

**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of April 8, 2015**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor  
250 Washington Street, Boston MA**

---

**Docket: Wednesday, April 8, 2015 9:00 AM**

---

- 1. ROUTINE ITEMS:**
  - a. Introductions
  - b. Updates from Commissioner Monica Bharel, M.D.
  - c. Record of the Public Health Council Meeting March 11, 2015 **(Vote)**
  
- 2. DETERMINATION OF NEED (DoN) (Vote)**
  - a. Steward St. Elizabeth's Medical Center of Boston Approved DoN Project No. 4-3B98
  
- 3. LANGUAGE CLARIFICATION (Vote)**
  - a. Regulation Consolidation Project 105 CMR 500.000: *Good Manufacturing Practices for Food*
  
- 4. PRESENTATION**
  - a. Office of Health Equity Overview
  - b. Recent Successes Controlling HIV / AIDS in Massachusetts

*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**

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

**Date of Meeting:** Wednesday, April 8, 2015

**Beginning Time:** 9:14 AM

**Ending Time:** 11:35 AM

**Attendance and Summary of Votes:**

<b>Board Member</b>	<b>Attended</b>	<b>Item 1c Minutes of the March 11, 2015</b>	<b>Item 2a Vote on DoN – St. Elizabeth’s Medical Center of Boston</b>	<b>Item 3a 105 CMR 500.00 Good Manufacturing Practices for Food</b>
Monica Bharel	Yes	Yes	Yes	Yes
Edward Bernstein	Absent	Not Voting	Not Voting	Not Voting
Derek Brindisi	Absent	Not Voting	Not Voting	Not Voting
Harold Cox	Yes	Yes	Yes	Yes
John Cunningham	Yes	Yes	Yes	Yes
Michele David	Yes	Yes	Yes	Yes
Meg Doherty	Yes	Not Voting	Yes	Yes
Michael Kneeland	Yes	Yes	Recusal	Yes
Paul Lanzikos	Yes	Yes	Yes	Yes
Denis Leary	Absent	Not Voting	Not Voting	Not Voting
Lucilia Prates-Ramos	Absent	Not Voting	Not Voting	Not Voting
Jose Rafael Rivera	Yes	Moved	Yes	Yes
Meredith Rosenthal	Yes	Second	Yes	Yes
Elizabeth Scurria Morgan	Not Voting	Not Voting	Not Voting	Not Voting
Alan Woodward	Yes	Yes	Yes	Yes
Michael Wong	Absent	Not Voting	Not Voting	Not Voting
<b>Summary</b>	<b>10 Members attended</b>	<b>9 Approved with votes</b>	<b>9 Approved with votes</b>	<b>10 Approved with votes</b>

## 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 April 8, 2015 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor, Boston, Massachusetts 02108.

Members present were: Department of Public Health Commissioner Monica Bharel (chair); Harold Cox; Meg Doherty; Michael Kneeland, MD; John Cunningham PhD; Alan Woodward, MD; Paul Lanzikos; Michele David, MD; Meredith Rosenthal, PhD and Jose Rafael Rivera

Absent member(s) were: Edward Bernstein, MD; Derek Brindisi; Michael Wong, MD; Lucilia Prates-Ramos and Denis Leary

Also in attendance was Elizabeth Scurria Morgan, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:14 AM and made opening remarks before reviewing the agenda. The Commissioner's remarks included the following items:

Commissioner Bharel read a statement about medical marijuana and the updated application process that will likely be announced May 15, 2015. She then opened the floor for discussion.

Mr. Cox stated that the update on this policy is very helpful and he was glad to hear about these changes. There are things that should be reconsidered because aspects of the implementation need to be shifted and changed. As you are considering the issues, please think about the volume of marijuana that a patient can obtain. There is some question about 10 oz. Is it too much or too little? The second thing is a bit more complicated. Other states that have recreational marijuana and we don't know if this is the beginning of another trend. It's important for our state to be proactive in understanding what is going on in the other states. It's important to think about Massachusetts ramifications and the Medical Marijuana process in place."

Dr. David – "I'm hearing a lot of patients who are interested in the use of medical marijuana and I don't know how to answer them in my practice. Also, marijuana edibles are a concern. They look like regular candy and there are some concerns about children and the packaging around that."

Mr. Rivera – Thank you for continuing to use the correct terminology – marijuana for medical use.

Mr. Lanzikos – Will this change require a change to the regulations?

Commissioner Bharel – No regulatory changes need to be done.

Commissioner Bharel moved on to her second update regarding the Governor's Opioid Group. She states that there have been four listening sessions. People have been asking for access to more treatment, information, and prevention. It's been very helpful to have the public speak about these issues. The goal is to have some official recommendations out on this. I look for your guidance on this as well.

Commissioner Bharel's third and final update is on the regulatory pause. Pursuant to an order of the Governor, the Department was asked to do an intensive review on our regulations. The legal and policy teams are developing a work plan to review these over the next year. As this unfolds we'll be sure to update the members of the Public Health Council.

### 1: MINUTES (Vote)

- b. Record of the Public Health Council Meetings of March 11, 2015

Commissioner Bharel asked for a motion to approve the minutes from March 11, 2015. After no discussion, Mr. Rivera made a motion to approve the minutes and Dr. Rosenthal seconded. All voted in favor.

Ms. Doherty was not present at the time of this vote.

Ms. Doherty arrived at 9:21 AM.

### 2. DETERMINATION OF NEED (DoN) (Vote)

#### Mr. Kneeland recuses himself and departs the room at 9:29 AM.

- a. Steward St. Elizabeth's Medical Center of Boston Approved DoN Project No. 4-3B98

Bernie Plovnick, Director for the DoN program, presented the staff recommendation on Steward St. Elizabeth's Medical Center of Boston for a significant change to the approved DoN project #4-3B98, which is a request for significant change to complete the build out of shell space with two new inpatient units – a 20-bed adult medical/surgical unit and an 8-bed intensive care unit, as well as the creation of 2 additional operating rooms in space adjacent to the surgical suite that was previously occupied by the surgical intensive care unit.

Following the presentation, Commissioner Bharel opened the floor to discussion.

Dr. Rosenthal – Asked for clarification on why there have been so many changes to the DoN.

Mr. Plovnick – The DoN regulation was changed in 2008 to require Public Health Council approval of an amendment to an approved DoN involving the build out of shell space.

Dr. Rosenthal – Questioned the necessity of bringing this back to Council because there wasn't a whole lot of new information.

Dr. Woodward – Asked about the rationale of the medical/surgical beds.

Mr. Plovnick – Initially, the Hospital was planning to increase the number of private patient rooms by building new private rooms and converting existing 2-bed rooms to private rooms. Seeing its occupancy increasing, the Hospital has opted to build the new private rooms but retain the existing 2-bed rooms, thus increasing the bed complement by 20 medical/surgical beds.

Mr. Lanzikos – Asked what steps have been taken to optimize what's already built or will be built? How much thought is given on what may be happening in the future for different uses?

Mr. Plovnick – Those questions would be best answered by the applicant.

Mr. Cunningham – Wanted to confirm the numbers of the critical care beds. Did they go from 24 to 28?

Mr. Plovnick – Confirmed it would go from 28 to 36.

St. Elizabeth's Team joins the table.

Dr. Roger Mitty, Interim President  
Regulatory Counsel, Andy Levine  
Michael Collins, Chief Administrative Officer

Dr. Mitty: Infection Control – We find ourselves closing more rooms because of infection control so it inhibits us from full utilization of both beds in double rooms. This year we have turned away 70 patients because all available beds were occupied. We spend a greater deal of time on scheduling. Are looking at possibility of keeping ORs open for more hours, including on Saturday's.

Dr. Woodward – Asked, after the expansion how many would be private room vs. double rooms?

Mr. Collins – 52 singles.

Dr. Woodward - In essence, you still may not have enough private rooms?

St. Elizabeth's - There were days we were just about full and some days it was because of constriction of available beds due to infection control or other circumstances.

Dr. Woodward – Noted that the schedule has a huge impact on flow of the institution.

After no additional comments or questions, Commissioner Bharel asked for a motion to approve the significant change amendment to DoN Project No. 4-3B98 for Steward St. Elizabeth's Medical Center of Boston. Dr. Woodward made a motion to approve the DoN and Mr. Lanzikos seconded. All voted in favor.

### **3. LANGUAGE CLARIFICATION (Vote)**

- a. Regulation Consolidation Project 105 CMR 500.000: *Good Manufacturing Practices for Food*-Request for clarifying language

Suzanne Condon, Director, Bureau of Environmental Health reviewed the regulation consolidation project 105 CMR 500.000: Good Manufacturing Practices for Food approved by the Council in October, 2014 alongside Michael Moore, Director of the Food Protection Program. The purpose of the review with the Council was to request clarifying language be added prior to submitting the final regulations to the Massachusetts Register.

#### **9:50 AM Michael Kneeland returns.**

Dr. Woodward – The version we got said, "sea water..." is that the current language? It's the approved 2014 language. He suggested keeping the language found in the approved 2014 regulation given that the reverse might cause confusion

Ms. Condon – The goal is to be as crystal clear as possible. The vast majority of industry members are holding live lobsters appropriately. Thus the burden would be on the small number of industry members that are using sea water from sources that raise concern for other purposes. We'll do something in the technical guidance document.

Mr. Cunningham – Notes that he approves of the newer language because it shifts the burden to the Department and not the industry.

Dr. David – Notes that the way the sentence reads now, just doesn't make sense to her.

Ms. Condon – To clarify - For every licensee that holds lobsters in tanks – it's ok to do that, but if there are other reasons to have that marine water, then you need to check.

After no additional comments or questions, Commissioner Bharel asked for a motion to approve the language clarification for Regulation Consolidation Project 105 CMR 500.00: Good Manufacturing Practices for Food. Mr. Lanzikos made a motion to approve Regulation Consolidation Project 105 CMR 500.00: Good Manufacturing for Food and Dr. Rosenthal seconded. All voted in favor.

#### 4. PRESENTATIONS:

##### a. Office of Health Equity Overview

Georgia Simpson May, Director, Office of Health Equity presented on the Office of Health Equity – A Department – wide Resource..

At the conclusion of the presentation, Commissioner Bharel opened up the floor for questions.

Mr. Rivera – When you talk about people with limited English, do we consider people who are illiterate?

Ms. Simpson May – I don't have the answer, but I so appreciate that question.

Samuel Louis, Coordinator of Healthcare Based Interpreter Services, comes to the table.

Mr. Louis – It is not something that we have, but it is at the top of our conversations with managers of interpreter services.

Mr. Rivera – Many public libraries have literacy classes.

Mr. Lanzikos – More providers are hiring direct service staff. I agree with your big 10 list. I suggest an 11<sup>th</sup>. The ability to obtain food. You're really cut off if you're under 60. I'm glad to see about the work around the LGBT community. Please pay attention to the older members of that community. They continue to isolate because of their past. The University of Washington has some great work coming out about that.

Ms. Doherty – Cognitive disabilities...Impact of people not getting immunizations. There are no more free vaccines because we believe everyone has insurance now. What will that do to the numbers?

Kevin Cranston, Director, Bureau of Infection Disease adds – While adult vaccines are less than they used to be and we are relying on insurance, we do still send out some free vaccines, but they need to be priorities for individuals who are not insured.

Ms. Simpson May – This is one of the many areas the Office of Health Equity works with.

Mr. Cox – Had some comments and a question. Health status among people with disabilities – it's almost the same list we see when we look at the people who live in public housing in Boston. Primary issues among those individuals, mental health concerns, oral health, more smokers, tend to be woman. The data we see are very similar to what you are identifying. Also, Boston has a project that I encourage the department to use – how we collect hospitals by race / disease systems. We don't know the burden by race. I don't think the state is involved in that project, it's important. The 3<sup>rd</sup>, I'm wondering how we take it from being more reactive. Is there an opportunity to take this a step further to be proactive and not so reactive? Here's an opportunity. I speak to the Commissioner about this too. We want to achieve this in our state.

Ms. Simpson May – I wholeheartedly agree.

Commissioner Bharel – Georgia and I have had several conversations. It's a process that takes persistence and we've talked about exactly that. How to be proactive. What are the baseline and the sources of data? We need to do better on how we collect this data. We have to understand exactly what we're dealing with so we can work with the community. It all starts with having information at hand.

Ms. Simpson May – The immunization Equity Initiative was just that. We are going to try modeling that approach. That was our end goal. What do we want to achieve and how are we going to achieve it? How can we do this in other areas?

Dr. Woodward – Immunization – Figure out what you're doing right and why it worked. I love the poster from Steward. I feel like it could be distributed and be a benefit. Your survey methodology, moving to electronic surveys may give even more skewed data because they may not be computer literate. How can people who are illiterate be computer literate?

Ms. Simpson May – Health Needs Assessment – we have individuals available to go through the survey with people who ask for assistance. Healthcare Based Interpreter Services data, which is what I think you’re referring to, is entered by the coordinators and managers of interpreter services at the organizations, they input the data.

Dr. Woodward – How do we get more proactive and move upstream in public health? Very much disparity focused.

b. Recent Successes Controlling HIV / AIDS in Massachusetts

Kevin Cranston, Director of Bureau of Infectious Disease, presented on recent successes controlling HIV / AIDS in Massachusetts alongside Betsey John, Director of HIV/STD Surveillance in the Bureau of Infectious Disease.

At the conclusion of the presentation, Commissioner Bharel opened up the floor for questions.

Mr. Cox – Please clarify what engaged in care is.

Kevin Cranston brings Betsey John, Director of HIV/STD Surveillance up to the table.

Ms. John – Engaged in care means we received one laboratory result; retained in care means we received more than one laboratory result.

Dr. David – I feel we’ve been a victim of our success. I don’t see prevention against young people and young people of color.

Mr. Cranston – We’ve seen health education in schools eroding. And other priorities have emerged. When things get better, attention wanes. I don’t have a perfect answer for you. It’s not the same as the early 80s and 90s. I’m open to suggestions. How best to appropriately dramatize HIV?

Mr. Rivera – I’m concerned that there is still a population that isn’t getting it. Some men don’t identify with gay, or even bi-sexual. I’m wondering if the Department has spoken with this community.

Mr. Cranston – We have spoken about specific behaviors. If you do this...they identify better. Men who have sex with men have high condom use. It’s not enough. That’s why we are trying to come at it in both directions.

Mr. Lanzikos – The groups coming from underprivileged backgrounds had more access to condoms, but by the time they got to freshman year, they unlearned these behaviors. Privileged kids felt safer or perhaps they felt they weren’t exposed to the risk.

Mr. Cranston – Black men and woman in MA are also excellent condom users. This is largely a result of cultural learning. I can’t fully explain why socio economic class effects perception of risk. We don’t do a lot of work at the college university level.

Dr. Woodward – This is an incredible success. How do we leverage the media to get the message to certain populations?

**11:18 AM Cunningham departed.**

Mr. Kneeland – Individuals who are not in the healthcare system to get screening (?)

Mr. Cranston – Yes, CDC recommends it at least once a year and more if they are behaving in risky behaviors.

Mr. Cox – Notes there is an important link between the Office of Health Equity and the Bureau of Infectious Disease. How do you target funding?

Mr. Cranston – First is geographic, then by risk population, and finally by type of intervention. State dollars are very flexible. The emerging science is what directs us.

Mr. Cox – Our data is not different here vs. other NE states. Health disparities exist nationwide.

**Kneeland departed at 11:30 AM.**

Commissioner Bharel asked for a motion to adjourn. Mr. Rivera made a motion to adjourn and Ms. Doherty seconded. All approved.

The meeting adjourned at 11:35AM on a motion by and passed unanimously without discussion.

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

1. Docket of the meeting
2. Minutes of the Public Health Council meeting of March 11, 2015.
3. DoN Pending Projects
4. DoN Memorandum on Steward St. Elizabeth’s Medical Center of Boston – Approved DoN Project No. 4-3B98
5. Memorandum on Technical Clarification to 105 CMR 500.00: Good Manufacturing Practices for Food

6. Copies of all power point presentations (emailed upon conclusion of the meeting)

---

Commissioner Monica Bharel, Chair