



2025
SUMMER
FELLOWSHIP
PROGRAM

FELLOW PROJECTS AND REFLECTIONS

2025 SUMMER FELLOWSHIP PROGRAM

FELLOWSHIP PROGRAM

The annual Health Policy Commission (HPC) Summer Fellowship Program has dual goals of helping to achieve the Commonwealth's health care reform and cost containment goals while simultaneously providing hands-on educational opportunities to the next generation of health policy leaders. Each year, the Fellowship Program affords students the opportunity to engage in a ten-week, stand-alone policy or research project within one of the HPC's departments. As temporary full-time employees, fellows work closely with their supervisors to ensure they meet project benchmarks, deliver key presentations, and meet deadlines. The 2025 Summer Fellowship Program was conducted in a hybrid format. Fellows participated in both in-person and virtual programming, and worked from the HPC's offices alongside HPC staff on a recurring basis throughout the summer.

PEOPLE AND PROCESS

Applicants to this highly competitive program must be enrolled in a full-time master's, PhD, law, or medical program. For the 2025 Fellowship Program, the HPC received over 220 applications from students at universities around the world. The HPC is committed to embedding diversity, equity, and inclusion as core components of its hiring process. To reduce bias in the Fellowship Program selection process, identifying information including names and universities were redacted from applications upon receipt. After reviewing the redacted materials, HPC staff conducted virtual interviews with dozens of top applicants. Candidates were invited for interviews based on prior professional experience and their interests in health policy as outlined in their application materials. The ideal HPC fellow is a strong problem-solver, a clear and concise writer of technical and policy content, and possesses the ability to understand multiple stakeholder perspectives. Successful candidates are collaborative, self-motivated, and passionate about health policy.

STIPEND AND PROGRAMMING

In 2025, fellows were paid \$32 per hour for up to ten weeks (375 hours) of work. To enhance their time with the HPC, fellows were included in various activities and meetings and given access to some of the Commonwealth's most cutting-edge and forward-thinking policy making processes and staff. Fellows worked with their teams to guide a project from inception to completion, while also exploring the intersection of HPC goals and their own academic interests. In addition to their primary projects, fellows were offered a host of virtual programming and networking opportunities to allow them to better understand the varied facets of the HPC's work. Examples included:

- Joining policy meetings with HPC staff and key stakeholders;
- Attending meetings of the HPC's Board of Commissioners; and
- Participating in small, interactive virtual meetings on health policy with HPC commissioners and Advisory Council members.

At the conclusion of the summer, fellows were asked to share the product of their work and reflect on the Fellowship Program in a presentation to HPC leadership and staff.

THE HEALTH POLICY COMMISSION DEPARTMENTS AND OFFICES

Under the leadership of Executive Director David Seltz and Deputy Executive Director Coleen Elstermeyer, MPP, the staff of the HPC is divided into five departments. Each department works on focused areas as well as collaborative, cross-agency projects to ensure that the HPC's responsibilities are achieved in a robust, transparent, and timely manner. Two executive departments have oversight and administrative duties, while three departments focus primarily on policy, research, and program operations.

HPC DEPARTMENTS

Through their oversight and administrative duties, the executive departments support the development of all the policy, research, and programmatic work across the agency.

Office of the Chief Of Staff (COS)

The Office of the Chief of Staff ensures that the HPC produces timely, high-quality deliverables and informs the public and stakeholders of the HPC's mission, policies, and programs in a consistent and credible manner. This is completed through management of the HPC's external affairs efforts, including media, public, legislative, intergovernmental, and stakeholder relations. COS also manages the day-to-day administration of the HPC, including agency operations, human resources, fiscal management, special projects, and public events. Hannah Kloomok serves as the Chief of Staff and oversees the work of this department.

Office of the General Counsel (OGC)

The Office of the General Counsel provides legal counsel and advice on a wide range of strategic, policy, and operational topics for the agency. The Legal department is responsible for supporting the HPC's policy and legal work, including the development of regulations and support of agency compliance functions. The Office of the General Counsel is led by Lois H. Johnson.

The policy, research, and program departments focus primarily on developing policy recommendations, conducting novel research, and managing the operations of HPC programs.

Health Care Transformation and Innovation (HCTI)

The Health Care Transformation and Innovation department is responsible for developing a coordinated strategy to advance care delivery transformation policy and programs, including developing and implementing the agency's grantmaking strategy. HCTI has administered several grant programs designed to catalyze care delivery transformation in the Commonwealth, beginning with the Community Hospital Acceleration, Revitalization, and Transformation ([CHART](#)) and Health Care Innovation Investment ([HCII](#)) programs, and continuing today with the [SHIFT-Care Challenge](#), Moving Massachusetts Upstream ([MassUP](#)), Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns ([C4SEN](#)), and Birth Equity and Support through the Inclusion of Doula Expertise ([BESIDE](#)) programs. These efforts collectively represent a key component of the HPC's overall efforts to increase health care quality, equity, and access while reducing cost growth in the Commonwealth. HCTI also advances the Commonwealth's goals of accelerating adoption of new integrated care models through state certification programs for patient-centered medical homes ([PCMHS](#)) and accountable care organizations ([ACOs](#)) and enhanced transparency of such efforts. The department – in collaboration with other state agencies and stakeholders – works to promote and align innovative care delivery and payment models and address upstream causes of poor health outcomes. Through these efforts, HCTI supports the HPC's vision of a care delivery system that reduces spending and improves health for all residents by delivering coordinated, patient-centered, and efficient health care that reflects patients' behavioral, social, and medical needs.

HCTI is co-led by Tayler Bungo, Director of Health Care Transformation and Innovation, and Catherine Harrison, Director of Health Care Transformation and Accountability.

Market Oversight and Transparency (MOAT)

The Market Oversight and Transparency department is responsible for advancing the HPC's statutory charge to encourage a more value-based health care market. This includes (1) developing and implementing a first-in-the-nation [Registration of Provider Organizations](#) (RPO) program to provide transparency on the composition and function of provider organizations in the health care system, (2) tracking and evaluating the impact of significant health care provider changes on the competitive market and on the state's ability to meet the health care cost growth benchmark through review of [material change notices](#) (MCNs) and [cost and market impact reviews \(CMIRs\)](#), (3) evaluating the performance of individual health care providers and payers which threaten the health care cost growth benchmark and overseeing [Performance Improvement Plans \(opens in a new tab\)](#) (PIPs) to improve the cost performance of such entities, and (4) collaborating with other HPC departments to catalyze improvements in the performance of the health care system. MOAT is led by Katherine (Kate) Scarborough Mills, Esq., MPH.

Research and Cost Trends (RCT)

The Research and Cost Trends department fulfills the HPC's statutory charge to examine spending trends and underlying drivers and to develop evidence-based policy recommendations for strategies to increase the efficiency of the health care system. Using key data sources such as the Center for Health Information and Analysis' All-Payer Claims Database (APCD) and cutting-edge methods, RCT draws on significant research and analytical expertise to inform action to achieve the benchmark and the goals of Chapter 224. RCT is responsible for producing the HPC's annual [Health Care Cost Trends Report](#) and contributes subject matter expertise to the annual Health Care Cost Trends Hearing, as well as special research projects as determined by the Executive Director and the Board. RCT is led by David Auerbach, PhD.

OFFICES WITHIN THE HPC

The offices within the HPC, established through legislation, have statutory charges for their work, while supporting also the HPC's overall mission and goals.

Behavioral Health Workforce Center (BHWC)

[The HPC Behavioral Health Workforce Center \(BHWC\)](#) was formed in partnership with the Executive Office of Health and Human Services (EOHHS) to conduct research and make data-informed policy recommendations to strengthen the behavioral health workforce in Massachusetts, including efforts to improve education and training pipelines, increase diversity and cultural competency, enhance opportunities for professional growth, and retain behavioral health providers in the workforce. The BHWC serves as the Commonwealth's primary hub for research on the behavioral health workforce. The BHWC aims to (1) identify gaps and challenges across communities and provider types; (2) monitor trends, particularly related to disparities in workforce representation and demand for services; and (3) support development of responsive, high-impact policy recommendations. BHWC is led by Amy Doyle, MSW, MPH.

Office of Health Resource Planning (OHRP)

[The Office of Health Resource Planning \(OHRP\)](#) was established with the goal of identifying and addressing service gaps and challenges in the Massachusetts health care system while fostering patient-centered care. As the entity leading the first Massachusetts state health planning effort in over a decade, the OHRP applies rigorous data collection and analytic techniques to evaluate health care resource access and needs. OHRP investigates and reports on the factors that drive the misalignment of supply and need and makes policy recommendations to promote the appropriate supply and equitable distribution of services. OHRP is led by Kara Vidal.

Office of Patient Protection (OPP)

[The Office of Patient Protection \(OPP\)](#) safeguards important rights of health insurance consumers. Implementing certain provisions of M.G.L. Chapter 1760, OPP regulates the internal grievance process for consumers who wish to challenge denials of coverage by health plans and regulates and administers the external review process for consumers who seek further review of adverse determinations by health plans based on medical necessity. OPP is also charged with regulating similar internal and external review processes for patients of Risk Bearing Provider Organizations and HPC-certified ACOs. OPP also administers and grants enrollment waivers to eligible individuals who seek to purchase non-group insurance when open enrollment is closed. Additionally, OPP assists consumers with general questions or concerns relating to health insurance. OPP is led by Nancy K. Ryan, Esq., MPH.

Office of Pharmaceutical Policy and Analysis (OPPA)

[The Office of Pharmaceutical Policy and Analysis \(OPPA\)](#) was established with the goal of conducting nation-leading research and developing key policy recommendations related to pharmaceutical drug access and affordability, serving as the hub of expertise on pharmaceutical drug policy for the Commonwealth. The main functions of OPPA are to collect and analyze pharmaceutical spending data and information, develop and share reports and cutting-edge analyses of trends related to access, affordability, and spending on pharmaceutical drugs in the Commonwealth, and issue recommendations on pivotal matters related to pharmaceutical policy.

HPC SUMMER FELLOWSHIP PROGRAM REFLECTIONS

AMY BOLTON (RCT)

Tufts University



AMY BOLTON
She/Her/Hers

MS, Nutrition and
MPH, Epidemiology
and Biostatistics,
Tufts University

Over the summer, I analyzed behavioral health prescription drug utilization and spending trends in Massachusetts's commercial population. I led a data analysis across the full project lifecycle, which involved working with pharmaceutical claims, data groupers, and crosswalks. I practiced strategies to maintain clear documentation to support transparency and reproducibility. This work strengthened my ability to tell data-driven narratives that resonate across policy and stakeholder audiences.

I appreciated the mentorship and collaboration of my supervisor and the Research and Cost Trends (RCT) team. They challenged me with thoughtful questions, and I valued their research mindset. Through their guidance, I refined my Stata code for efficiency and clarity, honed my ability to independently review my work, and strengthened my ability to transform analyses into practical insights.

As an added benefit, I had the opportunity to attend a Board meeting and meet with health care professionals across Massachusetts. These experiences deepened my understanding of agency priorities and innovative policy strategies.

Above all, this experience reaffirmed my desire to pursue data-driven health care policy and analysis and gave me new tools, context, and connections to pursue that goal more intentionally.



SAMURAH CURRY
She/Her/Hers

MA, Communications-
Public Relations,
Seton Hall University

SAMURAH CURRY (COS) Seton Hall University

This summer, I had the privilege of serving as a Summer Fellow in the Office of the Chief of Staff, supporting the Communications Director and contributing to strategic communication, media analysis, and public outreach initiatives. As a Master of Arts in Communication candidate with a focus on Public Relations, I was eager to apply my academic and professional experience to the public policy sphere, helping translate complex health policy issues into accessible, actionable information for diverse audiences.

One of the highlights of my fellowship was developing a comprehensive media report analyzing the performance of the HPC's external communications channels over the past year. This project involved examining engagement metrics across LinkedIn, X, YouTube, Constant Contact, and the HPC's website, identifying trends in audience behavior, and offering targeted recommendations to optimize reach and retention. The findings from this analysis will help inform future content strategy and ensure the HPC's communications resonate with both new and returning audiences.

I also developed a public messaging campaign to improve understanding of Massachusetts' proposed primary care spending target. This included drafting clear, accessible materials such as a one-page explainer, a myths-and-facts guide, and a public impact sheet. These resources were designed to distill complex policy language into approachable formats, supporting the HPC's mission to promote high-quality, affordable care through transparent public engagement.

Beyond these major projects, I contributed to event communications, including posts for the HPC's social media channels, and I attended the Health Equity Compact's Health Equity Trends Summit, after which I prepared a comprehensive event recap for internal distribution. I also collaborated with colleagues on strategies to segment and repurpose existing video content, maximizing its impact across platforms.

This fellowship has been transformative for both my professional growth and my understanding of how strategic communication shapes public policy. I entered the role eager to apply my communication and public relations skills to the health policy sector, but I leave with a far deeper appreciation for the complexity of translating technical policy into clear, compelling narratives that resonate with diverse audiences. Working at the intersection of policy, public engagement, and media strategy has strengthened my analytical abilities, sharpened my writing for varied audiences, and expanded my capacity to think critically about message framing. I have also gained valuable insights into how public agencies collaborate with stakeholders, policymakers, and the public to achieve long-term impact. Perhaps most importantly, this experience has affirmed my interest in pursuing a career where communication is not just about information sharing, but about building understanding, trust, and engagement in ways that can drive meaningful change.

I am deeply grateful for the mentorship, collaboration, and trust extended to me by my supervisors and the HPC team throughout this fellowship. I look forward to following the HPC's ongoing efforts to advance equitable, cost-effective health care for all Massachusetts residents.



HALEY DIRECTOR
She/Her/Hers

PhD, Health Services
Research and Policy,
University of
Pittsburgh School of
Public Health

HALEY DIRECTOR (RCT)

University of Pittsburgh School of Public Health

This summer, I had the incredible privilege to work with the Research and Cost Trends (RCT) team. As a doctoral candidate in Health Services Research and Policy and a Massachusetts native, I was interested in applying the skills and knowledge I gained from my program to real-world issues impacting my community and those living throughout the state. Knowing that Massachusetts is a leader in the health care and health policy spaces, I was excited to contribute to the health care system that I have benefitted from throughout my life.

During my time with RCT, I conducted a project exploring trends in hospital length of stay among those discharged to skilled nursing facilities (SNFs) and evaluating bed and nursing staff capacity issues at all nursing facilities. In this project, I used hospital discharge data from the Center for Health Information and Analysis (CHIA), the Center for Medicare and Medicaid Services (CMS) Nursing Facility data, the CHIA Nursing Facility Databook, and Medicare Geographic Variation data to perform a series of descriptive analyses to understand and visualize longitudinal trends in hospital length of stay and nursing facility capacity.

I am incredibly grateful to have had the opportunity to work with the RCT team and all HPC staff members, as well as getting the chance to connect with and learn from the other fellows. I also enjoyed meeting with leaders in the health policy space in Massachusetts, both in government and advocacy positions, whose passion and commitment to helping those throughout the state inspired and motivated me to continue to work for meaningful change and equity. This fellowship affirmed my desire to enter either government or industry upon completion of my degree. I cannot thank my supervisor, the RCT team, and the HPC enough for this amazing experience, and I look forward to using the skills from this fellowship in the future!



LYDIA GOLDTHWAIT
She/Her/Hers

MPH, Health Policy
and Law,
Boston University

LYDIA GOLDTHWAIT (HCTI)

Boston University

As a Masters in Public Health (MPH) candidate concentrating in health policy and law, the fellowship opportunity at the Health Policy Commission (HPC) immediately sparked my interest. My goal after I graduate is to work in policy research, specifically in understanding how we can make health care more affordable, accessible, and equitable. Based on my interests and background and the mission of the HPC, I knew this fellowship would be a great opportunity to expand my horizons and learn more about the health policy field.

During my fellowship, I had the privilege of supporting the amazing Health Care Transformation and Innovation (HCTI) team. Over the summer, I worked on developing a landscape analysis of how hospitals and community health centers (CHCs) in Massachusetts are preparing for the impacts of climate change. The landscape analysis included researching hospital and CHC policies and determining what prioritizing climate resiliency looks like at different institutions, as well as looking for patterns in the characteristics of the health care facilities who were focusing on climate resiliency.

From the landscape analysis, I developed a stakeholder list and a webinar proposal. The stakeholder list includes key contacts from hospitals and CHCs who are focused on either patient- or facility-focused climate resilience, as well as academic experts who research the relationship between climate change and health. The webinar proposal outlines a webinar with the goal of better understanding the intersection of climate change and health care in Massachusetts, specifically how this topic relates to hospitals and CHCs. The hope is that both of these resources, the stakeholder list and the webinar proposal, could be utilized to set up any future work the HCTI team takes on in the climate resiliency space.

My work this summer combined two interests that are close to my heart: equity in health care and climate change. It has been fulfilling to learn more about how these two topics are intertwined. During my time working on these projects, I was also able to further develop my research skills, deepen my understanding of the Massachusetts health care landscape, and learn more about how the HPC advocates for a stronger, safer, and more equitable health care system. I am very grateful to the HCTI team for an incredible fellowship and for all of the guidance and support they provided. I am excited to take all of the skills that I learned and knowledge that I gained during my time at the HPC into the remainder of my MPH program and into my future career in health policy.



KRISTEN GOTTLIEB
She/Her/Hers

MPH, Health Policy,
Harvard University

KRISTEN GOTTLIEB (RCT)

Harvard University

This summer, I had the privilege of working on the Research and Cost Trends (RCT) team and on the Behavioral Health Workforce Center (BHWC) team. The fellowship was the perfect culmination of my educational and professional experience. Prior to studying health policy as an MPH candidate, I received a Bachelor of Science in quantitative methods, and I worked as an admissions counselor in a behavioral health clinic. The fellowship afforded me the opportunity to further develop my data science skills and to apply and grow my knowledge of behavioral health treatment and workforce issues. I drafted behavioral health policy briefs, performed a data analysis project, and attended internal and external meetings.

My project involved tracking trends in behavioral health utilization using commercial claims data. Specifically, I investigated from which clinician types and from which sites of service did commercial health insurance members receive psychotherapy. I also explored psychotherapy use by commercial member demographics. The project informed the BHWC's provider payment rates and workforce needs assessment studies.

Throughout this experience, I gained expertise in federal and Massachusetts mental health parity laws. I also learned how to approach claims data and how to present data visualizations in intuitive and digestible ways. I am truly grateful for the invaluable knowledge and skills the fellowship afforded me and I will employ them throughout my career in health policy.



**HELENA
HAILEMICHEAL**
She/Her/Hers

MPH, Health Law
and Policy,
Boston University

HELENA HAILEMICHEAL (HCTI)

Boston University

As an MPH candidate interested in health policy and the intersection of investment programs in promoting equitable health care experiences for Massachusetts residents, I was fortunate to join the Health Care Transformation and Innovation (HCTI) team at the Health Policy Commission this summer.

During the fellowship program, I contributed to two projects. The first involved drafting a white paper on how to support and sustain a community-based workforce equitably. I conducted interviews with HPC staff who supported awardees implementing community-based models and reviewed internal program materials, financial documents, and interview transcripts. This project continues the HPC's focus on promoting workforce sustainability and equity by providing context and policy ideas.

The second project involved creating a spotlight profile for an investment program awardee recognized for its collaborative care model. I facilitated interviews with a family practice primary care provider (PCP) and a team member from the awardee center to highlight their work and impact through a spotlight draft.

I started this fellowship with limited experience in investment programs, but I was able to improve my skills in financial and program analysis to identify long-term solutions for sustaining and supporting a community-based workforce. I also learned more about the state's behavioral health reform pathways and how to improve access to mental health care for all Massachusetts residents.

I am grateful for the wonderful opportunity and guidance the HPC and the HCTI team provided this summer, and I look forward to applying all the skills I gained throughout my career!



NADIA HILL
She/Her/Hers

MPH, Community
Assessment
Program Design,
Implementation, and
Evaluation,
Boston University
School of Public
Health

NADIA HILL (BHWC)

Boston University School of Public Health

This summer, I had the privilege of working as a Behavioral Health Workforce Center (BHWC) fellow at the Massachusetts Health Policy Commission (HPC). As a Master of Public Health Student at Boston University with a background in neuroscience, I was excited to have the opportunity to learn more about behavioral health policy and workforce development.

My summer project supported the BHWC's mandated study of licensure and certification processes for the behavioral health workforce in Massachusetts. For the first part of my project, I collected data on licensure and scope of practice for behavioral health providers and organized it in Excel workbooks that will serve as internal references for the BHWC. I also drafted an internal issue brief highlighting barriers to entry and retention in the behavioral health workforce pipeline which will support the BHWC's preliminary report on the behavioral health licensure process in Massachusetts. The goal of this work was to identify barriers, increase the number of practitioners in the workforce, and improve patient access to high quality care.

I am grateful for all of the connections I have made at the HPC and the opportunities to learn from a team with diverse expertise in research, policy, and clinical practice. The welcoming and supportive environment was a highlight of my fellowship. My time at the HPC also provided me with invaluable insight into the work that goes into establishing and running a program, including strategy discussions, stakeholder engagement, and project management. This experience deepened my understanding of the behavioral health workforce and the ways that policy can be enacted to shape it. I'm excited to apply what I've learned this summer as I move forward in my professional journey. Thank you to everyone on the BHWC team for making this such a meaningful and fulfilling experience!



ANNABELLE LEE
She/Her/Hers

MPH, Health
Management,
Harvard University

ANNABELLE LEE (MOAT/OHRP)

Harvard University

This summer, I joined the Health Policy Commission (HPC) as a Master of Public Health (MPH) student with a strong interest in health care delivery, systems thinking, and policy development. With a background in Medicaid program integrity oversight and prior experience in establishing new federal offices and initiatives, I was fortunate to support the Office of Health Resource Planning (OHRP) in their inaugural year, in addition to the Market Oversight and Transparency (MOAT) team.

During my time as an HPC Fellow, I conducted a landscape and policy scan of appointment wait time methodologies and data sources as a potential access metric for OHRP's State Health Resource Plan, which aims to identify existing health resources and anticipated health needs of Massachusetts residents. Through evaluating a broad range of national models, state programs, academic studies, and insurer policies, I synthesized strengths, limitations, and explored feasibility for wait times data collection in Massachusetts. This project sharpened my ability to digest various frameworks, incentives, and recommend best practices to OHRP in the context of building upon MOAT's existing programs, access to data, and business processes.

My second project supported the Maternal Health Task Force's evaluation of Massachusetts maternity services by identifying potential metrics that capture gaps in financial accessibility for underserved populations. Through dataset analysis and review of hospital financial assistance policies, I explored patient income eligibility, medical bill ratio thresholds by hospital cohort, health system affiliation, and tax status, and highlighted additional key accessibility factors.

I truly enjoyed the opportunity to explore how patient access to care can be measured and brainstorm realistic ways to integrate specific metrics into the HPC's health planning efforts. This fellowship deepened my commitment to building evidence-based programs and processes centered on equitable access, care quality, and affordability. Many thanks to the OHRP team for the opportunity to join their foundational work, sharing their deep knowledge of the Massachusetts health care market, and allowing me to grow my professional skills in a warm and welcoming environment!



MOLLY LITTLE
She/Her/Hers

JD, Litigation,
Business Law, and
Public Interest Law,
New England
Law–Boston

MOLLY LITTLE (OGC/OPP)
New England Law–Boston

This summer, I had the privilege of supporting both the Office of the General Counsel (OGC) and the Office of Patient Protection (OPP). I am a rising third-year J.D. candidate at New England Law | Boston, pursuing certificates in Compliance and Risk Management and in Criminal Practice and Procedure, with concentrations in Litigation, Business, and International Law. I was drawn to the HPC’s mission to improve health care across the Commonwealth, and this fellowship allowed me to merge my legal education with my longstanding passion for public health. Prior to law school, I earned a Master’s degree in Organizational Leadership while teaching health education to 9th and 10th graders. I also earned a Bachelor’s degree in Psychology and a Certificate in Public Health, and I greatly enjoyed applying my scientific and research background to my projects this summer.

My work at the HPC spanned a variety of assignments, from analyzing the implications of the One Big Beautiful Bill Act (OBBBA) for rural health communities to researching Individual Coverage Health Reimbursement Arrangements (ICHRAs). I assisted in developing dataset profiles for Data Use Agreements, drafted external guidance for review agencies handling out-of-network cases, studied network adequacy requirements, the provider appeals process, and reviewed public employee ethics requirements. My largest project involved compiling research to inform the drafting of an internal AI usage policy, incorporating federal, state, and industry guidance. Through these experiences, I refined my research and writing skills, strengthened my abilities in contract review and policy drafting, and deepened my understanding of both federal and state health policy landscapes.

I loved exploring the State House, attending health policy summits and conferences, meeting employees across the HPC, engaging in legal team huddles, and sharing plenty of learning—and laughter—with the other fellows. Our cohort was truly exceptional, and I cannot wait to see where these brilliant women make their mark. My deepest thanks to OGC and OPP for their support, feedback, and mentorship. I am forever thankful for my time at the HPC.



TAYLOR ZEVANOVE
She/Her/Hers

DrPH, Leadership,
Management and
Policy,
Boston University

TAYLOR ZEVANOVE (MOAT/OHRP)

Boston University

This summer, I had the privilege of contributing to the Health Policy Commission's new Office of Health Resource Planning (OHRP) and the standing Market Oversight and Transparency (MOAT) team. It was an exciting moment to join during OHRP's inaugural year and to learn from the team as they built the foundation for the state's first Health Resource Plan.

My work focused on two primary projects. The first examined the role of geography in state health planning. I conducted a landscape analysis of the geographic units used by state health planners and in the broader policy literature, providing recommendations for selecting units that best support different types of analyses. I also presented a framework for evaluating geographic units and compared these approaches to those adopted by other states. Having recently completed an academic course in health planning, it was deeply rewarding to apply those concepts to such an early and formative stage of the state's planning process.

The second project supported OHRP's analysis for the state's Maternal Health Task Force. I reviewed essential service closure filings from 2014–2023 for maternity wards across Massachusetts and synthesized the findings with national research to identify key drivers of closures. This work offered valuable insight into how financial, economic, and regulatory factors intersect in shaping maternal care.

Through these projects, I saw firsthand the distinctive role state policymakers play in advancing health care access, affordability, and transparency. While my academic training provided the tools to understand health care markets, this fellowship offered a front-row view into the analyses and outputs that can guide regulatory action. I am grateful to the OHRP team for their guidance and am confident that the lessons from this summer will shape my future career advancing equitable and affordable health care.

**MASSACHUSETTS
HEALTH POLICY COMMISSION**
50 Milk Street, Boston, MA 02109
MassHPC.gov