

VOTE 1: MEETING MINUTES

Date of Meeting: April 17, 2025
Start Time: 12:08 PM
End Time: 2:19 PM

	Present?	Vote 1: Approval of Minutes (February 27, 2025)	Vote 2: Final Report on the Cost and Market Impact Review of Proposed Clinical Affiliation between Dana Farber Cancer Institute, Beth Israel Deaconess Medical Center, Harvard Medical Faculty Physicians	Vote 3: Health Care Cost Growth Benchmark for Calendar Year 2026	Vote 4: Executive Director's Contract Renewal
Deborah Devaux*	X	X	M	M	X
Martin Cohen	X	X	2 nd	2 nd	X
Matilde Castiel	X	2 nd	X	X	M
Karen Coughlin	X	M	X	X	X
David Cutler	X	X	X	X	X
Patricia Houpt	X	ab	X	X	2 nd
Ron Mastrogiovanni	X	X	X	X	X
Alecia McGregor	A	A	A	A	A
James Willmuth	X	ab	X	X	X
Secretary Kate Walsh or Kiame Mahaniah (Designee)	X	ab	X	X	X
Secretary Matthew Gorzkowicz or Dana Sullivan (Designee)	X	X	X	X	X
Summary	10 Members Attended	Approved with 7 votes in the affirmative	Approved with 10 votes in the affirmative	Approved with 10 votes in the affirmative	Approved with 10 votes in the affirmative

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

*Chairman

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A virtual meeting of the Health Policy Commission (HPC) was held on April 17, 2025 at 12 PM. Commissioners attended the meeting remote, via Zoom. A [recording](#) of the meeting and the [meeting materials](#) are available on the HPC's website.

Participating commissioners who attended virtually were Ms. Deborah Devaux (Chair); Mr. Martin Cohen (Vice Chair); Dr. Matilde Castiel; Ms. Karen Coughlin, Dr. David Cutler; Ms. Patricia Hout; Mr. Ron Mastrogiovanni; Mr. James Willmuth; Ms. Dana Sullivan, Designee for Secretary Gorzkowicz, Executive Office of Administration and Finance (ANF); and Undersecretary Kiame Mahaniah, Designee for Secretary Walsh, Executive Office of Health and Human Services (EHS).

Ms. Devaux began the meeting and welcomed the commissioners, staff, and members of the public viewing the meeting on the livestream. Ms. Devaux introduced the HPC's most recently appointed commissioner, James Willmuth, who will serve as the designated member with demonstrated expertise in representing the health care workforce as a leader in a labor organization, previously held by Timothy Foley. Ms. Devaux turned to Mr. Willmuth to share introductory remarks. Ms. Devaux then provided an overview of the topics on the Board meeting agenda.

ITEM 1: Approval of Minutes

Ms. Coleen Elstermeyer, Deputy Executive Director, managed the roll call vote to approve the minutes of the February 27, 2025 Board meeting. Ms. Coughlin made the motion to approve the minutes, and Dr. Castiel seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 2: Final Report on the Cost and Market Impact Review of Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, and Harvard Medical Faculty Physicians (VOTE)

Mr. David Seltz, Executive Director, introduced the topic. Mr. Sasha Hayes-Rusnov, Associate Director, Market Oversight and Monitoring, presented the findings in the final report on the cost and market impact review (CMIR) of the Dana-Farber Cancer Institute (DFCI), Beth Israel Deaconess Medical Center (BIDMC), and Harvard Medical Faculty Physicians at BIDMC (HMFP). Ms. Lois Johnson, General Counsel, reviewed the commitments the HPC negotiated with the parties. For more information, see slides 7-21.

Ms. Devaux said that the primary focus of the CMIR was to assess the changes to cancer care in Massachusetts due to the ending of DFCI's clinical affiliation with Brigham and Women's Hospital. She said that DFCI's new clinical affiliation is going to change cancer care in Massachusetts over the next five years and added that both DFCI and Mass General Brigham (MGB) would be building their own cancer facilities, which have significant implications for cost and access. Ms. Devaux recognized the extensive work that was done both by the HPC and other government agencies to evaluate DFCI's plan based on currently available information and future projections. She acknowledged that the projections outlined in the report would likely evolve over the next five years as there will be changes to patient care, access to medication, the cost of care, and needed level of cancer care. She said that a critical need outlined in the HPC's recommendations is monitoring what happens over the next five years and highlighted the agreement with DFCI regarding monitoring as well as the need to monitor the entire cancer care market. She said the final report's submission to the Massachusetts Attorney General's office is in line with the AG's market review function. She added that there will be an interagency effort to work with the cancer care entities in the health care market to evaluate and monitor what actually happens over the coming years as it impacts cost, access and quality.

Dr. Cutler echoed Ms. Devaux's comments regarding the scope of the information the HPC and other governmental agencies currently have on the cancer care market. He said that one of the primary challenges with projecting future

healthcare and cancer care needs is that the Commonwealth does not currently have a solid statewide health planning process that can anticipate medical needs and project population needs in the years to come. He added that one thing that was missing during this process was a way to evaluate how much capacity is needed for oncology services in the Boston area and how that will impact providers and patients across the state. Dr. Cutler said that the HPC now has the authority to develop a state health resource plan that could be helpful for reviewing this change and other proposed transactions in the future. He emphasized the need to continue thinking about this particular health care market as a whole instead of the capacity for individual oncology providers.

Mr. Willmuth highlighted his concerns, reflecting comments by 1099SEIU regarding the project, with the possible impact of the new DFCI facility on safety-net hospitals and their ability to serve cancer patients. He also emphasized his concern with the impact on the workforce as DFCI staffs the new cancer care facility. He recognized that DFCI has shared details and their plans on how they intend to find the necessary staff to fill the 2500 positions at the new facility and noted their pipeline plan to hire doctors and nurses, many of whom are still likely in school. Mr. Willmuth said that DFCI is going to need a range of workers other than just nurses and doctors, including administrative staff, staff for radiation oncology, imaging and lab technicians and identified that there is already a massive staffing shortage in these areas. He said that he hopes DFCI can further develop its plans to train up the current workforce but expressed his concerns for the amount of workforce development and training needed to fulfill its workforce needs in the new facility.

Ms. Elstermeyer managed the roll call vote to authorize the issuance of the final report on the Cost and Market Impact Review of the proposed clinical affiliation between Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, and Harvard Medical Faculty Physicians. Ms. Devaux made the motion, and Mr. Cohen seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 3: Health Care Cost Growth Benchmark for Calendar Year 2026 (VOTE)

Mr. Seltz shared background on the health care cost growth benchmark and the benchmark modification process. Mr. Seltz turned to Ms. Johnson to review the public testimony received at the health care cost growth benchmark hearing held on March 13, 2025, and share key themes presented throughout the testimony. Mr. Seltz then briefly reviewed the recent health care legislation signed at the end of 2024 and HPC's 2025 priorities for action. For more information, see slides 23-36.

Dr. Cutler said that using every tool in the toolbox to address the issues in the health care system in order to meet the benchmark is more important than the rate the benchmark is set at. He said that during the pandemic it was difficult to be strict on a number of issues impeding the health care industry and affecting health care providers and that now that we have come out of the pandemic era, the HPC will need to reaffirm the importance of meeting the benchmark. Dr. Cutler added that it is important to set a realistic number for the benchmark but also make sure the HPC is doing everything it can, including using the new legislative authorities, to make sure the benchmark is met and make clear that there will be consequences for the entities that exceed the benchmark.

Dr. Castiel said that she is extremely concerned about the cost of health care in the Commonwealth and the impact on communities of color who cannot even afford health insurance and urged the Board to keep in mind that people are suffering due to affordability issues. She said that she would like to set the benchmark lower but recognizes the challenges within the health care system right now. Chair Devaux acknowledged Dr. Castiel's concerns and underscored the testimony heard at the benchmark hearing this year, noting the high levels of patients who are not getting the necessary care they need.

Mr. Cohen emphasized Dr. Castiel's point stating that the Commonwealth is experiencing an affordability problem in health care and that the slides presented by the HPC show the issue dramatically. He said that while he would love to advocate for a lower benchmark, given where the health care system is today and the uncertainty around federal

policy changes, the health care workforce, and many other dimensions of the health care sector, the Board should vote to maintain the 3.6 percent benchmark.

Ms. Coughlin agreed with Mr. Cohen's remarks that the Board should vote to maintain the benchmark at 3.6 percent. In regard to Dr. Castiel's comments, Ms. Coughlin said the Commonwealth is in a unique time where we are seeing a number of patients across the Commonwealth who are not receiving health care because of their inability to afford it. She added that over the last several years there has been a loss of services and reduction in hospital beds, while at the same time Massachusetts hospitals have been expanding. She said that it is important for the HPC to be able to monitor those situations and see if there is a continued trend related to the ability for patients to receive the care they need, where they need it. Ms. Coughlin said that while she believes the benchmark should possibly be lower, she supports the benchmark staying at 3.6 percent.

Mr. Willmuth said that he would support the 3.6 percent benchmark and added that he feels sympathetic for hospitals, hospital employers, and physicians who have expressed concerns about how the benchmark has impacted them, particularly safety net hospitals. He said that in an environment where the majority of spending is on labor and impacted by the cost of workforce shortages, he understands the perspective of providers to explore ways to reform the benchmark process. He said that over the next year he hopes the HPC can explore additional ways to reform the benchmark process and possibly consider a multi-year benchmark. Mr. Willmuth said that the HPC and Board have an obligation to respond to the concerns from physicians, hospitals, and market participants who have noted that the current benchmark is not working for them, since they have failed to meet the benchmark for the last couple of years.

Mr. Mastrogiovanni said that he supports a 3.6 percent benchmark but noted that the Board should expect to see spending increases above 3.6 percent. He said that it is important for the HPC to analyze the factors that generate spending increases and look at the organizations which have exceeded the benchmark and examine the individual factors that have been causing spending increases.

Ms. Devaux summarized the commissioners' comments, noting that most commissioners support maintaining the benchmark at 3.6%, given current health care market challenges. She acknowledged the concerns of commissioners to lower the benchmark, especially given the affordability and access challenges for patients, and recognizing concerns from providers and health care employees.

Mr. Seltz provided closing remarks noting the HPC's ability to review and reflect on the current challenges within the healthcare system. He acknowledged the agency's role in helping to balance the challenges faced by those who are paying for health care, at an unaffordable rate, and those who are providing health care and the unique challenges providers are facing.

Ms. Elstermeyer managed the roll call vote to establish the health care cost growth benchmark for calendar year 2026 at 3.6%. Ms. Devaux made the motion, and Mr. Cohen seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 4: ACO LEAP 2026-27 Certification

Mr. Seltz introduced the topic and turned to Mr. Mike Stanek, Deputy Director, Health Care Transformation and Innovation (HCTI), to present an update on the HPC's Accountable Care Organization (ACO) Learning Equity and Patient-Centeredness (LEAP) certification program. Mr. Stanek provided an overview of the HPC ACO Certification program and recent trends among ACOs and then turned to Ms. Courtney Anderson, Senior Manager, HCTI, to share the proposed ACO LEAP standards and assessment criteria for 2026-2027. For more information, see slides 38-47.

Ms. Devaux said she was interested in the new supplemental information topics for 2026-27 ACO cycle and asked if the ACOs were aware of topics and if the HPC has received any feedback on the topics. Ms. Anderson responded that the Board presentation was the first time the HPC has publicly announced what the supplemental information questions will be and noted that staff will further discuss the supplemental information questions with the ACOs when the criteria are previewed to them later this year.

ITEM 5: Office of Patient Protection Annual Report

Mr. Seltz introduced the topic and turned to Ms. Nancy Ryan, Director, Office of Patient Protection (OPP) to present the findings within the Office of Patient Protection's 2023 Annual Report. For more information, see slides 49-58. The 2023 Annual Report can be found on the HPC's [website](#).

Ms. Houpt asked if OPP tracked the number of complaints or external review requests by insurance carrier and if there have been any trends among the appeals for certain health insurance companies and what OPP would do if there were to be a trend of external reviews among certain insurance companies. Ms. Ryan said that OPP does track external review requests by insurance carrier, and the carriers report to OPP on their internal appeals every year in April. She said that OPP reports on the numbers for the internal appeals by carrier and external reviews by carrier in the Annual Report. She added that there is no noticeable trend among carriers regarding external reviews; it varies year by year how many internal appeals and external reviews are done for each insurance carrier (which are reported in relation to member enrollment to account for plans with more enrollment necessarily having more internal appeals and external reviews). Ms. Ryan emphasized that there is not a broad trend among carriers but noted that if OPP notices any micro-trends related to a particular service or type of denial for a particular carrier, they will either work with the insurance carrier and/or the Division of Insurance (DOI) to resolve the issue.

Ms. Devaux asked if OPP has a way to receive feedback from the health plans and the patients and if there has been any constructive input on how OPP can improve its processes. Ms. Ryan said that OPP does not have a direct request for feedback from consumers or health plans. She said that any quotes from consumers in the Annual Report stem from consumers reaching out on their own accord to thank the office. Pertaining to carriers, Ms. Ryan stated that that OPP has a close working relationship with all of the health plans so they will share feedback with OPP through their regular communication. She added that OPP does not have specific feedback forms or other mechanisms but can possibly explore different opportunities to receive feedback. Ms. Johnson also said that the bulletin referenced by Ms. Ryan in her presentation, regarding communications by the health plans and facilitating the implementation of decisions, was developed in collaboration with the health plans. Ms. Johnson said the ongoing collaboration and close working relationship between OPP and the health plans facilitates the opportunity for the office to receive feedback from them.

Ms. Coughlin asked if OPP was seeing any trends among patients who are on Medicare Advantage plans as it pertains to denials or requests for appeals. Ms. Ryan responded that OPP's regulatory authority and external review process is limited to fully insured Massachusetts health plans, excluding Medicare Advantage and traditional Medicare plans. She added that the office will sometimes hear complaints from Medicare patients but those are directed elsewhere.

ITEM 6: Executive Director's Report

Mr. Seltz turned to Ms. Kate Mills, Senior Director, Market Oversight and Transparency, to provide an update on the material change notices (MCNs) received since the last Board meeting. Ms. Mills also shared an overview of the advance guidance on the expansion of material changes and updated MCN filling form, which went into effect on April 8, 2025. The advanced guidance can be found on the HPC's [website](#). For more information, see slides 60-62.

Mr. Seltz shared an overview of the recent convening of Maternal Health Access and Birthing Patient Safety Task Force, on Wednesday, April 2, and is co-chaired by Dr. Alecia McGregor representing the HPC and Dr. Cristina Alonso, representing the Department of Public Health. He also highlighted Black Maternal Health Week which takes place annually from April 11 to April 17. Mr. Seltz then reviewed the recent meeting of the Primary Care Access, Delivery, and Payment Task Force, which was held on Wednesday, April 16, and is co-chaired by David Seltz, representing the HPC and Dr. Kiame Mahaniah, representing EHS. For more information, see slides 63-65.

Dr. Mahaniah commented on his role on the Primary Care Task Force and the first meeting of the task force. He commended the HPC for the agency's efforts in planning and coordinating the first task force meeting.

ITEM 7: Executive Director Contract Renewal (VOTE)

Ms. Devaux began the conversation to renew Executive Director David Seltz's contract renewal. Ms. Devaux provided an overview of the recent Administration and Finance (ANF) committee meeting which met on Friday, April 11, to discuss the Executive Director's contract and the proposal for the new contract period. Ms. Devaux presented the contract proposal to the Board and opened the conversation for Board members to provide feedback.

Ms. Houpt noted that in addition to the increased responsibilities assigned to the HPC under the recent health care legislation signed at the end of 2024, there are also significant changes to the Board composition, which takes effect July. She added that those changes present additional challenges and adjustments for the Executive Director's role and should be considered in the new contract agreement.

Ms. Elstermeyer managed the roll call vote to authorize the Chair to enter negotiations with Executive Director David Seltz to renew his employment contract. Dr. Castiel made the motion, and Ms. Houpt seconded it. The vote was taken by a roll call. The motion was approved.

ITEM 8: Adjourn

The meeting adjourned at 2:19 PM