



**MINUTES FOR THE MEETING OF THE BOARD OF THE  
BOSTON PUBLIC HEALTH COMMISSION  
Wednesday, February 14, 2018**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Wednesday, February 14, 2018, in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

**Board Members Present:**

Francis J. Doyle, Esq., Chair; Monica Valdes Lupi, JD, MPH, Executive Director; and Assistant Dean Harold Cox.

**Also Present Were:**

Thea Patterson, Lucy Ghitar, Angela Hindery, Taryn Hojlo, Amanda Martin, PJ McCann, Puneet Sharma, Anne McHugh, Marjorie Nesin, Bradley Cohen, Jen Jaeger, Gerald James, Devon McCarley, Heather Gasper, Katie Donovan, Tim Harrington, Martha Farlow, Marty Martinez, Leon Bethune, Paul Shoemaker, Charles Alpern, Shannon Coveny, Latonia Lee, Joe Lomuscio, Debra Paul, Rita Nieves, Rory Moore, Franciso Covin-Dezso, Dan Dooley, Gerry Thomas, Grace Connolly, Chief Jimmy Hooley, Fritz Gustave, Catherine Cairns, and Kathy Hussey.

**Proceedings:**

**Chairman's Comments**

*Francis J. Doyle, Esq*

- The meeting was called to order by Mr. Doyle at approximately 4:03 pm.
- Welcome. We will be talking tonight about issues discussed in previous meetings. But first, we'll get a report on what's happened over the past 12 months so that we can structure our own thoughts as we continue on in the current year. Monica will share highlights from 2017 and other announcements. We'll also hear about our marijuana legislation and how that's going as well as how the state commission and their work is proceeding. And we'll also get an update on the flu season. I'll turn this over to Monica.

**Acceptance and Approval of January 14, 2017 Minutes**

*Board Members*

- Unfortunately, we do not have a full quorum tonight, so we are unable to vote on the January board meeting minutes.

**Report from the Executive Office**

*Monica Valdes Lupi, JD, MPH*

*Executive Director, Boston Public Health Commission*

- I wanted to briefly touch on sexual harassment and sexual assault as it is in the center of our collective attention. In your packets, you will find a copy of the Commission's Sexual Harassment Policy.

All new hires at the Commission attend a two-day onboarding in which they are trained on the Commission's Anti-Discrimination, Harassment and Retaliation and Sexual Harassment policies.

Employees also sign and return a form acknowledging that they have received and read the Employee Handbook, including these policies.

For existing employees, the Commission distributes copies of the Commission's Anti-Discrimination, Harassment and Retaliation and Sexual Harassment policies as well as the Conflict of Interest Policy for Municipal Employees every two years. All employees are also required to sign and submit an acknowledgment form attesting that they have received and read these policies. We conducted a distribution starting in December and have received approximately 94% of the acknowledgment forms to date (this count excludes EMS, which will be completing during their current training cycle).

Reporting and investigation procedures are outlined in the policies. Investigations are typically referred to and completed by the Office of Labor and Employment.

While I believe these are important safeguards to have in place as an organization, I am certain there is more that can be done. To that end, staff are reviewing the policy to identify any areas for improvement and to identify opportunities for improved trainings.

We of course welcome feedback from members of the Board to make sure we have the appropriate protections and supports for our staff.

Frank wanted to know how recent the version of the policy was. PJ stated the latest version is from November 2016.

- **BPHC in the News.** Thank you. I'm excited to share that our *Health of Boston* report was released officially last week. Thanks to the Board for your support and guidance as we've developed this edition of Health of Boston. We did redesign it and added community perspectives. We also worked hard to ensure that the language of the report was plain and accessible. You each will get a copy of this and it has been in the press a lot.

We're currently working with the BPHC and City Hall communications team to share the report widely and roll out different chapters of the report in the upcoming months. And we've already had great media coverage on the report's release. *WGBH* reported that the overall health of Boston residents is improving. The 2016-2017 report found decreases in the number of teenage pregnancies and people dying from cancer. The *Boston Globe* reported that Health of Boston provides the latest evidence of the deadly toll cause by opioids, and confirmation that fatal overdoses are being fueled in large part by the powerful synthetic painkiller fentanyl. *Boston Metro* described Health of Boston analyses on healthy behaviors, insurance rates and chronic diseases affecting residents.

**BPHC Other News.** We announced awards totaling \$51,000 in financial assistance to 17 nail salons in Boston. The salons will receive \$3,000 each to cover some of the costs of installing upgraded ventilation required by the BPHC Nail Salon Regulation to protect their workers and customers from chemicals commonly found in nail products.

*WGBH* aired a story about BPHC's Start Strong Boston, featuring the acting director Jess Adler. Jess described how the program uses real issues and platforms like the #MeToo movement to open discussions about what constitutes a healthy relationship.

The *Boston Globe* covered the annual homeless census, where Mayor Walsh joined volunteers to sweep the streets of Boston to check on people and connect them with services.

I want to thank our BPHC staff from the bottom of my heart for participating in the homeless census efforts with the Mayor, other city departments, and over three hundred volunteers that turned out! I know that this is something that many staff traditionally volunteer their time to support, because of the importance in counting and acknowledging that we still have so much to do as a health department and a city to address homelessness.

- **WebMD.** Dr. Jaeger, Interim Medical Director, spoke with *WebMD* about a Tulane study that associates an increase in flu deaths among seniors with cities that sent teams to the Super Bowl. She was intrigued by the study, but skeptical about the association.

We are, however, continuing to monitor the increase in influenza-related illness here in Boston. In your packets, you have the latest influenza report from our Communicable Disease Control Division. Later in the evening, Dr. Jaeger will share the latest updates on flu and steps being taken to educate the public and providers.



- **Intergovernmental Relations Updates.** We'll have Heather give us a quick update.

**Federal Update. *Federal Funding:*** In another dramatic showdown, Congress agreed on a bill to continue federal funding. It would fund the government through March 23<sup>rd</sup> to give congressional staff the time to write bigger appropriations bill that would actually fund the federal government for the next two years.

The longer-term funding would lift budget caps to increase investments in domestic programs and the military by roughly \$300 billion over the next two years; the deal lifts funding for domestic programs by \$128 billion and increases defense budgets by \$160 billion.

The deal would take a number of lingering issues off the table – with the 10-year CHIP extension, major disaster relief, and community health center funding in particular – and should clear Congress's plate for much of 2018, an election year.

It does appear that the deal included a net \$1.35 billion in cuts to the Prevention and Public Health Fund. A \$100 million cut scheduled for FY2019 to PPHF is gone, but it is combined with larger cuts over the next several years that will leave the fund up to \$1 billion short of its initial goal each year. While it is disappointing that public health is bearing the brunt of the health cuts, we are relieved that the base has been protected and the proposed long-term cuts were mitigated in the Senate version. Though DACA was not included in these funding measures, the Senate will start an open debate on an immigration proposal this week.

The deal does include several positive developments, particularly for federal health care programs and the states and territories ravaged by hurricanes last year. The legislation would: Include \$7 billion in funding and a two-year reauthorization for community health centers; Extend funding for the Children's Health Insurance Program for 10 years; Put \$6 billion in funding toward opioid and mental health treatment; Put \$5.8 billion toward the bipartisan Child Care and Development Block Grant; Put \$4 billion toward the Veteran Administration to rebuild and improve veterans hospitals and clinics; Put \$2 billion toward research at the National Institute of Health; Include \$80 billion in disaster relief funding; Put \$20 billion toward infrastructures, including highways, water, wastewater, and rural broadband; and Put \$4 billion toward college affordability programs for police officers, teachers, and firefighters.

The president's budget was released. This is just a blueprint and not an actual binding document that can be acted upon by Congress. A little alarming, because it does call for some really big cuts to the Medicaid program including making people prove immigration status to receive coverage and just some really bad policy around Medicaid coverage. We'll keep watch on this developing issue.

- ***Open Enrollment:*** Most states that operate their own Affordable Care Act (ACA) exchanges saw more people sign up in 2018 than last year, while 29 of the 34 states that rely on the federal government to promote enrollment saw their sign-ups fall.

Of the 17 state-based marketplaces, 11 saw enrollment increases: Colorado, Connecticut, D.C., Massachusetts, Minnesota, New York, Rhode Island, Nevada, Washington, Kentucky and Oregon.

The 34 states using the federal marketplace, in contrast, saw a 5.3% drop in enrollment, according to data released last week by the National Academy of State Health Policy (NASHP). The different enrollment numbers suggest the Trump administration's decision to cut off advertising and other services intended to get people signed up for ACA plans had an effect on the federal exchange.

- ***State Update. Committee Reports Outs:*** As we move into the second year of the state's legislative cycle, the biennial deadline for legislative committees to report out all timely-filed bills was last week. Known as the Joint Rule 10 day, the deadline arrived earlier this session than in the past due to a rules reform pushed by Senator Rosenberg and other Senate Democrats and adopted last year. We are still reviewing the recommendations, but the House and Senate both passed a slew of extension orders during an open session giving committees extra time to consider some legislation.

For example, an extension order came out from the Committee on Public Health; that extension order was extended to 71 House-lawmaker sponsored bills. There is a feeling that the bulk of the bills



that were reported out last week will never get a vote and will either die in another committee or be referred for additional study. We will continue to monitor our priority legislation and bills that are important to our mission.

- **City Update. *Health of Boston Report:*** With the release of the Health of Boston Report, Councilor Ayanna Pressley would like to host a briefing so the experts at BPHC can update the Council on any significant health trends in the city. We are working to schedule that for March.

Frank commented he'd seen something about the Medicare/Medicaid issue and wondered if the Commission followed that. At the right time, the Board should send the right letter expressing the Commission's position. Heather thought that would be a good idea.

Harold had a question regarding the state budget. He wanted to know if the Prevention and Wellness Trust Fund was a done deal and where we were with that. We've certainly done a lot of work trying to keep that project alive. Heather said it's status quo at this point. It was one of the bills that did not have any reporting come out of the committee. So, we don't know where the actual stand-alone bill is. The coalition is still advocating for funding moving into the budget process. We got the Governor's reiteration of the budget. A couple of weeks ago, Monica signed a letter from the Boston delegation supporting that moving into the budget season. There really hasn't been any action. There's been nothing in terms of an update, but it's not dead and that's a positive thing that it's still out there.

Harold asked if there was additional advocacy activities that we should do. A number of us have done that on a number of different fronts. As time moves forward, there certainly is more things that we should have done. So, I'm wondering if it isn't time for a repeat on those activities or if we are just at a standstill at this point. Heather responded that the Mayor will include in his overall budget a letter of support to the House and Senate. As much as you can, mention it in conversations that you have with policy makers. We did this last year when the Board sent budget letters. Harold asked if it was time to do that again. Heather said yes because the conversations are just starting and that would be great. Harold asked that Heather keep us posted as to when the appropriate time would be to send the letters. Heather agreed to do so.

***Presentation: 2017 Year in Review***  
***Monica Valdes Lupi, JD, MPH***

- Last month, we showed a short video reflecting on 2017's accomplishments. Today, we're pleased to share more content from our annual report, including some impressive metrics. The full report is in your packets.

- **Community Initiatives. *Child, Adolescent Family & Health: The Child Adolescent Health Division (CAHD)*** hosted its first Boston Your Health Fair. ***Healthy Start in Housing*** added a new pilot to prioritize housing for fathers of young children. Through ***Boston REACH: Partners in Health and Housing (PHH)***, there were over 12,000 distributions of health affordable food to Boston residents. 1,000 people complete applications for health insurance through the Mayor's Health Line. The city-wide smoke-free housing landlord campaign transitioned over 8,000 housing units to become smoke-free.

- **Recovery Services.** The ***Engagement Center*** has seen 54,000 client engagements and 330 referrals. The ***PAATHS Program*** now has extended hours, is integrated with 311 and has 5,801 walk-ins to date. Our ***Street Outreach Team*** has made over 800 referrals, made over 42 overdose responses and had over 50 shelter bars lifted. ***Opioid Overdoses Prevention Trainings:*** We have conducted over 600 trainings involving over 9,000 individuals being trained. Overdose prevention/Narcan training is now available: In-person by request; Drop-in community trainings; Online training module; and Spanish and English YouTube video.

- **Boston Emergency Medical Services (EMS).** EMS has had 2 EMT Class Graduations. They have responded to 126,562 Clinical Incidents; 149,555 Ambulance Responses; 86,023 Patient Transports and initiated a new EMS Community Assistance Team.



- **Homeless Services.** Woods Mullen Shelter serves 230 women per night; Southampton Shelter serves 478 men per night; over 250 individuals have been supported in housing search and stabilization; 32 chronically homeless individuals were housed; 8 veterans were housed; and 67 clients were helped with keeping their housing.
- **Infectious Diseases.** There have been 11,80 investigations of reports of communicable diseases, exposures and outbreaks. Through the Ryan White Planning Council, over \$12 million has been made in investments for HIV services.
- **Office of Health Equity.** We received a generous Kresge Foundation grant; held Fair Housing & Health Community Meetings; formed a new Health Equity Advisory Committee; launched Community Health Improvement Plan Council; held Immigrant Rights Brow Bag lunches; initiated Stand Against Racism Campaign; and conducted Listening Circles.
- **Research and Evaluation.** Over 60 requests with analysis: 46% by BPHC; 56% external: private citizens, media, other health departments, healthcare institutions, academic institutions and other Boston city agencies.
- **General Counsel.** General Counsel Tim Harrington and Assistant General Counsel Mimi Brown were recognized as honorees by Harvard Legal Aid Bureau's David Abraham Grossman Fund for Social Justice. In collaboration with community partners, they helped *prevent the eviction of 60 tenants* in Dorchester!
- **Intergovernmental Relations (IGR).** 78% of BPHC proposed bills were accepted into Mayor Walsh's priority agenda. One supported bill was *signed into state law* – An Act relative to advancing contraceptive coverage and economic security in our state (ACCESS). Another 18 bills were supported through testimony for State House committee hearings.
- **Administration and Finance.** Hired over 290 new employees; submitted 36 grant applications and awarded over \$5.1 million. BPHC's Public Safety officers became certified to administer Narcan. Office 365 rollout has begun throughout the Commission.
- **Communications.** Has designed over 15 print campaign projects; made 46 pitches relevant to all six bureaus; responded to over 800 media inquiries; made 2,837 social media posts; made 46,435 video views; 244,687 people have visited BPHC.org; and reached Boston residents *over 41.8 million* times.
- **Consortium for Professional Development.** 659 BPHC staff have attended professional development activities; 71 Community Health Workers (CHWs) completed CHEC's 80-hour core competency training; and CHECK helped create standards for Massachusetts CHW certification.
- **Office of Public Health Preparedness.** *DelValle Institute for Emergency Preparedness:* had 192 webinar participants; 72 classroom courses delivered; 1,380 classroom participants. *Medical Intelligence Center (MIC):* 8 Physical activations (Boston Marathon, rallies and protests, and 112 Southampton Shelter evacuation. *Community Resilience:* 29 events held with 6,457 community members reached.
- **Public Health in Action.** New lead poisoning threshold after MA Lead Law changed (10ug/dl); 1,000 pregnant women received support from BPHC staff; 32 Boston Public Schools (K-8) were supported by Safe Routes to School; 5,000 individuals received Naloxone; 13,000 syringes collected from public spaces by Mobile Sharps Team; 2,537 Permits issued to Boston businesses to ensue health and safety; 7,485 Outreach visits provided to Boston residents on lead awareness and education; 468 Families served at car seat checks.
- **Community and Provider Engagement.** 5,055 STI brochures distributed to community organizations; 50 Small businesses recognized through Green & Clean Program; 211 residents attended fair housing and health meetings; 1,000 providers and over 608 residents participated in *Defending Childhood Initiative* trainings and trauma institutes; 2,000 YouTube views on overdose prevention and Narcan training video produced in English and Spanish; \$46,000 in assistance given to 18 nail salons to comply with ventilation requirements; 990 people train in injury prevention; and 10,300 youth received health education through the (*HRC*) and (*SBHC*).

Monica: Are there any questions or suggestions on how to present this information differently next year? The team is off and running capturing 2018 accomplishments.



Harold: Thank you. I'm always impressed when I see the tremendous amount of work. We certainly know about many of these pieces, but to be able to see this really big snapshot is really quite impressive. I congratulate you and the staff on a tremendous amount of work. I have a couple of questions. First, I see Gerry Thomas in the room. A shout out to Gerry and her team around the homeless census that was so successful. We also had a very large team from Boston University participate. Thanks, Gerry for the work that you and many others do. I'm also glad to see and talk about the Medical Intelligence Center, because we actually helped to pay for that some years ago. We're always very proud of that center and the work that Stacey and her team are able to do when they that work there.

I think that also, could you talk a little...two questions. One, I think that we are still at about \$12 million around HIV funding. So, are we standing steady? Are we going up? Are we decreasing? Do you have an idea? I don't know if you know that off-hand.

Monica: Off the top of my head, the funding is actually closer to \$14 million. \$12 million is distributed through community-based grants. Then there are contracts for consultants that help us with data-based management and quality improvement. So, the funding is actually up from previous years. This HRSA award to us last fiscal year was actually an increase, I can't remember what. Jen Jaeger said it was up \$300,00 increase for a total of \$14.8 million.

Harold: I'm never really sure where we are on the Ryan White funding. Jen: It's been relatively stable over the last several years, the last 3-4 years, but did increase last year.

Monica: Similar to the state with the Ryan White funding, we actually get partial awards and are always made hole. This year, there's been a partial-partial award, but no indications of reductions. It has been level the last several years.

Harold: The last question is about the Engagement Center. Again, congratulations to Gerry and her team and many others for the really fine work that happens there. It's impressive to see that. Where are we now in the pilot? Because we were talking about this as a six-month pilot with considerations for continuation. I'm not certain where we are in that conversation.

Monica: She did just recently talk to colleagues at City Hall about the pilot and some other data that we've shared here and how successful it's been from our perspective. Now we're working on how to make it a permanent location whether it's onsite or a building somewhere else. We're in active discussions now about to explore different opportunities to make it more permanent and move beyond the pilot. Because we, as a pilot or proof of concept, weren't quite sure but suspected people would come. And that doesn't happen just because we have a nice palm card. It's street outreach. It's working with our neighbors and neighborhood associations and other community partners to let them know that it exists. I think that we've got good support on how to make it a more permanent, structured program.

Harold: Finally, thank you for this document. It's impressive and I think the amount of work that goes into it is tremendous to come out with that. I was listening to your question about how do you present this. At one time, and I don't remember if it was in this city or somewhere else, that we did a one-pager that was able to list all of the highlights. This kind of does that, but it's a whole bunch of pages. That might be a really wonderful way to be able to highlight some of the incredible work that you do here in the city that could be distributed to others or online or some such method. I think the things you are reporting are certainly things that others should hear about.

Frank: It has been a really remarkable year in retrospect with all of the issues that were presented to us here and kept us informed as things moved along. As Commissioner Cox said, to see it all encapsulated in one document is extremely impressive. You all should step back and congratulate yourselves. We're very proud of all the work you have done.

Monica: Thank you. It's a privilege to work with the Board. And this would be a good follow-up conversation with the Board. We've actually just started working with Dan Dooley, and our colleagues at the Department of Innovation and Technology at City Hall, to think about how we can make this more accessible online to have it on that platform so that individuals could go and actually play around with the data. Dan Dooley is our interim Director of Research and Evaluation.



Frank: I just want to acknowledge that Chief Marty Martinez is here again today. He's been a great partner and a real breath of new air and enthusiasm, energy and thoughtfulness. So, thank you for all of that as well.

***Presentation: Flu Update***  
***Jenifer Leaf Jeager, MD, MPH, Interim Medical Director***

- **Influenza by the Numbers.** Annual Influenza-Related Illnesses in the United States 2010-2016: 9.2–35.6 million illnesses; 4.3–16.7 million medical visits; 1400,000–710,000 hospitalizations (includes ~20,000 children <5 years of age); 12,000–56,000 pneumonia/influenza deaths (includes 37–171 deaths among children <6; rate of respiratory/circulatory deaths related to influenza is estimated to be 2-4 times greater; globally, 3-5 million cases resulting in 300,000–500,000 deaths annually.
- **Economic Burden of Seasonal Influenza in U.S.** \$34.7 billion in direct medical and indirect costs associated with lost earnings and productivity, and lost lives; Annual flu vaccine estimated to prevent 5.1 million influenza illnesses, 2.5 million medical visits, 71,000 hospitalizations, and 3,000 pneumonia/influenza deaths; LHDs must engage in critical preparedness and response activities to mitigate flu and flu-related complications.
- **Influenza, Boston 2017-2018.** As of Feb. 3, 2018 (Week 5): 1,587 cases of laboratory-confirmed influenza among Boston residents; 312 (20%) have required hospitalization (coming down as progresses); 5 influenza-associated deaths have been reported (all deaths occurred in persons of advanced age or with multiple underlying medical conditions.); Emergency Department visits for influenza-like illness (ILI) comprised 5.23% of all ED visits Week 5 [up 2/17% from week prior]; MA ILI = 5.88%; US ILI = 7.65%. No pediatric deaths over the last 5 years; serious but not as serious as past years and as media tends to portray.
- **Geographic Distribution / Activity.** State health departments voluntarily report the estimated level of geographic spread weekly (reported as: no activity, sporadic, local, regional, or widespread); Geographic spread of influenza in Puerto Rico and 48 states reported as widespread (Regional activity (1); Local activity (1); Per DPH (Week ending 02-03-18), %ILI increased 6% in NE MA, West and SE versus 2% in Greater Boston; Central MA has also been relatively spared. Two charts were then shown indicating Percent of ILI Activity Level Reported Weekly by Massachusetts Sentinel Sites.
- **Severity of Infection.** Jen presented a series of charts. Influenza-like illness (ILI) as % of ED visits; Hospitalization rates; Mortality rates (Pneumonia and Influenza; Pediatric Deaths). Additional charts were presented indicating the Weekly % ILI in Boston from 2012 – 2018 and in the United States from 2009-2018. The worst season in Boston was 2014-2015. The next chart depicted weekly hospitalizations in Boston during 2017 - 2018. Next was a chart on Pneumonia & Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System. Data was through the week ending January 20, 2018, as of February 8, 2018. Following this was the number of Influenza-Associated Pediatric Deaths by Week of Death from 2014-2015 season to the present. 2014-2015 was the worst season with the number of reported deaths = 148. 2015-2016 reported deaths = 93. 2016-2017 reported deaths = 110. 2017-2018 reported deaths = 63.
- **2017-2018 Influenza Vaccine.** As of February 3, 2017, among circulating wild-type influenza viruses tested, including influenza A (H3N2), no significant antigenic drift has been identified (during the 2014-15 season, the vaccine was considered a “bad match” with nearly 80% of circulating A(H3N2) virus differing from vaccine virus. 98 % of A(h3N2) viruses tested were well-inhibited by antibodies to virus representing the AH3N2) component of 2017-2018 Northern Hemisphere influenza vaccines. A chart was shown: Improved Genetic Characterization Shows Rapid Evolution and Diversity of H3N2 from 2009 through 2017, specifically the most common in Australia over summer and most common in U.S. this season.
- **BPHC Surveillance Systems.** Robust surveillance system collecting flu data from multiple streams: case reporting, social media, and syndromic surveillance collected from 12 acute care sites throughout Boston; and extensive historical data against which to compare the current year. Healthcare



providers and laboratories in Boston are required by city health department regulations to report all laboratory-confirmed cases of influenza and clusters of illness to the Infectious Disease Bureau.

- **Communicating with Healthcare Partners and the Community.** Weekly Influenza Report sent electronically from MIC to HCPs, EDs, emergency preparedness, and other external stakeholders. Epidemiologic data and trends-by-week; total case counts flu A and B; ILI as % of total of ED cases seen-to-date. Lab-confirmed cases of influenza are analyzed by age, R/E, and neighborhood. Weekly counts are compared to the previous two influenza seasons. Weekly reports are posted on the BPHC website. Health Alerts sent as necessary; influenza among the homeless.

At season end, data analyzed to identify trends and areas of concern. Flu in Review sent to HCPs prior to the beginning of the next flu season, highlights trends from the previous year, provides recommendations for help HCPs prepare for the coming season.

The last chart was an Epi Curve of Influenza Cases in Boston Homeless Persons for 2014-2018 season. Obviously, there were spikes during those days with sub-zero temperatures.

- **Supply Chain. Vaccine:** As of 02/07/2018, CVS pharmacies reported limited supply of flu vaccine and had placed a repurchase order intended for the remainder of the season. Currently, no shortages of vaccine at Walgreen's or Rite Aid pharmacies.

Providers should instruct patients to contact their local pharmacy to confirm availability of vaccine or antiviral medication prior to filling their prescription. Pharmacies out of stock will redirect callers to other locations where product is available.

**Antiviral medication:** FDA has been informed of a brief shortage of Tamiflu Oral Suspension; otherwise no shortages of Tamiflu per commercial pharmacies. MassHealth confirmed coverage for Tamiflu if generic unavailable. Health Safety Net will also cover Tamiflu for uninsured patients.

**IV fluid:** HHS granted waivers to 2 or more plants to produce IVF. Plants in Puerto Rico back on electric grid, production anticipated to begin soon.

**Beds:** Per DPH, % of hospital beds for influenza patients increased ~40%. MA hospital network is currently handling this elevated patient load.

- **Recommendations. Prevention:** Providers should continue offering vaccine to all persons  $\geq 6$  months of age through the remainder of the season. Vaccination reduces the risk of infection, attenuates the severity of illness, including lower risk of flu-associated hospitalization and deaths particularly for children, pregnant women, and persons with chronic health conditions. Covers influenza A(H1N1) and B strains currently increasing.

**Reduced Transmission:** Cover cough; wash hands/hand sanitizer. Remain home if ill. Clean home, particularly high-touch surfaces.

**Treatment:** No current resistance to antiviral medications (Tamiflu).

- Questions? Recommendations? What can we do better?

### ***Presentation: Marijuana Legalization Update PJ McCann, Deputy General Counsel***

- PJ McCann will present and update on marijuana legalization and the state Cannabis Control Commission's regulations. We've left ample time for discussion about next steps and our role in oversight and education.

- **Context.** Many moving parts in Cannabis Control Commission (CNB) regulatory process. Information and recommendations subject to change pending final CNB decisions and implementation actions. Outcome of CNB regulations will inform municipal level decisions. City of Boston is submitting coordinated public comment. More to follow.

- **Federal Law Enforcement.** Previous US Department of Justice policy (Ogden and Cole Memos) had guided federal law enforcement officials and prosecutors to use prosecutorial discretion relative to drug enforcement activities against marijuana possession and sales where legal under state law.

AG Session rescinded this guidance in January, directing federal law enforcement to "enforce the laws enacted by Congress and to follow well-established principles when pursuing prosecutions related to marijuana activities." US Attorney for MA Andrew Lelling issued a statement including: "our office



will continue to investigate and prosecute bulk cultivation and trafficking cases, and those who use the federal banking system illegally.” Potential implications for banking, investment, state and local tax revenue. Some protections for medical marijuana in 2014 federal budget Rorabacher-Blumenauer amendment, which prohibits use of DOJ funding to prosecute medical marijuana users in states where it is legal (ongoing status beyond March 23 dependent on Congress.) CNB has vowed to move forward with implementation. Increasing pressure for Congress to act; bills filed.

- **Board of Health Involvement.** November 2013 – Board approved Medical Marijuana Regulations. November 2014 – Update on first potential medical dispensary applicant. Patriot Care, 21 Milk Street; Zoning Board of Appeal approved August 2015. July 2016 – Update on permitting process; permit issued August 2016. November 2016 – Denver officials outline lessons learned; BPHC staff highlight issues in the ballot question. July 2017 – Update outlining pending legislation changes.

- **CNB Implementation Timeline.** November 2016 – Voters approve adult use marijuana ballot question. December 2016 – Legislature adopts six-month delay, Ch. 251 of the Acts of 2016. June 2017 – Legislature revises statute, Ch. 55 of the Acts of 2017. Fall 2017 – CNB and Cannabis Advisory Board appointed, held series of public meetings and listening sessions. February 15, 2018 – Draft regulations comment deadline (final regs due 03/15). April 1, 2018 – CNB to begin accepting applications. July 2018 – CNB target date to issue licenses; local approvals may take longer.

- **BPHC Tasks.** Regulatory oversight of medical marijuana operations. Established internal BPHC working group. Advocate along with City for improvements in CNB regulations. Provide public information: respond to resident questions about smoking in multi-unit housing and workplaces, cannabidiol; provide accurate info about what the law allows; deliver guidance on adult misuse, use during pregnancy and breastfeeding, dosing, smoking prevention, and driving. Develop and disseminate youth prevention communications resources. Expand your prevention programming and coalition partnership. Enhance marijuana public health surveillance; monitor impact on BPHC programs.

- **Law – Public Health.** The original ballot language gave CNB the authority to regulate advertising, packaging and labeling and to require purity testing. Compromise bill gives more specific direction to CNB about product labeling, safety, and marketing: Specifies measures to prevent products from appealing to young people, such as prohibiting edibles that resemble branded consumer products, and prohibiting advertising in media unless more than 15% of its audience is expected to be over 21; Requires edibles to be marked with the serving size; sets maximum; Prioritizes spending from the marijuana tax to fund public health and public safety campaigns, particularly school-based programs; and Establishes a commission to study regulation and testing for impaired driving.

- **Law – Mandated Studies.** *Marijuana Baseline Health Study (Ch. 251 of Acts of 2016)* MDPH directed to provide information to assess baseline rates and patterns of marijuana use, related risk behaviors such as use in combination with alcohol, prescription drugs, impaired driving, marijuana-related visits to emergency departments or urgent care facilities. \$275,000 to UMass School of Public Health and Health Sciences, the UMass Donahue Institute. Due no later than July 1, 2018.

*Ongoing research agenda (Ch.94G. s.17)* Directs CNB to partner with other agencies to pursue research agenda including patterns of use, methods of consumption, sources of purchase, perceptions, impaired driving, hospitalization, use of health care services, and economic impact to state and local governments: requires annual report on the results and recommendations for further research or policy changes. Due no later than July 1, 2019.

- **Tax Revenue.** MA Department of Revenue estimates \$44million - \$82 million in FY19. Total 20% tax rate: 10.75% state excise + 6.25% state sales; 3% local option. State excise to State budget account restricted to implementation, then substance abuse, prevention, youth education and Prevention and Wellness Trust Fund. Sales tax to State general fund. Local option revenues unrestricted.

**Adjourn**

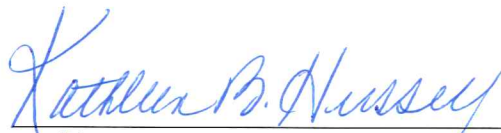
Frank thanked everyone and asked if there were any question from the audience or his fellow Commissioners? No comments or questions. He then called for a motion to adjourn. Harold Cox approved the motion. Monica Valdes Lupi seconded the motion. Any objections? No objections. Mr. Doyle adjourned the Board meeting at approximately 6:15p.m.

**Addendum:**

**PLEASE NOTE:** This report is a synopsis of the board meeting. Presentations are posted for review a day or two after a meeting to our BOH webpage: <http://www.bphc.org/boardofhealth/Pages/board-of-health.aspx>.

All board meetings are recorded. Requests for a copy of a recorded meeting should be made via: [info@bphc.org](mailto:info@bphc.org). Thank you.

RESPECTFULLY SUBMITTED BY:

  
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Kathleen B. Hussey; Board Secretary