



**MINUTES OF THE MEETING OF THE BOARD OF THE  
BOSTON PUBLIC HEALTH COMMISSION  
Wednesday, January 16<sup>th</sup>, 2019**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, January 16<sup>th</sup>, 2018 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

**Board Members Present**

Manny Lopes, Chair, Jennifer Childs-Roshak, John Fernandes, Rebecca Gutman

**Also Present**

Monica Valdes Lupi, Julien Farland, Gerald James, Osagie Ebekoziem, Heather Gasper, Gerry Thomas, Stacey Kokaram, Debra Paul, Triniese Polk, Leon Bethune, Dan Dooley, Anne McHugh, Audrey Quigley, Puneet Sharma, Sheila Lee, Steve Simmons, Maya Saunders, Margaret Reid, Brad Cohen, Edna Carrasco, Steve Ridini, Chimel Idiokitas, Robert Goldstein, Paul Shoemaker, Jennifer Jaeger, Jennifer Lo, Rita Nieves, Devin Larkin, Simon Muchohi, PJ McCann

**Proceedings**

**Chairperson’s Comments**

At 4:06pm, Chairperson Lopes welcomed Board members, staff, and attendees. He outlined the agenda and thanked BPHC staff and the senior leadership team in particular as well as Health Resources in Action for allowing to join in the strategic planning session in December.

**Executive Office Report: Monica Valdes Lupi, JD, MPH**

Ms. Valdes Lupi made the following remarks:

We were part of a team that recently joined Senate President Spilka, Dr. Eric Fleegler from Children’s Hospital, Paul Mina from Mass 211 and others at the State House to launch the state-wide expansion of the HelpSteps platform, which we worked with Children’s Hospital over the years to improve community-clinical linkages. Thank you to Leon Bethune, Beth Baker, and Gerry Thomas for your work on this over the years. Chairperson Lopes noted that there was a piece on public radio this morning that highlighted this work.

We had 19 EMS recruits graduate from our academy, and EMS has done a great job in recruiting a diverse workforce, as was recognized by Mayor Walsh in last night’s State of the City address.

Also, in December, the Massachusetts Housing and Shelter Alliance awarded the Cornerstone Award to 20 agencies across Massachusetts who partner with MHSA for its Home & Healthy for Good program. HHG is a low-threshold permanent supportive housing program that prioritizes Housing First as a solution to homelessness. BPHC was among those recognized with this award, covered in the Sampan Newspaper.

Throughout much of December, BPHC collaborated with Boston Public Schools and other City departments to provide comments to the public and media regarding improperly discarded syringes near the Orchard Gardens school. There is continued interest in this story and it has been covered by the Boston Herald and Boston Globe. BPHC IGR and BRS continue to engage on this topic. BPHC also appeared in the news regarding public training on the use of nasal Narcan, including in a radio piece on WBUR.

Heather Gasper shared the following updates:

As you know, the public charge proposal was announced in September by the Department of Homeland Security. The proposed rule would make it extremely difficult for many immigrants to come to the US or receive green cards if they're deemed likely to use public benefits, including: the supplemental nutrition assistance program, Section 8 housing choice vouchers and project-based rental assistance, public housing, "institutionalization for long-term care at government expense," Medicare Part D Low Income Subsidy, and Medicaid.

This has been very troubling and has caused a lot of confusion and misinformation in the community. The Department of Homeland Security was required to have a 60-day open comment period. Comments were due December 10, and over 210,000 comments were submitted. Mayor Walsh submitted comments on behalf of the City of Boston and BPHC also submitted its own comments.

At time of writing, the government remains partially shut down. BPHC has not yet been directly impacted by this shutdown, but we are monitoring the situation for any potential future impact.

For the last several months, IGR has been working with City Hall, coalition partners and other advocates to prepare for the beginning of the 2019-2020 Legislative Session. At time of writing, we are in the final stages of including BPHC's priorities in Mayor Walsh's Legislative Package. All bills must be filed by January 18th. As we have done in years past, IGR will continue to find opportunities to lift up issues that focus on health equity and addressing social determinants of health.

This session we will be refiling the following bills: An Act improving public health through a common application for core food, health and safety-net programs; An Act relative to lead abatement; An Act relative to conducting fetal infant mortality review; An Act relative to surviving family members of public emergency medical technicians; An Act relative to public safety and public health worker protections

Our new bills for this session include an update to the current Massachusetts Drug Stewardship Program to include hypodermic needles, lancets, or other sharps products subject to collection and disposal procedures. This change would lead to the creation of collection kiosks in mainstream

retail locations convenient to the public like those currently available to people returning medications as well as a bill to require medical professionals to ask patients about the presence of guns in their homes, with the goal of identifying red flags that could indicate risks related to suicide, domestic violence or child access to guns.

Last month, Dr. Jennifer José Lo, Medical Director, represented BPHC at a City Council hearing focused on suicide prevention. Councilor Essaibi George hosted the hearing where many experts from across the city, state and provider community described available mental health resources and de-escalation and treatment services for suicide prevention. Some of the recurring themes were the stigma surrounding mental health, the high cost of care, lack of comprehensive health insurance, and low reimbursement rates, which combined make it more difficult to reach populations that traditionally do not reach out. This important matter will remain in committee for further action and IGR will report back on any developments in the future.

Chairperson Lopes asked that staff follow up by sharing with the Board a list of the bills in the legislative package.

Mr. Fernandez asked about whether the Medicaid survey that was in the paper impacts BPHC. Ms. Valdes Lupi said that staff would follow up with more information.

### **Presentation and Discussion: BPHC FY2020 Budget**

Presenter:

- Grace Connolly, Director of Administration and Finance, BPHC

Ms. Connolly presented the attached presentation, and noted that this is an update, so no vote will be necessary. Seven health equity questions have been included in the process this year. Drivers on variances that are shown are mainly attributable to collective bargaining agreements that have settled and changes in the fringe rate. We are in regular contact with the City Budget Office and this has been submitted on December 12<sup>th</sup>. She noted that SENA and BPPA are the outstanding union contracts. 2% cuts that are submitted are submitted for planning purposes, and in our experience, these cuts are rarely taken.

New budget proposals were submitted last night, so more to follow on that. In addition to aligning with equity, new initiatives should also align with Mayor Walsh's priorities and the Imagine Boston 2030 master plan. 34 initiatives were submitted overall, with a distribution shown in the slides. One revenue initiative related to fines and fees was submitted.

An overview of capital projects was shared. These proposals have been on a longer timeframe and include projects that have been ongoing. The final submission date is January.

Ms. Connolly gave an overview of the timeline, and also introduced BPHC's new CFO, Steve Simmons.

Chairperson Lopes also gave an update regarding the Operational Review Committee and the Action Tracker items following up on the items identified by EY. I am pleased to announce that

Dr. Childs-Roshak will be chairing this committee and thank her for her willingness to take on this role.

**Acceptance and Approval of July 18, 2018, September 12, 2018, October 17, 2018,  
November 14, 2018 Minutes**

A motion was made, seconded, and approved unanimously to approve the minutes for the July, September, October, and November meetings.

**Vote to Authorize Signatory Authority for BPHC Medical Director Dr. Jennifer Lo**

BPHC General Counsel Tim Harrington addressed the Board, stating that this is a motion to grant signatory authority to sign contracts on behalf of the Commission to Medical Director Dr. Jennifer Lo. The Medical Director position has historically held this authority. She will primarily those related to Ryan White contracts under the Infectious Disease Bureau.

A motion was made, seconded and approved unanimously.

**Presentation and Vote: Boston Biological Laboratory and Recombinant DNA Regulations**

Presenters:

- Simon Muchohi, PhD, MPH, CIH, CSP, CHMM, Director of Biological Safety, BPHC
- PJ McCann, Esq., Deputy General Counsel, BPHC

Mr. Muchohi presented from the attached presentation, stating that recombinant DNA technology has been in use for the past 40 years, the science we will be discussing is not new, and in Boston we have been regulating this technology in Boston's educational institutions and biotech firms for decades.

Laboratories are also subject to the *Board's Disease Surveillance Regulation*, which sets disease reporting requirements that prevent the spread of lab acquired disease across biosafety levels.

The *Biological Laboratory Regulation* governs work in Biosafety Level 3 and Level 4 labs. Under these regulations, there are several restrictions. In addition to abiding by federal National Institutes of Health and Centers for Disease Control and Prevention guidelines and standards. This creates two levels of regulation and oversight. For example, classified regulation is prohibited, weaponization, and, currently, rDNA technology is prohibited in BSL-4 laboratories.

The reporting requirements in the Regulation state that any incident or issue that must be reported to federal government must also be reported to BPHC at the same time. Our office follows up on all reports and is involved in reviewing all documentation and follow-up.

The Boston Biosafety Committee is composed of members of the public and scientific experts in relevant fields. Currently, we have thirteen members, and six of those are community members. This group reviews all BSL-4 research projects. In this role, they reviewed a proposal in August that would require the use of rDNA, which is currently prohibited. BU submitted this proposal, because the CDC requires all BSL-4 labs to prove inactivation in-house, and the use of rDNA is

the most efficient and effective method. The BBC formed a working group, which informed the recommendations that were presented to this Board in November.

The proposed amendments include:

- Streamline the local regulatory framework by rescinding the 1994 *rDNA Regulation* and incorporating rDNA oversight into the *Biological Laboratory Regulation*
- Remove the prohibition on rDNA research on BSL-4 agents in Boston, under the condition that any rDNA project would undergo rigorous approval process for BSL-4 projects
- Codify the requirement from permit docs that each individual BSL-4 project undergo review by BBC and approval by BPHC
- Throughout, add “rDNA at BSL 2, 3, or 4” to work that is covered
- Revise definitions and citations to align with updated guidance

Mr. McCann summarized the public process, noting that the public Board meeting on November 14<sup>th</sup> of last year kicked off the public comment process. Since then, the comment period ran from November 14<sup>th</sup> to January 10<sup>th</sup>, a nearly two-month time period. This is well beyond the legal notification and hearing requirement. Public notification and engagement included notice, proposed amendments, and issue brief posted on [bphc.org](http://bphc.org); notice published with City Clerk; notice advertised in Boston Globe. Staff engaged in additional outreach to engage relevant stakeholder groups, presented proposed amendments to December meeting of Boston Biosafety Users Group. Following that outreach, we had a public hearing was held on January 7<sup>th</sup>, and public comment period concluded January 10<sup>th</sup>.

Public Hearing - January 7<sup>th</sup>, 18 members of the public attended, 14 individuals testified; all in favor. Included representatives from Boston University Boston Biosafety Committee, NEIDL’s Community Liaison Committee.

Themes included that rDNA is critical to the safety of the research, there is precedent for rDNA work in all BSL-4 labs across the country and across the world; the prohibition puts Boston scientists at a disadvantage; since most vaccine candidates include rDNA, the prohibition on rDNA use in the BSL-4 lab would prevent important vaccine testing; the BSL-4 lab will still be heavily regulated. Additionally, it was noted that many of the vaccine candidates that are potentially being tested in the BSL-4 lab on Ebola and other viruses are comprised of rDNA themselves, so the rDNA prohibition in the BSL-4 lab would prohibit this research.

Public comment period ran from November 14<sup>th</sup> to January 10<sup>th</sup>. 27 written comments received. (26 in favor; 1 neutral). The organizations represented include Boston University, Boston University School of Medicine, Center for Regenerative Medicine (BU/BUMC), NEIDL Community Liaison Committee, Associated Industries of Massachusetts, National Institutes of Health-Rocky Mountain Laboratories, Massachusetts Medical Device Industry Council (MassMEDIC), Massachusetts Biotechnology Council (MassBIO), and Tufts University Institutional Biosafety Office. Tufts University Institutional Biosafety had questions about the applicability of permitting requirements to rDNA labs operating at BSL-2. As you will see in the draft before you, we address some of these concerns by proposing to move the specific permit

requirements out of the regulation document and into the implementing guidelines, allowing the program to right-size the submission requirements.

Written comments included two main themes: first, that these changes are important to the research work that we do, and also they are important to who we are as a city that leads in scientific advancement.

In light of the full record, and because strict federal restrictions, along with BBC and BPHC review and oversight, set appropriate mechanisms for preventing individual BSL-4 rDNA research protocols that present any unacceptable risk, and rDNA technology is an important tool for safety and scientific advancement, eliminate the blanket prohibition on rDNA work on agents requiring BSL-4 containment.

There is a vote before you to this effect, that will first, rescind Recombinant DNA Technology Use Regulations, which the Board is authorized under our enabling act to do, and second, amend Biological Laboratory Regulation as presented on November 14th with further amendments as set forth in the revised draft.

Mr. Fernandez asked about any media coverage of the topic. Mr. McCann noted that one member of the press from the Boston Guardian, came to the public hearing and published a fairly neutral story. The only negative comment in the story was from someone who identified herself as a member of the Massachusetts Nurses Association, but it was unclear if she was speaking on behalf of that organization. There has not yet been any other coverage. Mr. Lopes asked for more information on the concern raised. Mr. McCann said that the line of argument from the commenter was that BPHC's focus should be on core public health work and that we do not have the expertise needed to regulate labs. There is documentation on the record to support the fact that we do. We have the Boston Biosafety Committee which is organized to advise us. We have retained expert consultants, and Simon and the rest of the staff in his office are well qualified to do this work. I respect their feedback but I think we have addressed that issue.

Chairperson Lopes noted that he agreed. If you were at the November meeting, the expert testimony that we had from representatives from the federal government and the Boston Biosafety Committee, Dr. Alex McAdam which contributed to a great process. Ms. Valdes Lupi noted that we took efforts to go above and beyond what is required because of the history of scrutiny and interest on the issue over time. Staff have done a great job summarizing and synthesizing the comments that we received through the process.

Dr. Childs-Roshak noted agreement, especially in light of how basic rDNA use is today, and it seems like it has been a terrific process and moved to approve. Mr. Fernandez seconded, and a unanimous vote was taken.

Mr. McCann noted implementation steps, including updating the website, guidelines, and permitting documents.

### **Presentation and Discussion: BPHC Strategic Plan**

Presenters:

- Monica Valdes Lupi, JD, MPH
- Steve Ridini, Ed.D, President & CEO, Health Resources in Action

Chairperson Lopes again thanked staff and HRiA for their engagement in this process and for allowing him to participate in the strategic planning process, noting that HRiA staff did an incredible job facilitating and managing the conversations to make sure everyone had a voice in the process.

Ms. Valdes Lupi also thanked Health and Human Services Chief Marty Martinez for his participation and involvement throughout the process. From here, we will present process, timeline and next steps. She flagged the fact that while the plan is inwardly focused, the plan also outlines the many ways in which we will need to partner with others to accomplish our objectives.

Ms. Valdes Lupi thanked Osagie Ebekozen for his efforts in ensuring that the process is informed by quality improvement principles. In September, we set an aggressive timeline for the plan and aligning it with a performance management plan to ensure accountability and monitor progress.

In the future, we will follow up as we present to you, by aligning presentation topics to the strategic plan.

We have spent time distilling guidance from the Health Equity Advisory Committee, online survey, various committees and key informant interviews with the support of HRiA, and developing a draft plan with Manny, Chief Martinez, and Mayor Walsh's office. As they take the time to review, we are gearing up for action plan development. Our goal is to come back to the Board in March with a final strategic plan.

Ms. Gutman asked if we did community listening sessions. Ms. Valdes Lupi said that we used our Health Equity Advisory Committee, which Ms. Polk noted is a diverse group representing the population we serve.

Mr. Ridini stated that the Commission is also part of a city-wide community health assessment and community health improvement plan, with hospital and community stakeholder, which will identify other needs, goals and activities. The Commission is leading and informing that broader plan. Monica described the roles of Commission staff in this planning process. Our focus is on positioning ourselves to meet that need in partnership with the community.

Mr. Lopes asked if Board members had the opportunity to participate in key informant interviews, which Ms. Valdes Lupi confirmed. Mr. Ridini noted that all of the interviews were very in depth and all interviewees gave very substantive feedback.

Ms. Valdes Lupi noted that work has gone into refining down to the appropriate number of priorities and ensuring that the goals align with Mayor Walsh's public health vision and values, some of which we heard about in his State of the City address. The other analysis is feasibility and determining where we build and where we borrow. We're also looking at sustainability and

addressing challenges identified in our operational review as well as this strategic planning process. We know we need do work on visibility, staff development, and staff retention.

Dr. Childs-Roshak asked about prioritization and the Health Equity Advisory team, and whether social justice and equity was prioritized.

Ms. Valdes Lupi noted that many of the priorities are in cross cutting themes, such as health equity, but I can share that health equity is prioritized in the plan. Ms. Reid noted that it is both cross cutting and prioritized to stand out, and another focus has been how to we become more of an activist organization? This is something we heard from a lot of staff in this process.

Mr. Fernandez asked if we would identify what priorities were not included. Mr. Ridini said that many were included as cross-cutting themes and were included that way. Mr. Fernandez noted that if you are being strategic, you have made some choices, and it would be helpful to see. Chairman Lopes agreed that we will share this analysis with the Board.

Mr. Ebekozien noted that many of the issues that are not addressed in the plan will be addressed by working groups or other internal processes.

Dr. Childs-Roshak noted that one way of thinking about these cross-cutting issues such as communications as “enablers” and offered that as an idea that has been helpful in her organization. She also expressed support of the idea that this is a practical, idea-oriented process that is not drawn out and focuses on implementation.

Mr. Lopes again shared is appreciation for the work that has gone into the strategic planning process.

Mr. Lopes also highlighted the State of the City address and his appreciation for Mayor Walsh’s leadership and the agenda that he has set. With the strategic plan and the team we have, we should be able to take on the challenge.

### **Adjournment**

At or around 5:15pm, a motion and vote to adjourn were taken and approved.