4,344	3.6%	4.1%
Gynecology	2,567	2,583	2,644	0.6%	3.0%
Thoracic Surgery	103	106	105	3.3%	2.0%

Factor 1: Patient Panel Need Analysis – cont.

4. Need to improve access to and management of patients enrolled in ACO and Public Plans
 - Southcoast Health Networks integrated care navigation program
 - Payer Mix- higher rate of patients covered under public plans
 - Improved coordination of care and medical management of needed services in a lower cost setting

Factor 1: Patient Panel Need Analysis – cont.

5. Increasing need for ASC services by the aging population

- From 2015 to 2035, the state's 65+ population is projected to increase at a higher rate compared to all other age groups (from 15.8% in 2015 to 23% in 2035).
- There are many age-related conditions that may lead to surgery. The Applicant highlights three surgical specialties that one or both entities serve: Digestive Health, ENT, and Orthopedics.

Factor 1: Patient Panel Need Analysis – cont.

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

Public Health Value: 1. High quality services. 2. Lower rates of revisits/infections. 3. Enhanced convenience and satisfaction.

Assurances of Health Equity: 1. Language access initiatives. 2. Systems and dedicated staffing to advance health equity.

Factor 1: Patient Panel Need Analysis – cont.

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

- Transition to the Southcoast EMR
- Access to care coordination initiatives

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

High Quality Care in a Low-Cost Setting

Shifting clinically appropriate cases from a Hospital Outpatient Department to the ASC

Reimbursement rates for procedures performed in ASCs are approximately 60% lower for the same outpatient procedures performed in a hospital setting

Factor 2: Improved Public Health Outcomes – Analysis

Increasing access to freestanding ASC care

Improved patient experience and satisfaction

Limiting the impact of cost of care

Factor 2: Delivery System Transformation – Analysis

- Payer Mix
- Services that support Social Determinants of Health

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: Financial Feasibility and Reasonableness of Expenditures and Costs – Analysis

Based upon its review, the CPA concluded that the Prospective Financial Schedules are based upon reasonable and feasible assumptions and determined that the SHS Prospective Financial Schedules are a reasonable expectation and based on feasible and sustainable financial projections which are not likely to have a negative impact on the patient panel or result in a liquidation of assets of the Applicant.

Factor 5: Relative Merit and Factor 6 Community Health Initiatives

Transfers of Ownership are exempt from Factor 5 and Factor 6

Other Conditions

- Annually, for both Southcoast (outpatient) and SDS, the applicant will report the following:
 - Surgical volume by specialty
 - Surgical payer-mix
 - Surgical patients by race and ethnicity
 - Surgical volume by age
- Participation in MassHealth

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 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

The 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

Public Comment to 105 CMR 721

The Department received comments from three respondents and recommends additional post-comment amendments to the regulation.

Final Amendments: Changes based on Comments Received

105 CMR 721.020(E) *Prescription Formats*

Summary of Pre-Comment Changes

- Exempts independent APRNs from the requirement to list a supervising practitioner on their prescriptions when issued, as they require no supervision; and

Summary of Proposed Final Amendment

- Replaces the term physician with qualified health professional, which is defined as “a physician, certified nurse practitioner, psychiatric nurse mental health clinical specialist or certified registered nurse anesthetist authorized to supervise prescriptive practice pursuant to M.G.L. c. 94C, § 80H and applicable regulations by the Board of Registration in Nursing”.
- Broadens authorization for supervised independent prescriptive practice, addressing feedback, and aligning the regulation with 244 CMR 4.07.

Final Amendments: Changes based on Comments Received

105 CMR 721.020(E) *Prescription Formats*

Summary of Pre-Comment Changes

- Clarifies that a pharmacist may dispense an APRN's prescription that lists no supervisor, with no additional responsibility to verify the APRN's independence.

Summary of Proposed Final Amendment

- Removes the broad authorization for pharmacists not to verify a prescriber's independence, as a simple verification method exists through the Massachusetts Controlled Substance Registration Program.
- The Department will issue guidance on appropriate verification process.

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

The 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).

Public Comment to 105 CMR 722

- The Department received two comments from one respondent, which were supportive of the amendments and informative in nature.
- As a result of the public comments received, DPH does not recommend any further amendments to the regulation.

Next Steps

- Following approval of these regulations by the Public Health Counsel, staff will file the regulations with the Secretary of the Commonwealth for promulgation.

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:
October 9, 2024**