



City of Somerville, Massachusetts

City Council Public Health and Public Safety Committee

Meeting Minutes

Monday, February 13, 2023

7:00 PM

Others present: Karin Carroll – Director of Health and Human Services, Neha Singh - Legislative Liaison, Peter Forcelllese - Legislative Clerk.

President Ewen-Campen appointed Councilor Burnley to replace Councilor McLaughlin on the Committee, for this meeting only.

The meeting took place virtually via GoToWebinar and was called to order at 7:00 PM by Chair Kelly and adjourned at 8:06 PM on a roll call vote of 2 in favor (Councilors Burnley and Kelly), none against and 1 absent (Councilor Davis).

Roll Call

Present: Chairperson Charlotte Kelly, Vice Chair Lance L. Davis and Willie Burnley Jr.

1. Committee Minutes
(ID # [23-0150](#))

RESULT: **ACCEPTED**

AYE: Chairperson Kelly, Vice Chair Davis and Burnley Jr.

2. Resolution
(ID # [23-0079](#))
- By Councilor Burnley Jr., Councilor Kelly, Councilor Clingan, Councilor Davis, Councilor Ewen-Campen, Councilor McLaughlin, Councilor Pineda Neufeld, Councilor Scott, Councilor Strezo and Councilor Wilson
Supporting the Eradication of Medical Debt.

Mr. Keith Hearle, from RIP Medical Debt, (RIPMD), gave a presentation to the committee about a program structured to relieve medical debt. He explained that RIPMD is a 501(c)(3) national charity that acquires and abolishes medical debt for people burdened by financial hardship. It's funded by donors (individuals, faith-based organizations, foundations, corporations, and local government). To date, RIPMD has acquired and abolished \$8.5 billion in medical debt for over 5.5 million families.

Mr. Hearle stated that many households have little savings to buffer the shocks of medical bills and will sometimes delay the care they need. Data indicated that medical debt is more prevalent in communities of color and a contributor to poor physical and mental health as well as being the leading cause of bankruptcy in the United States. Through this program, city/county/state governments allocate federal ARPA funds for medical debt relief through RIPMD (who serves as a subrecipient of ARPA funds) and for

every \$1 appropriated, \$100 in medical debt can be canceled. Mr. Hearle noted that this, or similar initiatives are in place, or in process, across the country.

The Debt Abolishment Criteria for participation in this program is:

- Low-income criterion: Patient (or guarantor) household income between 0% and up to 400% of Federal Poverty Guidelines, or
- Medical debt burden criterion: The medical debt being assessed represents 5% or more of annual household income
- Residency requirement: To use government funds, program recipients must be residents of the jurisdiction. (RIP Medical Debt can use other funds for non-residents, if available.)

Mr. Hearle described this program as a win/win/win situation for participants and highlighted the following benefits:

Patient Benefits

- Abolish debt tax-free
- Improve credit score
- Relieve stress
- Enhance access to care
- Afford basic necessities

Community Benefits

- Address a social determinant of health
- Enhance health equity
- Address economic, health impacts of pandemic
- Address impact of inflation and housing costs

Hospital Benefits

- Sell uncollectible, dormant patient receivables (nonperforming asset)
- Receive cash
- Improve financial assistance process
- Improve medical staff and employee satisfaction

Councilor Burnley commented that from his sampling of Somerville residents, many have huge medical debt. Chair Kelly inquired about using ARPA funds vs. general funds and Mr. Hearle pointed out that 2 of 30 participants have opted to use general funds since there are less requirements or 'hoops to jump through'. He said he believes that ARPA funds may be used for medical debt reduction, however, that is not specifically spelled out in the ARPA regulations. RIPMD is encouraging governments to make their own assessments of which method of funding to use. Mr. Hearle told the members that research is about to be published regarding the effects of relieving medical debt for individuals. Liaison Singh reported that the Administration announced that all non-profits that serve Somerville

residents may still apply for ARPA funds to relieve medical debt. The deadline to apply has been extended to February 17.

RESULT: RECOMMENDED TO BE MARKED WORK COMPLETED

3. Order
(ID # [23-0166](#))

By Councilor Burnley Jr., Councilor Wilson, Councilor Gomez Mouakad, Councilor Davis, Councilor Kelly, Councilor Pineda Neufeld and Councilor Clingan

That the Director of Health and Human Services update this Council on the progress toward a Safe Consumption Site and provide a timeline for establishment.

Director Carroll provided an update on this matter and said that the city is actively moving forward. She reported that a group of city staff went to New York to visit OnPointNYC, the first organization in the United States to open two Overdose Prevention Centers (OPCs) in East Harlem and Washington Heights. There, they were able to discuss the challenges that come along with creating safe injection sites and see, first hand, the multiple services being offered and the mindfulness that went into the creation of the entire center, e.g., facilities for basic human needs, laundry and showers, on-site pharmacy and food as well as shelter referral services. The key take away from the visit was that services are offered to the whole person. Director Carroll commented that there have been improvements to neighborhoods as a result of this site and she noted the amount of involvement from the NY Department of Health with regard to services, funding and resources. Somerville has created a team to work with multiple city departments to discuss the logistics of creating a safe consumption site here and is exploring procurement of a mobile site and whether to have integrated services provided directly or by referral. The team is focusing on what complement of services would best assist those seeking help and it's also trying to identify what funding would be needed.

Councilor Burnley commented that Somerville is taking a bold step by pursuing this and he asked about a timeline for having a site up and running. Director Carroll replied that the team is trying to figure that out, so there's no timeline yet. Councilor Burnley noted that the Fenway Health report indicated that Somerville would be capable of implementing a safe injection site and said that the report offered several models. Director Carroll explained that the city would want some on-site services, but probably won't ask for 24-hour services. She said that the team is trying to be reasonable in the ask for on-site services and would like to partner with other agencies for additional services, adding that it would be good if the site was situated near complementing services since HHS wants to bring services to where the people are.

Chair Kelly stated that it's hard to extend sympathy for a lack of a timeline since this matter has been desired for such a long time. She asked what the

barriers to the timeline are and Director Carroll said that she would speak with the team and get back to committee. She thinks that one barrier may be the complexity of the initiative. Chair Kelly asked that something concrete be provided so that the public knows that this matter is being taken seriously by the city.

RESULT: RECOMMENDED TO BE MARKED WORK COMPLETED

4. Order
(ID # [22-1201](#))

By Councilor Strezo and Councilor Pineda Neufeld

That the Director of Health and Human Services and the City Solicitor report to this Council on steps that may be taken to address the reports of spiked drinks in the region, including whether the city can require restaurants and bars to post warning signage, encourage vigilance, and detail the criminal consequences for tampering with another patron's beverage.

Director Carroll outlined what city as done so far, e.g., worked on a social media campaign, partnered with Tufts to raise awareness, meeting weekly with Tufts and touching base with other local colleges. Director Carroll said incidents of drink spiking has quieted down and she noted that investigation of reports a day or two after an incident is very difficult since much of the evidence may be gone by then. She commented that this is a new area in HHS and that using signage is good but it's always best to try to educate people about the problem and about strategies to combat these incidents.

RESULT: RECOMMENDED TO BE MARKED WORK COMPLETED

Referenced Documents:

PHPS - 2023-02-13 Government Initiatives Presentation (with 23-0079)