**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of September 13, 2017**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: Wednesday, September 13, 2017 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH
   3. Record of the Public Health Council August 9, 2017 Meeting **(Vote)**
2. **DETERMINATION OF NEED**
3. Request to approve delegation of certain Determination of Need applications **(Vote)**
4. **FINAL REGULATIONS**
5. Request for final promulgation of proposed amendments to 105 CMR 460.000, *Lead Poisoning Prevention and Control* **(Vote)**
6. Request for final promulgation of proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs* **(Vote)**
7. **INFORMATIONAL PRESENTATIONS**
8. 2017 State Health Assessment Process and Update
9. Informational presentation on Serious Reportable Events in 2016
10. Informational presentation on Healthcare Associated Infections in 2016
11. Informational presentation on Healthcare Personnel Influenza Vaccination in 2016

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

**Public Health Council**

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, September 13, 2017

**Beginning Time:** 9:16AM **Ending Time:** 11:47AM

| **Board Member** | **Attended** | **Record of the Public Health Council August 9, 2017 Meeting (Vote)** | **Request to approve delegation of certain Determination of Need applications (Vote)** | **Request for final promulgation of proposed amendments to 105 CMR 460.000, *Lead Poisoning Prevention and Control* (Vote)** | **Request for final promulgation of proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs* (Vote)** |
| --- | --- | --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes | Yes | Yes |
| Edward Bernstein | Absent | Absent | Absent | Absent | Absent |
| Lissette Blondet | Yes | Abstain | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes | No | Yes | Yes |
| Harold Cox | Yes | Yes | Yes | Yes | Yes |
| John Cunningham | Ye | Abstain | Yes | Yes | Yes |
| Michele David | Yes | Yes | No | Yes | Yes |
| Meg Doherty | Yes | Yes | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes | Yes | Yes |
| Paul Lanzikos | Yes | Yes | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Abstain | Yes | Yes | Yes |
| Secretary Francisco Ureña | Absent | Absent | Absent | Absent | Absent |
| Alan Woodward | Yes | Yes | Yes | Yes | Yes |
| **Summary** | **11 Members Present, 2 Members Absent** | **8 Members Approved, 2 members Absent, 3 member abstained** | **11 Members Approved, 2 members Absent** | **11 Members Present, 2 Members Absent** | **11 Members Present, 2 Members Absent** |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, September 13, 2017 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos and Alan Woodward, MD.

Absent member(s) were: Edward Bernstein, MD and Secretary Francisco Ureña

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:16 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

**Updates from Commissioner Monica Bharel, M.D., MPH**

Ms. Prates Ramos arrives at 9:19am and Ms. Blondet arrives at 9:21am.

The Commissioner began by informing the Council that September is National Preparedness Month. Part of our emergency management role as a Department is to ensure our communities are safe, healthy, and ready for emergencies. To that end, the Department is re-launching the statewide “Know Plan Prepare” campaign to encourage Massachusetts residents, families, and communities to make plans and prepare for public health and medical emergencies, threats, and disasters. As in the past, we will be reaching residents through a combination of TV spots and an online/digital campaign, including social media ads. The Commissioner thanked staff from the Office of Preparedness and Emergency Management for all of their efforts encouraging all Commonwealth residents to prepare for the unexpected. To view more campaign resources visit, **mass.gov/KnowPlanPrepare.**

Next, Commissioner Bharel announced that Elizabeth Chen joined our team as Assistant Commissioner for Health Care Licensing and Quality Improvement. She will provide senior leadership and work with the Bureau of Health Care Safety and Quality, the Bureau of Health Professions Licensure, and the Determination of Need Program. Dr. Chen has over 30 years of experience in health care and management, with a history in health services research, health professions education, and biotech/pharma. She was the President of the New England College of Optometry, educating 450 graduate students and employing over 300 staff. The Commissioner invited the Council to join her in welcoming Elizabeth.

Commissioner Bharel also informed the Council that Natalie Nguyen Durham has been officially appointed as the Director of the Office of Data Management and Outcomes Assessment. Ms. Nguyen Durham has been serving as Interim Director of DMOA since December 2016 and has played a key role in coordinating the quarterly opioid reports. Additionally, Jana Ferguson has been named Director of the Bureau of Environmental Health. Prior to this role, Ms. Ferguson served as Deputy Director for the Bureau. She brings over 25 years of experience in public health to her new role and has demonstrated that she is ready to provide strong and collaborative leadership to the Bureau of Environmental Health.

In addition to September being Preparedness Month, it is also Recovery Month – an important month of awareness for the Department of Public Health and particularly our Bureau of Substance Addiction Services. There will be events throughout the state in September, and the Commissioner announced that Governor Baker and Secretary Sudders will be attending the annual Recovery Day Event on September 20 in Boston. This is an event hosted by the Massachusetts Organization for Addiction Recovery, and provides an inspirational message about the hope and promise of recovery.

That hope and promise of treatment and recovery is really an important part of what drives us as a Department as we continue our comprehensive response to the opioid epidemic.

In closing out her updates, Commissioner Bharel shared some of the latest data that the Department has released over the past month analyzing the epidemic in Massachusetts.

Following her presentation, the Commissioner asked the Council if they had any questions regarding her updates.

Mr. Lanzikos asked a clarifying question on the population of Massachusetts resident’s diagnosed with a mental illness.

Commissioner Bharel informed him that the data in her presentation refers to those on MassHealth.

Dr. Woodward asked whether they are finding individuals overdosing from fentanyl laced heroin or pure fentanyl.

Commissioner Bharel informed him that the toxicology report just shows the presence of fentanyl and heroin but doesn’t attribute the death to a specific one.

With no further questions, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council August 9, 2017 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the August 9, 2017 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Dr. Woodard made the motion and Mr. Lanzikos seconded it. All present members approved except Ms. Blondet, Dr. Cunningham, and Ms. Prates Ramos who all abstained as they were not present at the August 9th meeting.

**2. DETERMINATION OF NEED**

**a. Request to approve delegation of certain Determination of Need applications (Vote)**

Commissioner Bharel invited Rebecca Rodman, Deputy General Counsel, to the table to request approval from the Council to delegate review and approval of certain DoN applications.

Upon the conclusion of Ms. Rodman’s presentation, the Council was asked if they had any questions.

Mr. Lanzikos asked if Long Term Care Facility projects valued over $3 million will be delegated.

Ms. Rodman replied that with the new regulations, the Council will have all Long Term Care projects valued over $3 million brought before them.

Mr. Lanzikos then requested that reporting be included in the Commissioner’s updates.

Ms. Rodman replied that a list of pending applications is included in their packets. She suggests that they include information on projects that have been delegated in their packets and if they have any questions it can be addressed during the meeting.

Dr. David inquired if the Council can request more information once a delegation has been made.

Ms. Rodman replied that if the Council had concerns they can ask for a vote to rescind the delegation. For an individual project, that has already been determined, they can ask questions. She also reminded them that there will be annual reports as well.

With no further questions, the Commissioner asked if there was a motion to approve delegated review and approval of applications for the following DoN required Equipment: PET, CT, and MRI.

Mr. Lanzikos made the motion, Dr. David seconded it. All present members approved.

**3. FINAL REGULATIONS**

**a. Request for final promulgation of proposed amendments to 105 CMR 460.000, *Lead Poisoning Prevention and Control* (Vote)**

The Commissioner then invited Terry Howard, Acting Director for the Childhood Lead Poisoning Prevention Program within the Bureau of Environmental Health; Alicia Fraser, Assistant Director for the Bureau’s Environmental Epidemiology Program; and Jim Ballin, Deputy General Counsel for the Department, to present proposed amendments to 105 CMR 460.000: *Lead Poisoning Prevention and Control*.

Upon conclusion of their presentation, the Council was asked if they had any questions or comments.

Dr. David inquired as to whether it was possible for individuals to get lead poisoning from a gun range.

Ms. Howard replied that there is a potential for exposure in gun ranges.

Mr. Brindisi commented that only 10% of the homes in Massachusetts have been inspected for lead, given the fact that number of cases has plateaued, is there data that shows where the vast majority of cases comes from.

Ms. Howard replied that they have a high risk community algorithm that is used and applied to the data. It lists 18 communities where the vast majority of their cases come from. About 60% cases that fit the definition of lead poisoning come from those 18 communities.

Mr. Brindisi inquired to if those communities are more urban rather than rural.

Ms. Fraser informed him that they are and make up about 1/3 of the state’s population of children. She stated there is a large disparity amongst the cases in comparison to their makeup of the population (1/3 of the population yet 60% of lead cases).

Mr. Brindisi asked if they can explain the rationale behind lowering it from 25 to 10μg/dL.

Ms. Howard replied that over the past 10 years they have been offering services to children with blood levels over 10μg/dL and believe that by reducing the blood levels they can help more children who may have been exposed.

Dr. Woodward asked if they test soil around the dwelling when doing an assessment.

Ms. Howard replied that they test soil, water, paint, as well as alternative sampling.

Dr. Woodward asked if they often found high levels of lead in the soil rather than the paint.

Ms. Howard informed him that is almost always the paint in the house.

With no further questions, the Commissioner asked for a motion to approve proposed amendments to 105 CMR 460.000.

Dr. David made the motion, Ms. Blondet seconded it. All present members approved.

**b. Request for final promulgation of proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs* (Vote)**

Moving forward with the docket, Commissioner Bharel invited Sherman Lohnes, Director of the Division of Health Care Facility Licensure and Certification within the Bureau of Health Care Safety and Quality; Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau; and Alexandra Rubin, Deputy General Counsel for the Department, to present proposed amendments to 105 CMR 158.000, *Licensure of Adult Day Health Programs*.

Upon conclusion of their presentation, the Council was asked if they had any questions or comments.

Dr. Woodward asked how long can an LPN fill in for RN.

Ms. Nelson stated that it is anticipated to be a short period of time, such as sick time or vacation time.

Mr. Lanzikos inquired what are the other programs being aligned in regards to dietary services.

Ms. Nelson replied that there were comments on both sides with some wanting eliminate the dietary services entirely. ADHPs are a coordinated program and some require that there is biannual dietary review and many of the ADHP are very small with food brought in through a dietary service of brought in from home. The model allows for flexibility day services only.

Mr. Lanzikos replied that it is unfortunate that it is such a minimum standard.

With no further questions, the Commissioner asked for motion to approve proposed amendments to 105 CMR 158.000.

Dr. Cunningham made the motion, Dr. Woodward seconded it. All present members approved.

**4. INFORMATIONAL PRESENTATIONS**

**a. 2017 State Health Assessment Process and Update**

Commissioner Bharel informed the Council as part of the Department’s accreditation process, we have been working very hard to update our State Health Assessment. Antonia Blinn, Director of Performance Management and Quality Improvement for the Department, has led the charge for this effort. She invited Ms. Blinn to the table to give you an update on that process. She also invited Natalie Nguyen Durham, Director for the Office of Data Management and Outcomes Assessment to the table as well.

Following Ms. Blinn and Ms. Nguyen Durham’s presentation, the Council was asked if they had any questions or comments.

Dr. David asked if the increased number of Hep C cases is due to the increased number of testing or the actual number of cases.

Commissioner Bharel replied that they can confer with the State Lab to see if there is an increased number of tests done each year.

Mr. Brindisi asked how they planned on distributing the link to the public to get feedback.

Ms. Blinn informed him that they plan on utilizing the Statewide Partnership Advisory who will then forwarded to the link to their networks. It will also be posted on the DPH website.

Mr. Brindisi asked if there was any consideration in using the Health and Homeland Alert Network.

Commissioner Bharel and Ms. Blinn informed Mr. Brindisi that for this draft they are hoping to engage a specific community, however, once feedback is received they may use other resources to assure that it is reached far and wide.

Dr. Woodward asked if reaccreditation in 5 years means that Massachusetts will have to reapply in 2022.

Ms. Blinn replied that that is correct. Documents need to be less than 5 years old and therefore documentation, like the SHA, will be updated in time to comply with reaccreditation.

Ms. Blondet commended them for their work and suggested having CHW give feedback to specific sections rather than the entire data set. She offered to help them get feedback from the CHW community.

Dean Cox asked if the Department has been accredited or if the SHA has to be completed before accreditation.

Ms. Blinn informed him that the SHA needs to be completed before accreditation and that we’d learn if they are accredited by January 2018.

Mr. Brindisi asked if they have to update the SHIP since the SHA has been updated.

Commissioner Bharel and Ms. Blinn stated that for this round of accreditation we do not but as a Department we will move towards updating the SHIP.

Commissioner Bharel then asked if there were any further questions. Seeing none, she proceeded with the docket.

**b. Informational presentation on Serious Reportable Events in 2016**

Commissioner Bharel then invited Dr. Katherine Fillo, Director of Clinical Quality Improvement for the Bureau of Health Care Safety and Quality, and Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau, to present on Serious Reportable Events in 2016.

At the conclusion of the presentation, the Council was invited to ask questions.

Dr. Kneeland inquired as to whether this would include the closing of Westwood Lodge.

Dr. Fillo replied that this health care facility is not licensed by DPH but is licensed by DMH and overseen at the federal level by the Centers for Medicaid and Medicare Services and so SREs at this facility would not be included in the presentation.

Dr. David asked if there would be reportable events from ambulatory services.

Dr. Fillo informed her that these are a specific subset of Serious Reportable Events. Clinics are subject to reporting serious incidents to the Department and we have language and guidance about what needs to be reported. She went on to state that individual physician practices that are outside of a clinic are not licensed by the Department and would not be subject to these particular regulations.

Dr. David asked if serious incidents could be brought before the Council.

Dr. Fillo replied that they can work with the Commissioner to make that happen.

Mr. Lanzikos asked if we maintain an aggregate report on such occurrences in licensed LTCF.

Dr. Fillo replied that they similarly collect serious incidents from LTCF and would investigate as appropriate and needed per regulations. The data is shared with stakeholders.

Mr. Lanzikos asked if there is an annual report.

Dr. Fillo replied that they typically do not compile an annual report but can discuss with the Commissioner.

Ms. Prates Ramos asked if there were any cross-reference done with reports received in MA and the QIO Livanta, specifically around the Medicare population.

Dr. Fillo replied that we do not cross-reference but occasionally, as circumstances warrant, receive communication on individual cases from Livanta as part of their regulatory process.

Dr. Woodward asked if they have a plan to address workplace violence.

Dr. Fillo informed him that there are state requirements for a workplace safety plan and each hospital is required to annually review that plan. We also work with colleagues such asthe Massachusetts Coalition for the Prevention of Medical Errors.

Dr. Woodward asked if there is a mechanism to disseminate information to all hospitals.

Dr. Fillo informed him that there is a listserv that hospitals are required to participate in.

Ms. Blondet leaves the room 10:52am returns at 10:59am.

**c. Informational presentation on Healthcare Associated Infections in 2016**

Commissioner Bharel then invited Dr. Alfred DeMaria, State Epidemiologist in the Bureau of Infectious Disease and Laboratory Sciences; and Eileen McHale, Healthcare Associated Infection Coordinator for the Bureau of Health Care Safety and Quality, to join Dr. Fillo at the table for a presentation on Health Care Associated Infections in Acute Care Hospitals in 2016.

At the conclusion of their presentation, the Council was invited to ask any questions.

Dr. Kneeland inquired if the definition of infection is standardized, for example, the definition of a UTI.

Dr. Fillo replied that the CDC has an extremely detailed definition for UTI which has helped to provide standardization across facilities.

Dr. Kneeland asked if the burden of disease is getting worse.

Dr. Fillo replied that in terms of number of events about 2300 in the acute care setting but also emphasized that they are gathering information for the long term care setting.

Ms. Doherty inquired about hip and knee replacements and how infections get reported when they patients are released in 24 hours.

Ms. McHale replied that the hip and knee replacement surveillance period is 90 days.

Ms. Doherty asked if home care is aware that this kind of monitoring is occurring.

Dr. DeMaria stated that if a person has a positive test in any laboratory in the state we receive that information.

Dr. Woodward asked what the definition of an event.

Dr. DeMaria stated it has to meet case definition which includes timing, positive lab etc.

Dr. David leaves room at11:15 returns at 11:24am

**d. Informational presentation on Healthcare Personnel Influenza Vaccination in 2016**

Mr. Lanzikos leaves and does not return at 11:26am

With no further questions, the Commissioner asked the Dr. DeMaria, Dr. Fillo, and Ms. McHale to present on Massachusetts health care personnel influenza vaccination rates in health care facilities for the 2016-2017 flu season.

Upon the conclusion of their presentation, the Council was invited to ask questions.

Dean Cox asked if they have data on who declined vaccinations and why they declined.

Ms. McHale replied that acute care setting hospitals have done a number of things to increase the number of those who accept influenza vaccinations. She stated there are a few misconceptions in regards to why people decline and how education would increase numbers.

Dean Cox asked if procedures, such as wearing masks, are required for those who decline.

Dr. Fillo replied that our regulations do not preclude a health care facility from making these types of individual organizational policies.

Dr. Woodward stated that it is incredible progress and noted that there no rationales for declining and discussed facilities that require those to wear masks.

With no further questions, the Commissioner reminded the Council that the next meeting is Wednesday, October 11, 2017 at 9AM. She then asked for a motion to adjourn. Dr. Woodward made the motion Ms. Prates Ramos seconded it. All present members approved.

The meeting adjourned at 11:47AM.