



**Town of Nantucket  
Finance Committee  
Select Board  
Emergency Joint Meeting**

[www.nantucket-ma.gov](http://www.nantucket-ma.gov)

**Committee Members:** Denice Kronau (Chair), Stephen Maury(Vice-chair), Joseph T. Grause Jr., Peter McEachern, Joanna Roche, Peter Schaeffer, Chris Glowacki, Jill Vieth

**MINUTES**

**Thursday, May 21, 2020**

*This meeting was held via remote participation using ZOOM and YouTube,  
Pursuant to Governor Baker’s March 12, 2020 Order Regarding Open Meeting Law*

FinCom called to order at 11:01 a.m. by Ms. Kronau

- Staff in attendance: Libby Gibson, Town Manager; Brian Turbitt, Director of Finance; Erika Mooney, Assistant Administrator; Roberto Santamaria; Alexandria Penta, Financial Analyst
- Attending Members: Kronau, Maury, McEachern, Roche, Schaeffer, Vieth
- Absent Members: Grause
- Select Board attendees: Dawn Hill Holdgate (chair), Jason Bridges, Kristie Ferrantella, Matt Fee, Rita Higgins
- Speakers: Hospital Director Gary Shaw
- Town Counsel: John Giorgio, K&P Law P.C.
- Documents used: Pilot Study budget

**I. ANNOUNCEMENTS**

**IV. DISCUSSION REGARDING RESERVE FUND TRANSFER TO NANTUCKET COTTAGE HOSPITAL COVID-19 TESTING PROGRAMS.**

**Discussion Shaw** – In working with the community, Select Board, Department of Public Health (DPH), and Board of Health (BOH), we’re trying to come up with methodologies to get tools in place to measure the impact and spread of COVID-19. The Department of Public Health gave Nantucket Cottage Hospital (NCH) a request to develop a screening/surveillance plan that is reliable. It is not normally NCH’s job to do work in public health; our focus is emergency visits and to be a barometer for health; this type of testing isn’t our focus. We want to talk about bringing any tool the DPH to help the Town make intelligent decisions.

What we know about COVID today, we’ll see different information in three days; insurance reimbursement changes weekly. We’ve developed two things: we looked at an opportunity to do a pilot study of a cross section of the population; also, we assume we haven’t had a lot of cases; we also want an opportunity for testing to see active virus.

Serology testing allows us to see antibodies. We want to commission a study that would allow us to move forward on collecting blood samples; for the next six months, we would use discarded blood samples with no patient information. Data from this testing could be passed to the BOH to help make decisions in the best interest of the community. With help from Massachusetts General Hospital (MGH) and Harvard, we’ve developed a protocol for this testing.

We need \$261,800 in funds, hopefully through a foundation fund; as of this morning, he made an adjustment to include a research manager at a cost of \$40,000. Asking the Town to fund a portion of this as a commitment to get this study going.

**Hill Holdgate** – There is are a couple of questions: how would the 200 samples be chosen and will be any relationship between the two groups.

**Shaw** – The samples would be chosen randomly. The samples would be collected through the provider; there would be no name, only an age range and week the sample was taken.

**Higgins** – Asked if there would be an indication of residency.

**Shaw** – No, that would allow the sample to be tracked back.

**Santamaria** – It is important to realize Nantucket has a dynamic population and the dates of the sample would indicate changes impacted by the arrival of seasonal residents.

**Giorgio** – Asked if the study has been approved by DPH and what their role would be

**Shaw** – The DPH would initiate the study, they have that authority. This community doesn't have the resources for that type of study, so he didn't put it in the category of a public health study. RIB is within the body of MGH to ensure a study is done correctly.

**Kronau** – Asked why the Boston cohort

**Shaw** – That is considered a reference point for a study of this size.

PCR, aka chain reaction, testing availability is highly variable across the country; here in Massachusetts, there are a number of initiatives to test parts of a town. In the case of Martha's Vineyard, the request CO and I discussed the intent to support that community; they are doing it in a number of phases and Nantucket could become part of that phasing. NCH hasn't determined which company it will use; the most visible is Quest, which is supporting Martha's Vineyard. This study would require a larger space for our drive-through testing; we might have to expand to outside NCH property, perhaps the high school parking lot. Factors are: cost, staff, and what to do with the results. Contact tracing is what helps stop the spread. We don't have funding for PCR testing, which is voluntary, outside of medically necessary testing; his suggestion is that these tests be funded through a philanthropy fund at NCH. He is asking the Town for seed money to start; we would then seek donations for additional funding, so the program can grow. Each test costs \$150; last night he asked for \$200,000 in seed funds.

**Schaeffer** – Asked for an explanation of the research for Nantucket. Asked why they can't charge \$20 per person to off-set the test.

**Shaw** – If we charge for a voluntary test, there is no reimbursement. Regarding the results, the study shows what we expect to come out of it. If we have a little viral load, we are at high risk for a second wave; then the Town would be able to make decisions on how to protect the community.

**Kronau** – Clarified that serology tells us a person had COVID; PCR indicates a person has COVID.

**Santamaria** – Serology looks for a protein and PCR is looking for a gene. Asymptomatic people could only be determined through the serology test. Some people with antibodies are immune and some are not immune. This would help determine the amount of herd immunity on the Island and shape our emergency orders.

**Vieth** – At this point we need more testing; asked why NCH wants to do the study now.

**Shaw** – He doesn't want to wait to learn that Nantucket is a sort of "sitting duck." Serology combined with PCR helps locate the focus and make decisions. Otherwise we are proceeding blind.

**Kronau** – You're asking the Town for funds as seed money; the second piece is that with any request, there is time to digest the numbers and ask questions. To get an ask of that magnitude, she wants thought time; she would like to see more details around the financial numbers and implications to ensure we're doing the right thing fiscally. We would be using up a huge chunk of our reserve funds. She supports doing the right thing to protect the health of the Island but wants to be fiscally responsible doing it.

**McEachern** – July brings FY2021 without an Annual Town Meeting (ATM) prior to that; this pilot study is over 6 months and would overlay two fiscal years. Asked if we could authorize next year's reserve money.

**Turbitt** – We couldn't authorize funding out of an anticipated reserve or budget that hasn't been approved; all money would have to come out of this year's reserve. If we have an ATM before July 1, we could do it.

**Gibson** – The Select Board last night agreed to have ATM on June 25<sup>th</sup>; we would seek a transfer from the 2020 reserve fund. FinCom has been included in the discussion about taking money out of the reserve fund at the beginning of the fiscal year.

**Kronau** – The PCR study had no numbers on the document; she wants to see those, so they can be discussed. Asked if FinCom is comfortable putting a number on the table without documentation.

**Shaw** – The figures he has stated is NCH’s budget for the testing; asked what specific details they want.

**Kronau** – As long as there are no incremental costs for PCR testing, she’s okay with that. As for serology testing, she’d be comfortably giving some money to that with the balance from donations and thinks the Town should support the testing.

**Maury** – The \$200,000 for the PCR testing would fund about 1333 tests.

**Harrington** – He believes Ms. Kronau’s approach would be good; it would be nice to see the numbers on paper. Another meeting in the near future should be considered.

**Roche** – Agrees we need to provide more fiscal oversight.

**Vieth** – Wants to see more information. Asked who funded the testing in Boston.

**McEachern** – He’d rather fund today and move on.

**Schaeffer** – Asked if testing is competitive for bidding.

**Shaw** – Companies base their costs on the market; they do vary. We don’t have enough details on other companies that might have the capacity to handle this type of study.

**Schaeffer** – Feels without having done that search, NCH shouldn’t be asking for money. Asked again about charging a small fee or “contribution” from people being tested; that would generate a lot of money.

**Shaw** – Voluntary tests aren’t billable. Our current contract doesn’t allow us to change pricing outside the system.

**Bridges** – He wants to know, if we go forward funding this, what Mr. Santamaria’s role would be.

**Santamaria** – He and Mr. Shaw would be working hand in hand; it’s a very hyper-local program.

**Fee** – There is a way to test people and ask for donations; people would give what they could. It is important to do this sooner rather than later; entering the summer, we are in a higher level of risk and that hasn’t been quantified. He thinks it’s a low amount of money in the face of the potential economic devastation.

**McEachern** – Asked if people can do their own PCR testing.

**Shaw** – You can’t do it through MGH; if people have the ability to pay, we want them to pay; tests of a private groups would still come back to be included in the public information.

**McEachern** – Feels it would behoove employers to help fund testing for their staff.

**Shaw** – They would come to us for the testing, but it would be helpful. Pointed out that the Town is the Island’s largest employer.

**Giorgio** – Before the Town provides the money to fund the test, there would have to be a Grant Agreement in place; that would be the mechanism for a legally binding agreement that provides Mr. Santamaria oversight and Town control. The agreement would also state the money provide but allow NCH to come back for further request.

**Hill Holdgate** – The Town should make a meaningful contribution but encourage significant donor contribution. She wants to do something today.

**Maury** – Asked how far 1300 tests will go and how much capacity is available to collect the test. Also, what’s a meaningful sample size.

**Santamaria** – Usually we look for 10% of the population, about 1000 tests. Bootstrapping is an acceptable biostatistician’s tool. For him, serology is the most useful test; it tells us who is presenting. PCR would be people who are self-selecting to be tested; they tend to be healthy.

We should take action on the serology testing definitely today. It would be nice to act on the PCR testing because both tests together provide useful information.

**Shaw** – Our current set up allows about 50 tests a day at the drive-through. We'd like to increase the staff to allow us to scale up the amount of testing.

**Maury** – About group testing, asked if that is scientifically meaningful.

**Santamaria** – Group testing is the “bootstrapping” he mentioned; it is a last resort method. PCR skews the data to the health conscious and could possibly hide the real numbers; but coupled with contact tracing, it could help.

**Shaw** – PCR testing would provide a more accurate picture of asymptomatic carriers.

**Fee** – He thinks both are important.

**Kronau** – FinCom makes the motion to spend; the Select Board and FinCom should be in agreement of the amount.

**Giorgio** – The Select Board should make a request for a certain amount to FinCom.

**Hill Holdgate** – Suggested the Town contribute half for the tests.

**Kronau** – Half of the total costs for both tests would be \$230,000.

**Giorgio** – The Grant Agreement could include that NCH pursue efforts to obtain private donations and that the unspent portion of the Town's grant would be reduced by any donations.

**Maury** – He likes that, so the hospital can move forward confident they will get full funding.

**Shaw** – He doesn't think that provision in the Grant Agreement would be a problem.

**Gibson** – Hill Holdgate's proposal was half the total; there is currently an active effort within the community to do fund raising for testing.

**Ferrantella** – Her concern is that if the Town provides only half the requested funding, there would be a problem if NCH doesn't get the other half.

**Turbitt** – Proposed funding half now; we don't know what other expenses will come up between now and June 30<sup>th</sup>; if we don't need the balance of the reserve fund, we can further reallocate up to July 15<sup>th</sup>.

**Discussion** – How much to put into the testing at this time: fully fund both tests; fund half the total of both tests; fully fund serology testing at this time; outreach to employers for donations to support testing; fully fund serology and fund \$25,000 for PCR testing at this time.

**Turbitt** – If the Town fully funds serology testing, that would be just under half the reserve fund.

**Maury** – Asked the timeline to put the Grant Agreement in place.

**Shaw** – He wants to start the serology testing ASAP and he needs a commitment to start.

**Kronau** – \$25,000 would provide 160 PCR tests; \$50,000 would pay for 332 tests. Full funding for the serology plus \$25,000 for the PCR tests equals \$286,800 and is about 50% of the reserve fund. \$311,800, which would include \$50,000 for PCR, is now 60% of the reserve fund.

Motion **Motion that the Select Board request FinCom to transfer \$311,800 pursuant to a Grant Agreement.** (made by: Ferrantella) (seconded)

Roll-call Vote Carried 4-1//Bridges-aye; Fee-aye; Ferrantella-aye; Higgins-aye; Hill Holdgate-nay  
Discussion on the motion:

The Grant Agreement;

The process of refunding any excess of donations back to the Town and how much should of those donations should come back to the Town;

Possibility of serology retesting in Fall.

**Giorgio** – Reviewed the wording for the Grant Agreement.

Motion **Motion to relieve NCH from repaying 50% of the \$311,800.** (made by: Bridges) (seconded)

Roll-call Vote Carried 5-0//Bridges-aye; Fee-aye; Ferrantella-aye; Higgins-aye; Hill Holdgate-aye

FinCom motion:

Motion **Motion to Allocate \$311,800 from the reserved fund to support the request from NCH for \$261,800 for serology testing and \$50,000 for PCR testing based upon a Grant Agreement and will ask for reimbursement up to \$159,000 of donated amount.** (made by: Harrington) (seconded)

Roll-call Vote Carried 5-1/Vieth-aye; MacEachern-aye; Maury-aye; Schaeffer-nay; Harrington-aye; Kronau-aye

**Bridges** – He wants it included in the Grant Agreement that the Town has access to all the testing data.

**Shaw** – The BOH would have all the results of the studies and would make a decision of how much of that information is shareable.

**Giorgio** – When Mr. Santamaria has completed the testing protocol, he will include it into the Grant Agreement.

#### **V. NEXT MEETING DATE/ADJOURNMENT**

Date: TBD

#### **VI. COMMITTEE REPORTS & OTHER BUSINESS**

1. None

**Motion to Adjourn FinCom at 12:58 p.m.** (made by: Maury) (seconded)

Roll-call Vote Carried unanimously// Vieth-aye; MacEachern-aye; Maury-aye; Schaeffer-aye; Harrington-aye; Kronau-aye

Submitted by:

Terry L. Norton