MASSACHUSETTS
HEALTH POLICY COMMISSION

HPC Board Meeting

September 18, 2025

Agenda

UP NEXT: Call to Order

Introduction to the New HPC Board of Commissioners

Massachusetts Open Meeting Law Overview: Office of the Attorney General

Health Policy Commission Bylaws **(VOTE)**

Board Vice Chair Appointment **(VOTE)**

2025 Policy Priorities and Agenda

Break

Recent Notices of Material Change

Executive Director's Report

2025 Public Meeting Schedule

Adjourn

Agenda

Call to Order

UP NEXT: Introduction to the New HPC Board of Commissioners

- Member Swearing In
- Welcome from Chair Deborah Devaux
- Member Introductions

Massachusetts Open Meeting Law Overview: Office of the Attorney General

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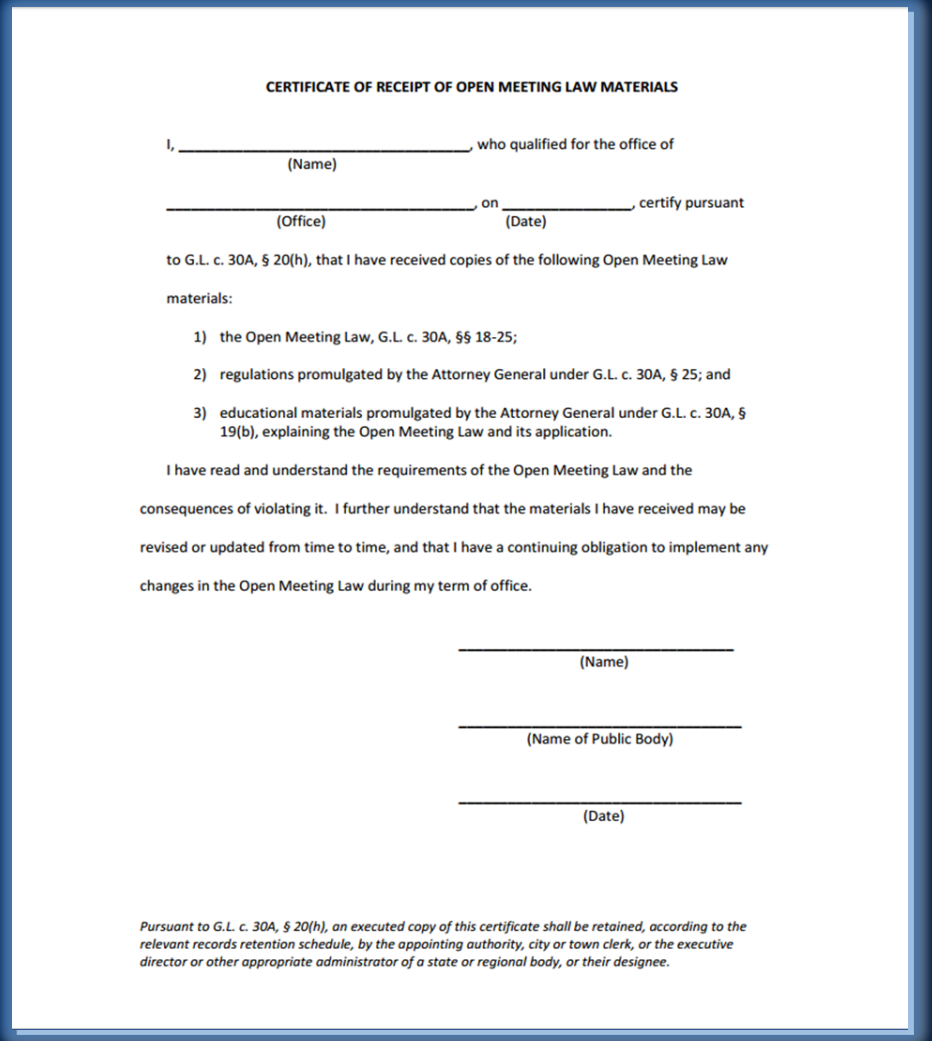
Open Meeting Law:

Balancing Government Transparency with Government Efficiency

Massachusetts Health Policy Commission

September 18, 2025

Certification



CERTIFICATE OF RECEIPT OF OPEN MEETING LAW MATERIALS

I, _____, who qualified for the office of
(Name)

_____, on _____, certify pursuant
(Office) (Date)

to G.L. c. 30A, § 20(h), that I have received copies of the following Open Meeting Law materials:

1) the Open Meeting Law, G.L. c. 30A, §§ 18-25;
2) regulations promulgated by the Attorney General under G.L. c. 30A, § 25; and
3) educational materials promulgated by the Attorney General under G.L. c. 30A, § 19(b), explaining the Open Meeting Law and its application.

I have read and understand the requirements of the Open Meeting Law and the consequences of violating it. I further understand that the materials I have received may be revised or updated from time to time, and that I have a continuing obligation to implement any changes in the Open Meeting Law during my term of office.

_____
(Name)

_____
(Name of Public Body)

_____
(Date)

Pursuant to G.L. c. 30A, § 20(h), an executed copy of this certificate shall be retained, according to the relevant records retention schedule, by the appointing authority, city or town clerk, or the executive director or other appropriate administrator of a state or regional body, or their designee.

Members must sign certification within two weeks of receipt:

- Read and understand requirements of the law and consequences for violating it
- Educational Materials:
  - OML Guide
  - OML Determinations of violations in last 5 years

Open Meeting Law Basics

- Notice of meetings must be posted
- Meetings must be open, except for proper executive session
- Minutes must be kept
- Complaint process

Public Body

Definition

A multi-member board, commission, committee or sub-committee … however created, elected, appointed or otherwise constituted, established to serve a public purpose … subcommittee shall include any multiple-member body created to advise or make recommendations to a public body.

Subcommittees

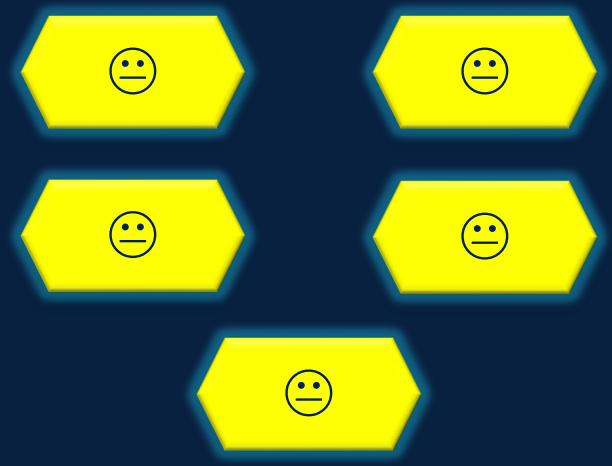
Subcommittees are themselves public bodies, and must comply with all provisions of the Open Meeting Law

Quorum and Deliberation

Quorum: a simple majority of the members of a public body, unless otherwise provided.

Deliberation: an oral or written communication through any medium, **including e-mail**, between or among a quorum of a public body on any public business within its jurisdiction.

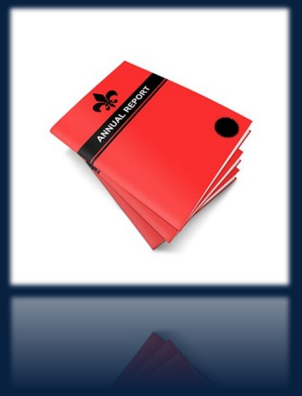
"Deliberation" includes almost all communications, with limited exceptions for administrative matters such as scheduling meetings, and is not limited to decision-making or opinion communications.



Deliberation

Not deliberation:

- Agenda
- Scheduling



- Reports or documents

- Subquorum, but not subcommittee

Meeting

Definition: Deliberation by public body with respect to any matter within the body's jurisdiction

Includes:

- Regular meetings
- Special meetings
- Retreats
- Workshops

Accessibility

Adequate, alternative access: Ability to clearly follow the proceedings of the public body while they are occurring

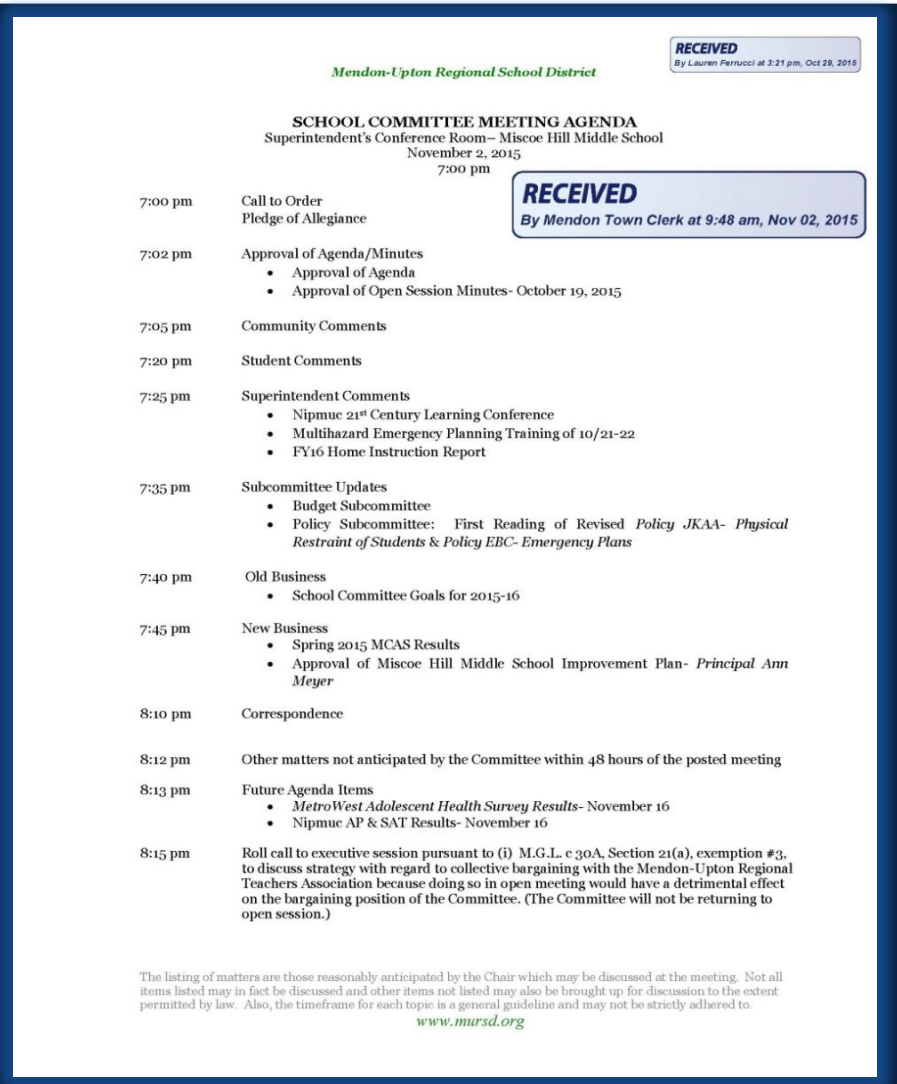
Reasonable efforts to accommodate crowds

Accessible to individuals with disabilities

Americans with Disabilities Act, federal Rehabilitation Act of 1973, state constitutional provisions

The Attorney General's Civil Rights Division can assist -
Contact the Civil Rights Division at (617) 963-2939

Meeting Notices



RECEIVED
By Lauren Ferrucci at 3:21 pm, Oct 29, 2015

Mendon-Upton Regional School District

SCHOOL COMMITTEE MEETING AGENDA
Superintendent's Conference Room– Miscoe Hill Middle School
November 2, 2015
7:00 pm

RECEIVED
By Mendon Town Clerk at 9:48 am, Nov 02, 2015

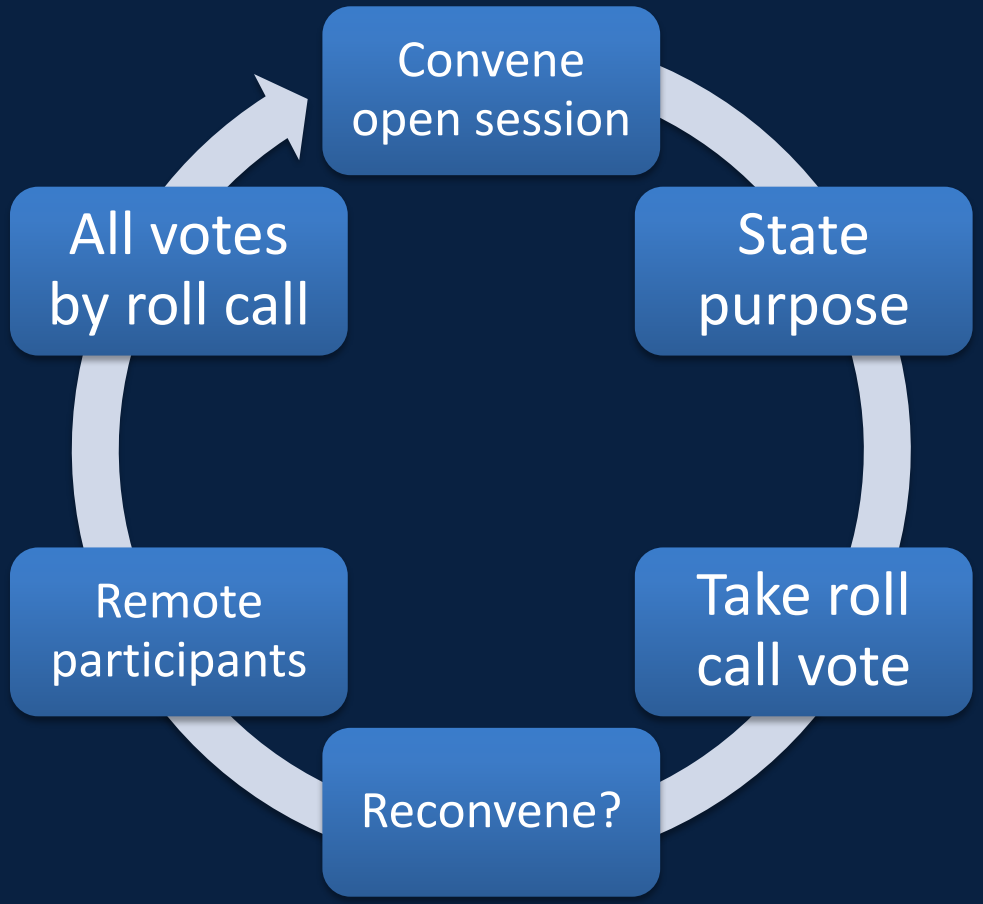
7:00 pm	Call to Order Pledge of Allegiance
7:02 pm	Approval of Agenda/Minutes • Approval of Agenda • Approval of Open Session Minutes- October 19, 2015
7:05 pm	Community Comments
7:20 pm	Student Comments
7:25 pm	Superintendent Comments • Nipmuc 21st Century Learning Conference • Multihazard Emergency Planning Training of 10/21-22 • FY16 Home Instruction Report
7:35 pm	Subcommittee Updates • Budget Subcommittee • Policy Subcommittee: First Reading of Revised *Policy JKAA- Physical Restraint of Students* & *Policy EBC- Emergency Plans*
7:40 pm	Old Business • School Committee Goals for 2015-16
7:45 pm	New Business • Spring 2015 MCAS Results • Approval of Miscoe Hill Middle School Improvement Plan- *Principal Ann Meyer*
8:10 pm	Correspondence
8:12 pm	Other matters not anticipated by the Committee within 48 hours of the posted meeting
8:13 pm	Future Agenda Items • *MetroWest Adolescent Health Survey Results*- November 16 • Nipmuc AP & SAT Results- November 16
8:15 pm	Roll call to executive session pursuant to (i) M.G.L. c 30A, Section 21(a), exemption #3, to discuss strategy with regard to collective bargaining with the Mendon-Upton Regional Teachers Association because doing so in open meeting would have a detrimental effect on the bargaining position of the Committee. (The Committee will not be returning to open session.)

The listing of matters are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law. Also, the timeframe for each topic is a general guideline and may not be strictly adhered to.
www.mursd.org

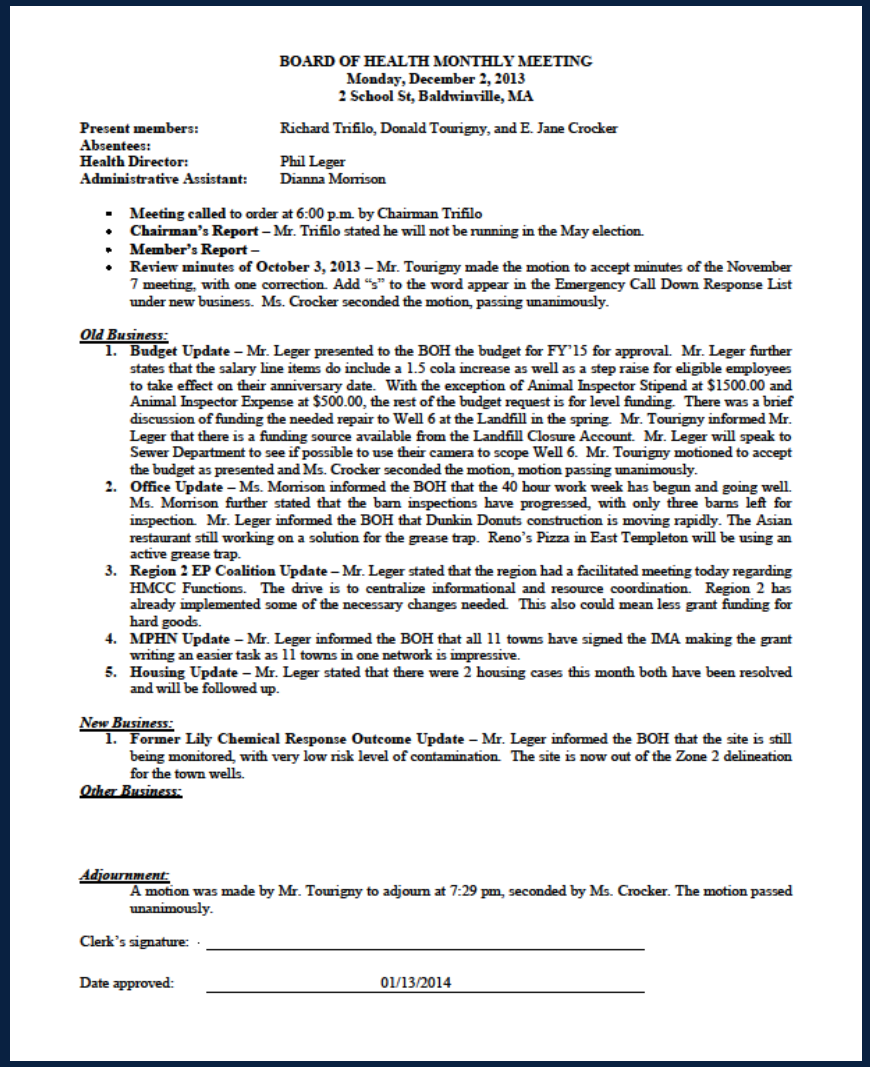
- Date of meeting
- Time of meeting
- Place of meeting
- List of topics reasonably anticipated
- Date and time of notice posting

Executive Session

- Ten permissible purposes
- Procedural requirements for entering executive session



Meeting Minutes



BOARD OF HEALTH MONTHLY MEETING
Monday, December 2, 2013
2 School St, Baldwinville, MA

Present members: Richard Trifilo, Donald Tourigny, and E. Jane Crocker
Absentees:
Health Director: Phil Leger
Administrative Assistant: Dianna Morrison

- **Meeting called** to order at 6:00 p.m. by Chairman Trifilo
- **Chairman's Report** – Mr. Trifilo stated he will not be running in the May election.
- **Member's Report** –
- **Review minutes of October 3, 2013** – Mr. Tourigny made the motion to accept minutes of the November 7 meeting, with one correction. Add "s" to the word appear in the Emergency Call Down Response List under new business. Ms. Crocker seconded the motion, passing unanimously.

Old Business:

1. **Budget Update** – Mr. Leger presented to the BOH the budget for FY'15 for approval. Mr. Leger further states that the salary line items do include a 1.5 cola increase as well as a step raise for eligible employees to take effect on their anniversary date. With the exception of Animal Inspector Stipend at $1500.00 and Animal Inspector Expense at $500.00, the rest of the budget request is for level funding. There was a brief discussion of funding the needed repair to Well 6 at the Landfill in the spring. Mr. Tourigny informed Mr. Leger that there is a funding source available from the Landfill Closure Account. Mr. Leger will speak to Sewer Department to see if possible to use their camera to scope Well 6. Mr. Tourigny motioned to accept the budget as presented and Ms. Crocker seconded the motion, motion passing unanimously.
2. **Office Update** – Ms. Morrison informed the BOH that the 40 hour work week has begun and going well. Ms. Morrison further stated that the barn inspections have progressed, with only three barns left for inspection. Mr. Leger informed the BOH that Dunkin Donuts construction is moving rapidly. The Asian restaurant still working on a solution for the grease trap. Reno's Pizza in East Templeton will be using an active grease trap.
3. **Region 2 EP Coalition Update** – Mr. Leger stated that the region had a facilitated meeting today regarding HMCC Functions. The drive is to centralize informational and resource coordination. Region 2 has already implemented some of the necessary changes needed. This also could mean less grant funding for hard goods.
4. **MPHN Update** – Mr. Leger informed the BOH that all 11 towns have signed the IMA making the grant writing an easier task as 11 towns in one network is impressive.
5. **Housing Update** – Mr. Leger stated that there were 2 housing cases this month both have been resolved and will be followed up.

New Business:

1. **Former Lily Chemical Response Outcome Update** – Mr. Leger informed the BOH that the site is still being monitored, with very low risk level of contamination. The site is now out of the Zone 2 delineation for the town wells.

Other Business:

Adjournment:

A motion was made by Mr. Tourigny to adjourn at 7:29 pm, seconded by Ms. Crocker. The motion passed unanimously.

Clerk's signature: _____

Date approved: 01/13/2014

- Minutes must state the date, time, place of the meeting, and list of members present or absent
- Minutes must include:
  - A summary of discussion of each topic
  - Decisions made and actions taken, including a record of all votes - Secret ballots prohibited; roll call votes recorded accordingly
  - List of documents and other exhibits used by the body at the meeting, including by remote participants

Resources

Attorney General's Open Meeting Law Website

http://www.mass.gov/ago/openmeeting

- Open Meeting Law: G.L. c. 30A, §§ 18-25
- Regulations: 940 CMR 29.00
- Guide
- FAQs
- Checklists
- Determination Letters

Contact Information

Office of Attorney General

Division of Open Government

One Ashburton Place

Boston, Massachusetts 02108

openmeeting@mass.gov

(617) 963-2540

Agenda

Call to Order

Introduction to the New HPC Board of Commissioners

Massachusetts Open Meeting Law Overview: Office of the Attorney General

UP NEXT: Health Policy Commission Bylaws (VOTE)

Board Vice Chair Appointment **(VOTE)**

2025 Policy Priorities and Agenda

Break

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Adjourn

Health Policy Commission Bylaws

The Health Policy Commission Bylaws set forth the terms of governance and operations of the commission, including roles of the Chair, Vice Chair, commissioners, and the Executive Director, consistent with the HPC's enabling act and other state laws.

Updates to the Bylaws include:

- Current agency mission statement
- Implementation of the new commissioner stipend provided in Chapter 343 of the Acts of 2024
- Incorporation of confidentiality and data security requirements for commissioners
- Updated Board meeting requirements, consistent with Open Meeting Law, including allowing remote meetings
- Authorization for Executive Director to execute contracts valued under $500,000; Board approval is required over that amount

VOTE

Health Policy Commission Bylaws

MOTION

That the Commission hereby adopts the Health Policy Commission Bylaws, as presented.

Agenda

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Health Policy Commission Bylaws **(VOTE)**

UP NEXT: Board Vice Chair Appointment (VOTE)

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VOTE

Board Vice Chair Appointment

MOTION

That, pursuant to Section 2.3 of the Bylaws, the Commission hereby elects _____ to serve as Vice Chair of the Health Policy Commission.

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Health Policy Commission Bylaws **(VOTE)**

Board Vice Chair Appointment **(VOTE)**

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In 2012, Massachusetts became the first state with a measurable goal to promote sustainable health care spending growth (Health Care Cost Growth Benchmark) and a new independent agency to help monitor and guide this effort.

CHAPTER 224 OF THE ACTS OF 2012

An Act **Improving the Quality** of Health Care and **Reducing Costs** through Increased **Transparency**, **Efficiency**, and **Innovation**

GOAL

Reduce total health care spending growth to meet the **Health Care Cost Growth Benchmark**, which is set by the HPC and tied to the state's overall economic growth

VISION

A **transparent**, **innovative, and equitable** health care system that is **accountable** for producing **better health** and **better care** at a **lower cost** for all the people of the Commonwealth

The HPC's Mission and Goal

*The Massachusetts Health Policy Commission (HPC) is committed to better health and better care – at a lower cost – **for all residents** of the Commonwealth. Through market oversight, data-driven analysis, and independent policy insights, our goal is to make health care more **affordable**, **transparent**, and **equitable**.*

The HPC employs four core strategies to realize its vision of better care, better health, and lower costs for all people of the Commonwealth.

RESEARCH AND REPORT

Investigate, analyze, and report trends and insights

MARKET MONITOR

Monitor and intervene when necessary to assure market performance

PARTNER

Engage with individuals, groups, and organizations to achieve mutual goals

CONVENE

Bring together stakeholder community to influence their actions on a topic or problem

In January 2025, Chapters 342 and 343 of the Acts of 2024 were signed into law, significantly changing the HPC's existing priorities and statutory authority.

An Act relative to pharmaceutical access, costs, and transparency

- Improved state oversight of the pharmaceutical industry, including pharmacy benefit managers (PBMs)
- Capped out-of-pocket costs for drugs to treat asthma, diabetes, and certain common heart conditions
- Established the Office of Pharmaceutical Policy and Analysis (OPPA) within the HPC

An Act enhancing the market review process

- Strengthened state oversight of private equity investment in health care
- Reinvigorated statewide health planning with increased data collection and agency coordination
- Established the Office of Health Resource Planning (OHRP) within the HPC

Key Legislative Components of Chapters 342 and 343 of the Acts of 2024

HPC Board Membership and Appointment Changes

Strengthened Market Oversight Authority

Revitalized State Health Planning

Expanded Pharmaceutical and PBM Oversight

Enhanced Interagency Coordination

Established Interagency Primary Care Task Force

The work of the HPC is overseen by an 11-member Board of Commissioners appointed by the Governor and Attorney General.

GOVERNOR
Maura Healey

- Chair with expertise in health care administration, finance, and management
- Expertise representing hospitals or hospital health systems **NEW**
- Expertise in health plan administration and finance
- Registered nurse with expertise in care delivery innovation
- Expertise in representing the health care workforce. *Selected from list of nominees by the President of the Senate* **MODIFIED**
- Expertise in pharmaceuticals, biotechnology, or medical devises. *Selected from a list of nominees by the Speaker of the House* **NEW**
- Secretary of Health and Human Services
- Commissioner of the Division of Insurance **NEW**

ATTORNEY GENERAL
Andrea Campbell

- Expertise as a health economist
- Expertise in behavioral health
- Expertise in health care consumer advocacy

HEALTH POLICY COMMISSION BOARD
Deborah Devaux, Chair

EXECUTIVE DIRECTOR
David Seltz

EXECUTIVE DIRECTOR'S ADVISORY COUNCIL

New HPC Office of Pharmaceutical Policy and Analysis (OPPA)

- Chapter 342 of the Acts of 2024 established a new HPC Office of Pharmaceutical Policy and Analysis (OPPA) to **analyze pharmaceutical spending data** and information, produce reports and analyses of pharmaceutical costs and access, and issue recommendations on matters related to prescription drug policy.
- The law directs OPPA to publish an **annual report** on trends related to access, affordability, and spending on pharmaceutical drugs in the Commonwealth addressing the **underlying drivers** of pharmaceutical drug spending.
- It also requires OPPA to produce an annual report on **pharmaceutical access and plan design**, including tiering, cost-sharing, and utilization management techniques.

Expansion of HPC Market Oversight

Chapter 343 of the Acts of 2024

- Chapter 343 expands the triggers for material change notice (MCN) reviews to include:
  - **Significant expansion** in a provider's capacity;
  - Transactions involving a **significant equity investor** that result in a change of ownership or control of a provider or provider organization;
  - Significant acquisitions, sales, or **transfers of assets**, including real estate lease-backs; and
  - Conversions of a provider from a non-profit entity to **for-profit**
- **Expands HPC authority to collect information from significant equity investors and other parties to a transaction**, including by allowing the HPC to require financial statements and materials on an investor's capital structure be filed with the notice.
- Authorizes the HPC to require **additional reporting** for a period of five years after the completion of an MCN to assess post-transaction impacts.
- Adds to the factors the HPC examines in a cost and market impact review (CMIR) any related health planning data as well as the size and market share of any significant equity investors.

New HPC Office of Health Resource Planning (OHRP)

Chapter 343 of the Acts of 2024 established a new HPC Office of Health Resource Planning (OHRP), charged with developing a state health plan during a five-year planning period to identify:

- The **anticipated needs** for health care services, providers, programs, and facilities;
- The **existing health care resources**, providers, programs, and facilities available to meet those needs;
- The **projected resources** necessary to meet those anticipated needs;
- **Recommendations for the appropriate supply and distribution of resources,** workforce, programs, capacities, technologies, and services on a statewide and regional basis; and
- Recommendations for **any further legislative or regulatory state action**

The law directs the office to **conduct focused assessments of supply, distribution, and capacity** in relation to projected need of health care services and make recommendations to address the drivers of disparities and misalignment of need.

New HPC Health Resource Data Collection Requirements

Chapter 343 of the Acts of 2024

- The law permits the new Office of Health Resource Planning to provide direction to DPH to establish and maintain **an inventory of health care resources** in the Commonwealth.
- It increases the registered provider organizations (RPO) reporting threshold to include revenue generated from **all payers**, not just commercial revenue, allowing the HPC and CHIA to collect data from providers that serve significant public payer patients.
- It **expands the scope of the ownership, governance, and organizational information the HPC collects from RPOs** to include significant equity investors, real estate investment trusts, and management services organizations.
- It **increases penalties for non-compliance with RPO and other CHIA reporting requirements** (to $25,000/week) and provides that the HPC and DPH may consider reporting non-compliance in CMIRs and licensure and DoN reviews, respectively.

New Primary Care Payment and Delivery Task Force

In partnership with EOHHS, the HPC will co-chair a **25-member task force** charged with studying and making recommendations to improve primary care **access**, **delivery**, and **financial sustainability** in the Commonwealth.

Specifically, the task force must:

- Issue recommendations related to definitions of services as well as **standardized practices for data collection**
- Make a recommendation to **establish a primary care spending target** for public and private payers in Massachusetts
- **Propose payment models to increase reimbursement for primary care services** and assess the impact of plan design on health equity and access to primary care services; and
- Issue recommendations to **improve service delivery to residents of the Commonwealth** and address primary care workforce needs.

The task force will be required to publish these recommendations by staggered deadlines between the law's effective date of April 2025 and December 2026.

In March 2025, the HPC held a public hearing, in conjunction with the Joint Committee on Health Care Financing, to consider data and public testimony to inform the HPC Board's decision to set the health care cost growth benchmark for calendar year 2026.

What the Benchmark Is

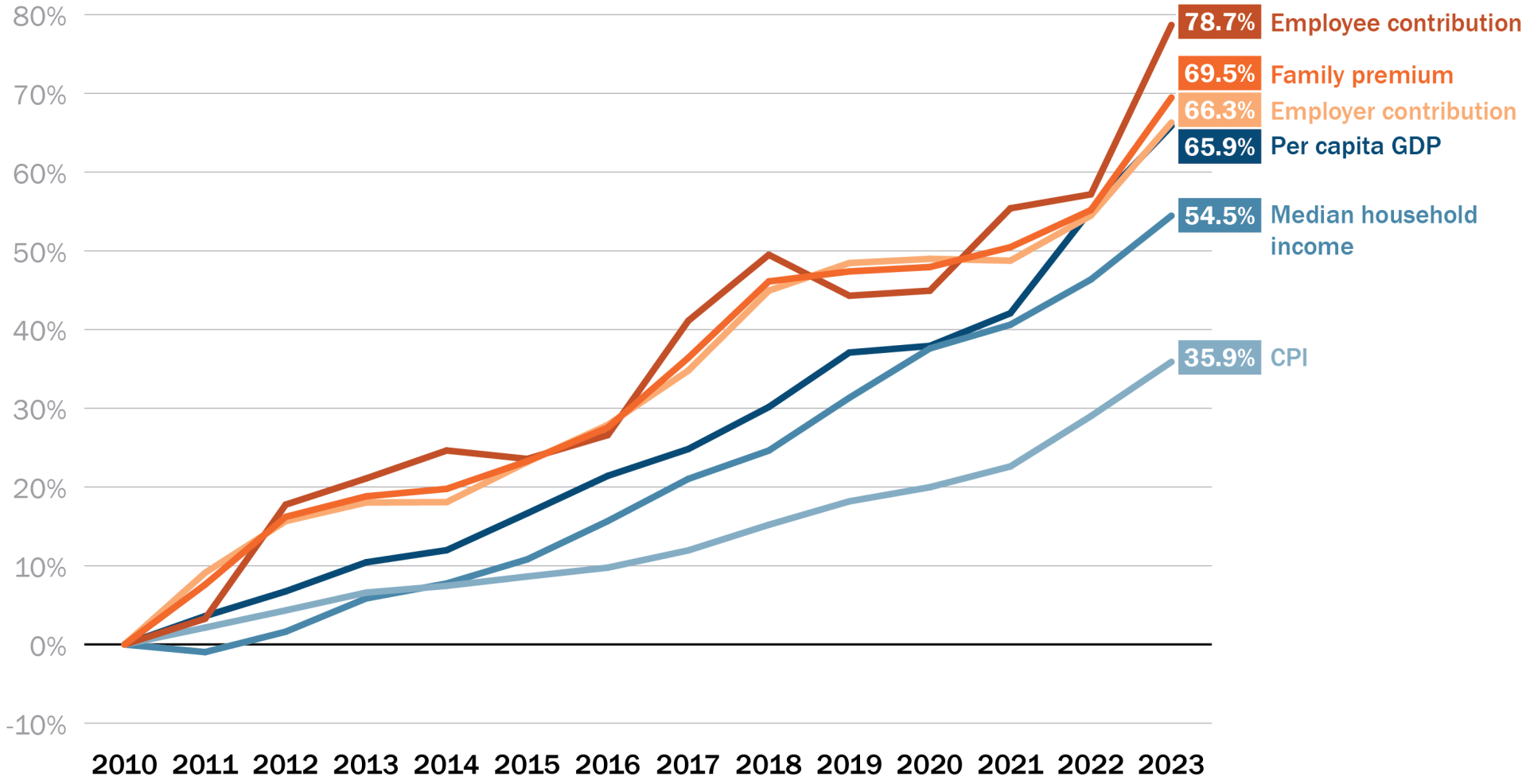
- **A target** to track and evaluate the **growth** of total health care expenditures in the state and the long-term overall performance of the health care system.
- **A measurable goal** to catalyze public and private collective action to improve **health care affordability and access.**

What the Benchmark Is Not

- **A government cap** on total health care spending, prices, premiums, or payments. It is a target for sustainable spending growth.
- **A punitive measure**. THCE growth above benchmark alone does not automatically trigger penalties or other negative consequences to the health care system or individual organizations.

Growth in health insurance premiums has exceeded growth in key state economic indicators from 2010 to 2023.

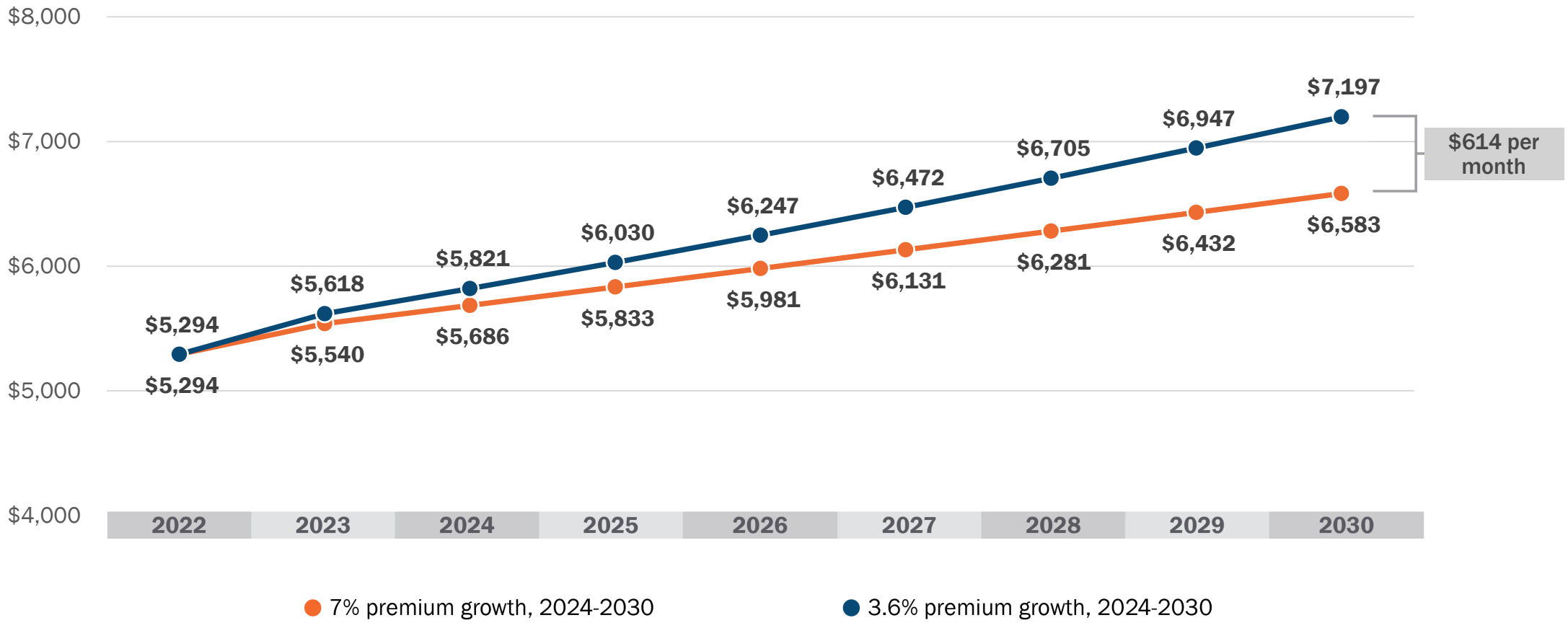
Cumulative growth since 2010 of various health care and economic indicators in Massachusetts



Sources: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, American Community Survey, and Bureau of Labor Statistics

If commercial spending continues to grow at the current rate, an average family would see a reduction in take-home pay of more than $600 per month by 2030.

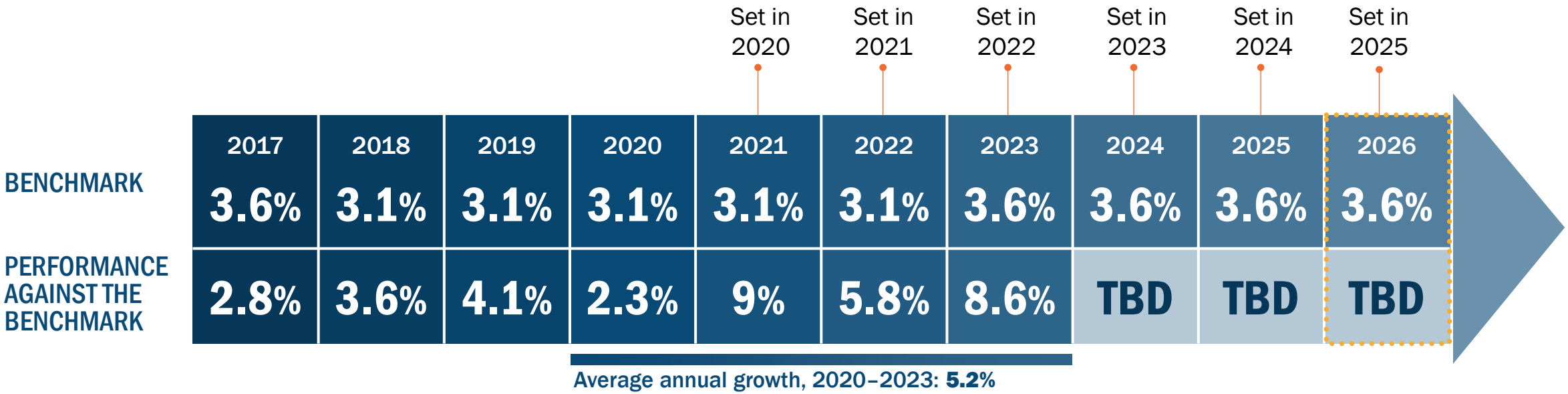
Projected monthly take-home pay after taxes and health care costs for an average Massachusetts household with employer-based coverage and 3.6% annual growth in total compensation from their employer under two scenarios of premium growth.



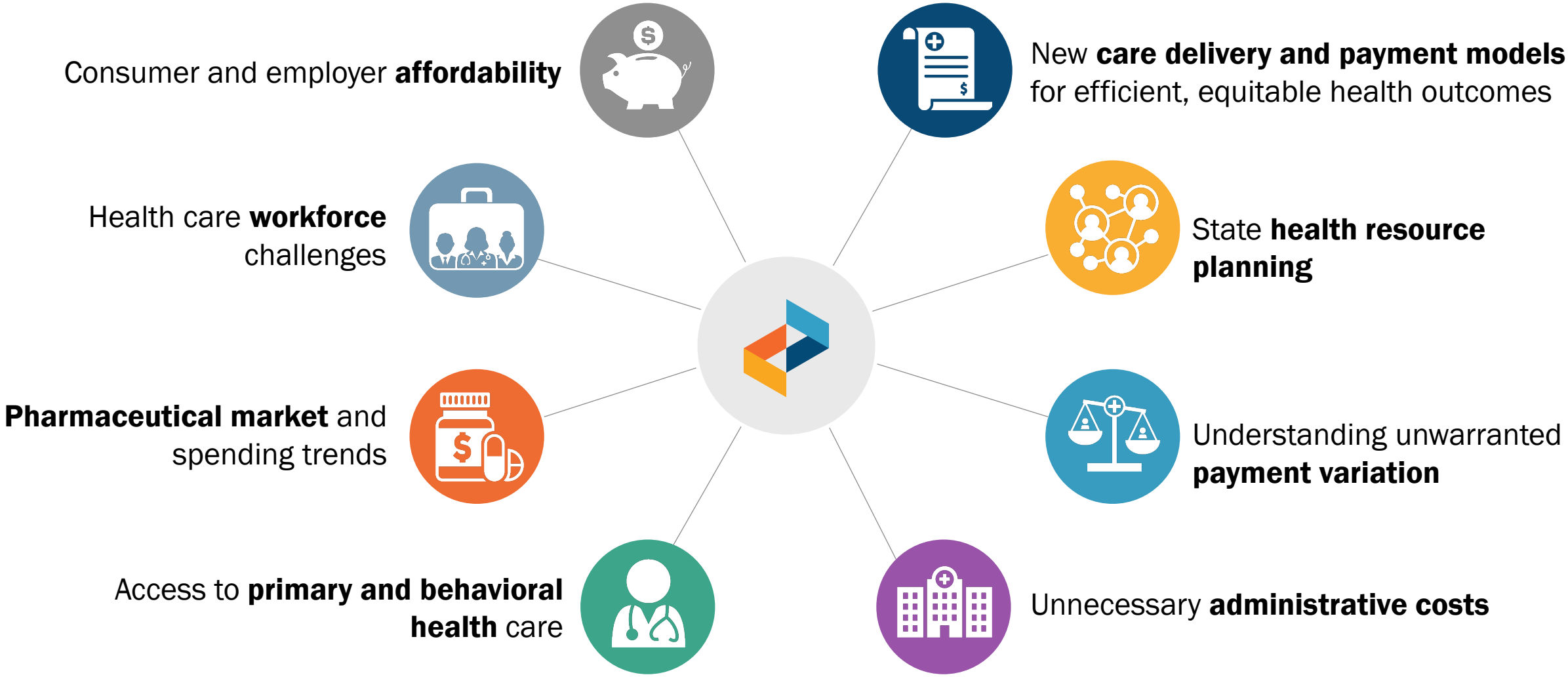
Notes: This analysis assumes out of pocket spending also grows at the rate of premium growth shown. Assumes that an employee taking up family coverage from their employer bears the full cost of the employee premium contribution and 75% of the employer contribution to their premium as reduced wages (with the remainder spread across the employer's workforce in general).

Key Themes from Public Testimony

In April 2025, the HPC Board voted to maintain the health care cost growth benchmark at 3.6% for calendar year 2026.



HPC 2025 Policy Priorities



HPC Fall 2025 Agenda: Continued Implementation of New Legislative Mandates

- **Welcome new commissioners** to the HPC's current work and mission.
- Continue building strategic plans, hiring, and contracting with experts to support the two new offices established through Chapters 342 and 343: the **Office of Health Resource Planning** and the **Office of Pharmaceutical Policy and Analysis.**
- **Update market oversight regulation** to encompass expanded definition of "material change notice" (e.g., private equity investment, expansions).
- **Update HPC budget assessment regulation** , in coordination with CHIA, to include new assessed entities included in Chapter 342 of the Acts of 2024 (pharmaceutical manufacturers, pharmacy benefit managers).
- Finalize the 2025 requirements for the **Registration of Provider Organizations** (RPO) program including collecting new information from a broader set of provider organizations (e.g., information on private equity, REITs).

Ongoing Activities and Fall Agenda

MARKET MONITOR

- Ongoing review of material change notices
- Ongoing retrospective review of BILH merger
- Review confidential list of referred entities for potential performance improvement plans

RESEARCH AND REPORT

- Hospital at Home Policy Brief
- 2025 Cost Trends Report and Policy Recommendations
- Pharmacy Deserts in Massachusetts Interactive Maps and Policy Brief

CONVENE

- Hold 2025 Annual Cost Trends Hearing
- Continue support for Primary Care and Maternal Health Task Forces, as well as Behavioral Health Workforce Advisory Group
- Reconvene HPC Advisory Council

PARTNER

- Finalize and release evaluation reports on past investment programs
- Implement the new HEART-BP investment program
- Issue new funding opportunities for community hospitals
- Implement 2025 ACO LEAP certification program

Agenda

Call to Order

Introduction to the New HPC Board of Commissioners

Massachusetts Open Meeting Law Overview: Office of the Attorney General

Health Policy Commission Bylaws **(VOTE)**

Board Vice Chair Appointment **(VOTE)**

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UP NEXT: Break

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Background: HPC's Role in Reviewing Health Care Market Changes

- Market structure and provider changes, including consolidation and new relationships, have been shown to impact health care system performance and total medical spending.
- State law directs the HPC to track "material change[s] to [the] operations or governance structure" of provider organizations and to engage in a more comprehensive review, or **Cost and Market Impact Review**, of transactions anticipated to have a significant impact on health care costs or market functioning.
- For provider changes that require the filing of a Determination of Need (DoN) application with the Department of Public Health (DPH), the HPC is a Party of Record and may comment on any application.
- The goal of the HPC's market reviews is to promote **transparency and accountability** in engaging in market changes, ensure consistency with the state's **cost containment goals**, and encourage market participants to **minimize negative impacts** and **enhance positive outcomes** of any given material change.

Background: Material Change Notices

Chapter 224 of the Acts of 2012

Since 2013, Providers with $25M or more in annual NPSR are required to file “Material Change Notices” with the HPC before engaging in:

- Merger, Affiliation or Acquisition with/by a Carrier
- Merger or Acquisition with/by a hospital or hospital system
- Clinical Affiliation with another provider with NPSR of $25M or more
- Partnership, joint venture, or similar contracting on behalf of one or more providers
- Any other Acquisition, Merger or Affiliation (corporate, contracting or employment) by or with another Provider resulting in an NPSR increase of $10M or more, or a near-majority market share

Chapter 343 of the Acts of 2024

Chapter 343 included additional categories of provider changes that must be filed as “Material Change Notices” starting in 2025:

- Significant expansion in a provider’s capacity;
- Transactions involving a significant equity investor that result in a change of ownership or control of a provider or provider organization;
- Significant acquisitions, sales, or transfers of assets, including real estate lease-backs; and
- Conversions of a provider from a non-profit entity to for-profit.

The HPC released guidance on these transaction types in March 2025 and expects to release updated regulations to incorporate updates from Chapter 343 in the coming months.

Background: Cost and Market Impact Reviews (CMIRs)

The HPC has 30 days to review a completed Material Change Notice and may elect to conduct a Cost and Market Impact Review (CMIR) for transactions anticipated to have "a significant impact on the commonwealth's ability to meet the health care cost growth benchmark, or on the competitive market."

WHAT A CMIR IS

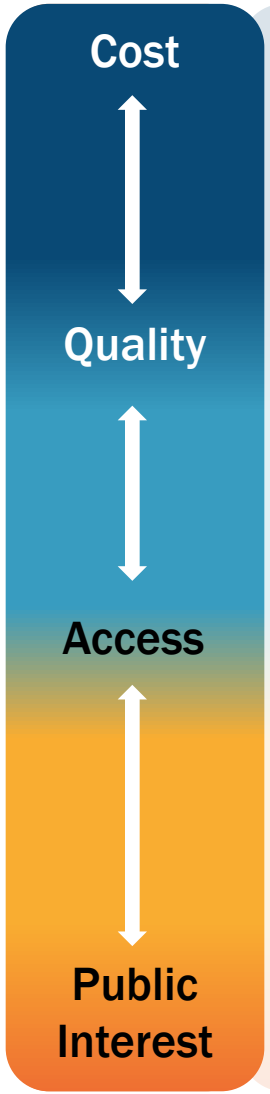
- Comprehensive, multi-factor review of the provider(s) and their proposed transaction
- A public transparency process, including a preliminary report, opportunity for the providers to respond, and a final public report
- An opportunity for accountability, encouraging market participants to address negative impacts and enhance positive outcomes of transactions
- An input to other oversight processes: Proposed changes cannot be completed until 30 days after the HPC issues its final report, which may be referred to the state Attorney General, Department of Public Health, or others for further investigation

WHAT IT IS NOT

- CMIRs are a separate, but complementary, process from Determination of Need reviews by Department of Public Health
- CMIRs are distinct from antitrust or other law enforcement review by state or federal agencies

Factors for Evaluating Cost and Market Impact of Provider Transactions

MARKET FUNCTIONING



- Unit prices
- Health status adjusted total medical expenses
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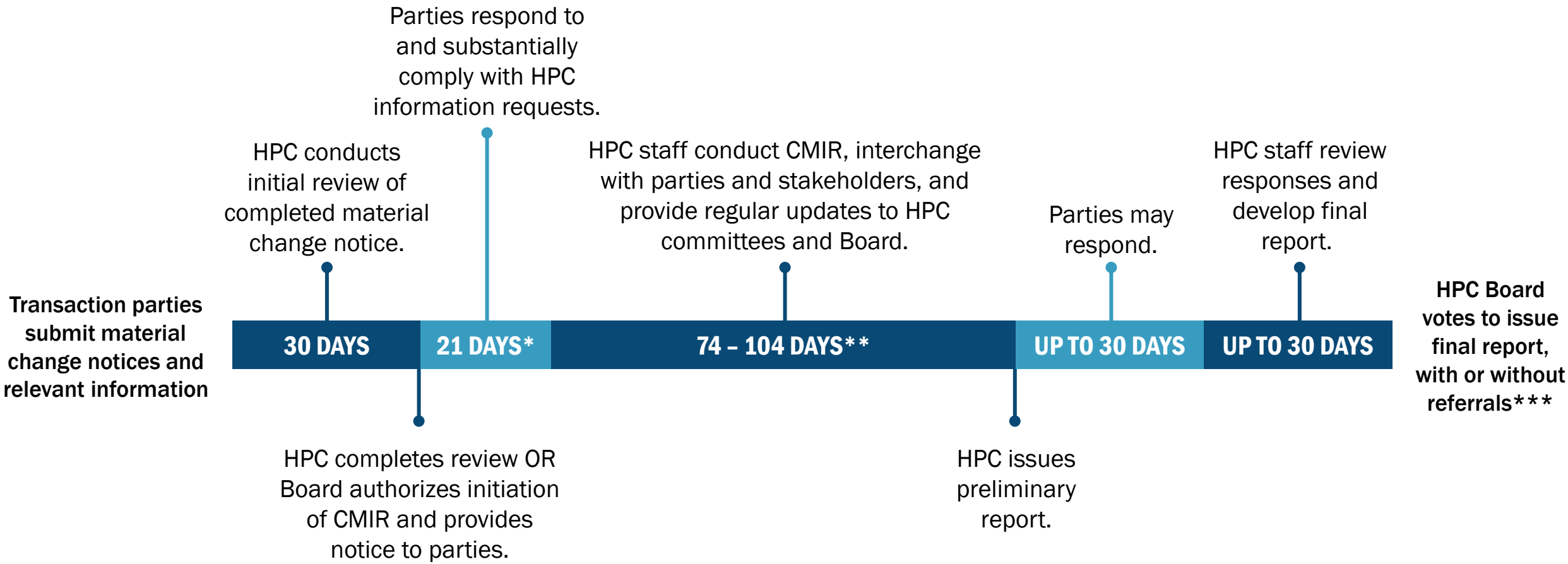
- The inventory of health care resources in the state and any relevant data from the office of health resource planning
- Consumer concerns, such as complaints that the provider has engaged in any unfair method of competition or any unfair or deceptive act
- Other factors in the public interest

Background: Timelines for MCN/CMIR Review



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** Plus any time granted to parties for responses to information requests
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Since 2013, the HPC has reviewed 192 market changes.

Type of Transaction	Number	Frequency
Physician group merger, acquisition, or network affiliation	43	22%
Formation of a contracting entity	41	21%
Clinical affiliation	36	19%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	33	17%
Acute hospital merger, acquisition, or network affiliation	31	16%
Change in ownership or merger of corporately affiliated entities	6	3%
Affiliation between a provider and a carrier	1	1%
Ownership/control change involving significant equity investor	1	1%

Cost and Market Impact Reviews in Progress

- Retrospective review of the impacts of the creation of **Beth Israel Lahey Health**.

Transactions HPC Elected Not to Proceed

- The proposed acquisition of **Vibra Hospital of Western Massachusetts**, the for-profit owner and operator of both an inpatient long term acute care hospital and a skilled nursing facility in Rochdale, Massachusetts, by **Everest Hospital, LLC**, a newly formed Massachusetts corporation in coordination with Nielk Equities, LLC.

- The proposed acquisition of **River Valley Counseling Center**, an affiliate of Valley Health Systems based in Holyoke, by **ServiceNet**, a non-profit human service agency in Western MA that provides mental health, substance use, vocational, and other services.

- A proposed contracting affiliation between **Pediatric Physicians' Organization at Children's**, a contracting organization partially owned by Children's Hospital Corporation, and **Children's Health Care**, a 9-physician primary care pediatric group with locations in Newburyport and Haverhill.

Transactions Currently Under Review: Received Since 6/5/2025

- A proposed joint venture between **UMass Memorial Health – Milford Regional Medical Center**, and **Shields Health Care Group, Inc.**, which would own and operate MRI and PET/CT services at Milford.
- The proposed acquisition of Ambulatory Topco, LLC, the parent entity of **AMSURG**, a private-equity-backed owner of over 245 ambulatory surgery centers nationwide including nine in Massachusetts, by **Ascension Health Alliance**, a national non-profit Catholic health system.
- The proposed acquisition of **KabaFusion, Inc.**, a national specialty home infusion services company with locations in Massachusetts, by a newly formed subsidiary of **Nautic Partners**, a private equity firm.

MCNs FOR WHICH FURTHER ACTION IS RECOMMENDED

- The proposed contracting affiliation between **MinuteClinic Primary Care**, a physician-owned entity managed by CVS Management Support, a subsidiary of CVS Pharmacy, and **Mass General Brigham**.

Background on the Parties: About Mass General Brigham (MGB)

- **Mass General Brigham (MGB)**, the largest health system in MA, is the parent organization of an integrated health system founded by academic medical centers **Brigham and Women's Hospital** and **Massachusetts General Hospital**.
  - MGB also includes community and specialty hospitals, Mass General Brigham Health Plan, community health centers, a network of employed and affiliated physicians, home health and long-term care services, and other health-related entities.
  - Its accountable care organization, MGBACO, provides certain services, including payer contracting, population health management, and quality improvement programs for MGB's network of owned and affiliated providers.
- In FY24, MGB had **$19.4B** in total net assets and an operating revenue of **$20.5B**. Its operating margin was **0.2%** and its total margin was **9.1%**.[1]
- In 2024, MGB had **7,776 physicians** (MD/DO) in its network, approximately 30% of all physicians in MA. Of these physicians, **1,206 (15.5%)** were primary care physicians and **6,570 (84.5%)** were specialists.[2]
- In November 2023, MGB announced it was not accepting new primary care patients in Boston at Brigham and Women's and Massachusetts General Hospital.[3]

Sources: 1. CHIA Hospital and Hospital Health System Annual Performance Dashboard; 2. HPC analysis of 2024 MA-RPO physician roster data; 3. https://www.massgeneralbrigham.org/en/about/newsroom/press-releases/primary-care-access.

Background on the Parties: About CVS MinuteClinic

- CVS MinuteClinic operates **37 sites across the Commonwealth co-located in CVS retail locations**, primarily in Eastern and Central MA.
  - MinuteClinics provide **a limited scope of care** including diagnosing, treating, and writing prescriptions for common illnesses, such as strep throat and upper respiratory infections, administering vaccinations (e.g., for flu, pneumonia, or COVID-19), treating minor wounds and skin conditions, providing some wellness services (e.g., sports and camp physicals), and providing some screening tests (e.g., for diabetes or high blood pressure).
  - In MA, MinuteClinics are staffed by **Nurse Practitioners**.
- Nationally, MinuteClinic operates more than **900 locations** in select CVS Pharmacy and Target locations in **40 states and Washington, D.C.**
- Its parent company, CVS Health, also operates **more than 9,000 retail locations** and owns the pharmacy benefit manager CVS Caremark and the insurer Aetna.
- **CVS recently launched MinuteClinic Primary Care (MCPC) in other states**; in Georgia, MCPC began offering primary care services in partnership with Emory Healthcare in January 2025.[1]

Source: 1. CVS Website

Summary of the MGB-CVS Affiliation Proposal

- Under the proposed transaction, MinuteClinic plans to transform from convenience care centers to MinuteClinic Primary Care (MCPC), which will offer longitudinal care for adults across the 37 MinuteClinic sites.
  - Such sites would also require full clinic licensure from the Department of Public Health.
- MCPC is proposing to join MGB's Accountable Care Organization (ACO) as an affiliated provider organization and participate in MGB's risk contracts. MCPC would participate in incentive programs for managing the total cost of care, including chronic disease management, preventive services, and population health initiatives.
  - The parties anticipate that this affiliation will improve access to primary care for patients who otherwise may delay or forgo care with the addition of new sites of primary care and increased appointment availability on evenings and weekends.
- The parties expect the model to support approximately 80 Advanced Practice Providers (APPs), each managing panels of 1,500 patients, creating capacity to serve 120,000 adults statewide.

minute clinic® Primary Care

Source: MCN Forms submitted by MGB and CVS

Key Transaction Claims

- The parties highlight the work of the HPC in documenting **challenges to primary care access and workforce sustainability**, and in describing **new care models**, such as MinuteClinic retail practices, to advocate for the need for their proposed MinuteClinic Primary Care (MCPC) model.

- They state that the transaction would:

  - Expand access to longitudinal primary care inside existing MinuteClinic locations, including in regions with primary care access challenges identified by the HPC (e.g., parts of Worcester County, Bristol County, and western Massachusetts).

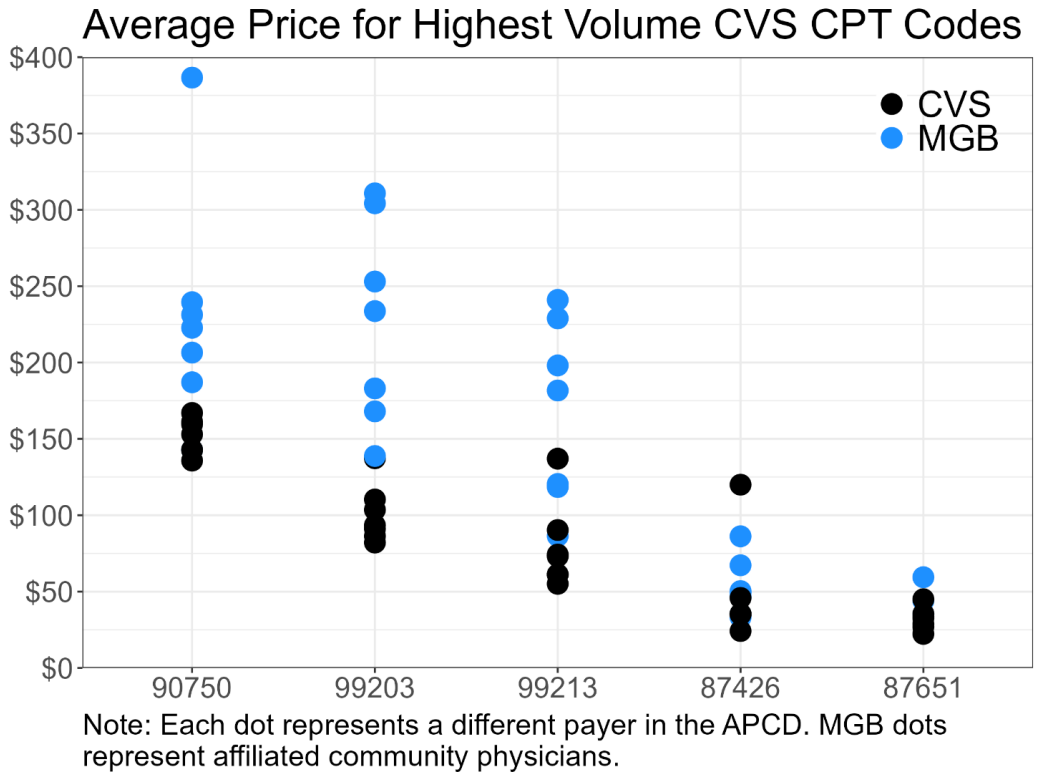
  - Improve quality through MCPC participation in MGBACO's chronic disease management programs, preventive services, and population health interventions.

  - Reduce spending by shifting low-acuity, preventive, and follow-up care to a lower-cost, community-based environment, by using advanced practice providers (APPs) to provide care, and by reducing avoidable utilization by improving chronic disease management.

Recommendation for Further Review

The proposed transaction is likely to meaningfully impact health care spending.

- Initial modeling shows that, currently, MGB's APPs are paid approximately double that of CVS for the same services by major commercial payers, resulting in a potentially meaningful impact on health care costs if MinuteClinic Primary Care services are paid at comparable rates to the existing MGB providers.
- Additional downstream spending impacts are also likely to occur which could be better understood through further review, such as the impact from changes to the utilization of and mix of services and providers for MCPC's primary care patients, including potential increases in referrals to MGB specialists.



Note: Each dot represents a different payer in the APCD. MGB dots represent affiliated community physicians.

Notes: Analysis includes adult patient claims with valid prices for primary care services. MGB affiliated community physicians are physicians who 1) have employed status = "No" per the 2023 RPO Roster and 2) belong to any of the following local practice groups per the 2023 RPO Roster: Charles River, Cooley Dickinson, Emerson PHO, Milford, Newton Wellesley, North Shore Health System, and Suburban North.
Source: HPC analysis of the 2023 CHIA All-Payer Claims Database

Recommendation for Further Review

- This proposed transaction also has potentially **important implications for quality, access, and equity:**
  - It may improve patient **access to primary care**, including for patients who do not currently have access to a primary care provider, but may also have impacts for those patients who have historically used MinuteClinic services. A CMIR will also allow the HPC to examine potential impacts on access to care for certain populations, including **MassHealth patients** and **uninsured patients**.
  - CVS facilities and staffing differ from primary care in typical office settings, and a CMIR will allow for more in-depth assessment of the infrastructure and **care delivery model** being proposed, including plans for recruiting, training, and supervising clinical staff, financial investments, service offerings and availability, proposed clinical support services, and **integration with the MGB network**.
- MinuteClinic recently began offering primary care services in other states, including through affiliations with health systems. To the extent data are available, a CMIR will allow the HPC to examine the impact of MCPC in these markets (e.g., on patient and service volume, payer mix, quality performance) to inform projections of the impact in Massachusetts.

Process for Cost and Market Impact Reviews

INPUTS

- Data and documents:
  - Party production
  - Publicly available information
  - Data from payers, providers, and other market participants
- Support from expert consultants
- Feedback from Commissioners
- Information gathered is exempt from public records law, but the HPC may engage in a balancing test and disclose necessary information in a CMIR report

OUTPUTS

- Issuance of a preliminary report with factual findings
- Feedback from parties and other market participants
- Final report issued 30 or more days after preliminary report
- Proposed material change may be completed 30 days after issuance of final report
- Potential referral to Massachusetts Attorney General's Office or other relevant agencies

Factors for Evaluating Cost and Market Impact of Provider Transactions

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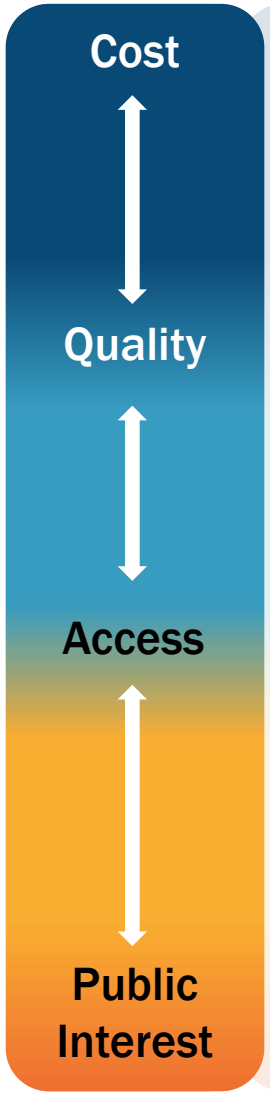

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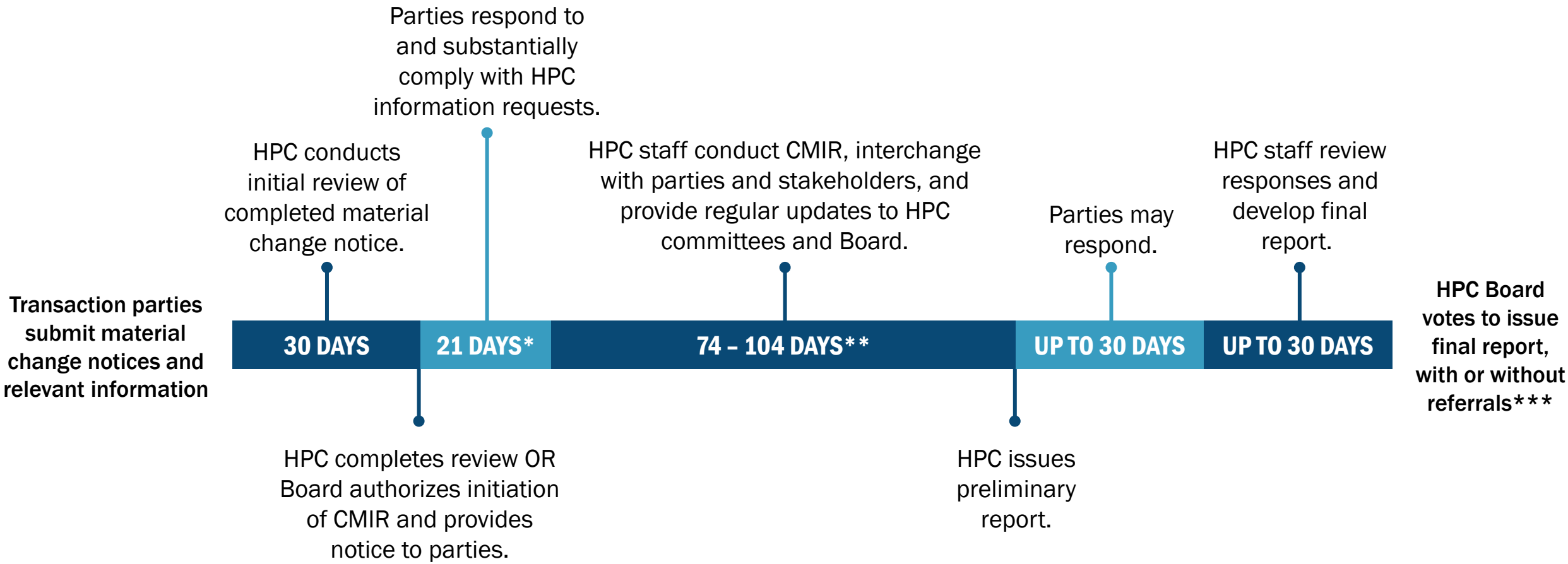

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VOTE

Authorizing the Initiation of Cost and Market Impact Review

MOTION

That the Commission hereby authorizes the initiation of the cost and market impact review of the proposed affiliation of **Mass General Brigham and MinuteClinic Primary Care of Massachusetts**, pursuant to section 13 of chapter 6D of the Massachusetts General Laws and 958 CMR 7.00 et seq.

Agenda

Call to Order

Introduction to the New HPC Board of Commissioners

Massachusetts Open Meeting Law Overview: Office of the Attorney General

Health Policy Commission Bylaws **(VOTE)**

Board Vice Chair Appointment **(VOTE)**

2025 Policy Priorities and Agenda

Break

Recent Notices of Material Change

UP NEXT: Executive Director's Report

- Recently Released and Upcoming Publications
- 2025 Health Care Cost Trends Hearing Agenda
- HPC Advisory Council

2025 Public Meeting Schedule

Adjourn

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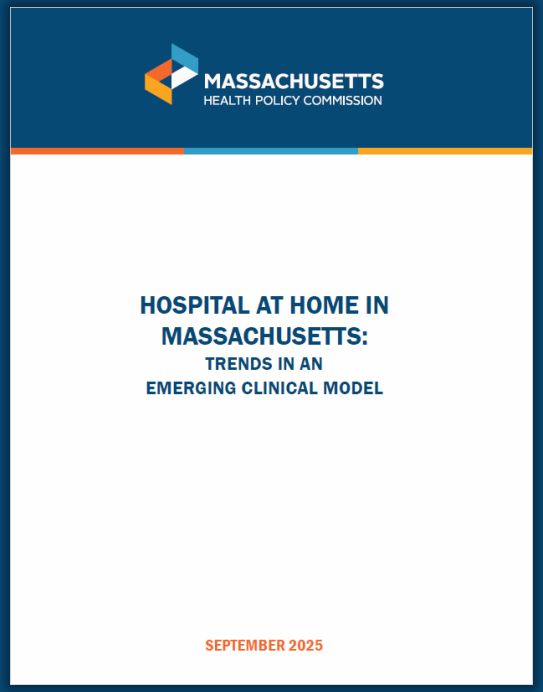
New Policy Brief: Hospital at Home in Massachusetts



- The HPC has conducted and released new research on how the hospital at home model of care has been implemented in Massachusetts.
- This model of care allows hospitals to provide hospital-level services in a patient's home, rather than in an acute care setting, for patients who are clinically stable enough to receive care at home.
- Key findings from the brief will comprise the next episode of the HPC's video series, HPC Shorts.
- The brief is available on the HPC's website.

Background: the Beginning of Hospital at Home

- Acute care hospital services are essential for patients who need inpatient clinical care or close medical supervision. **Through "hospital at home" (HAH) programs, hospitals provide acute care services in a patient's home rather than in a traditional hospital setting.**[1]
- Hospitals have experimented for years with programs to provide inpatient-level care in a patient's home, with Brigham and Women's Hospital starting one of the earliest programs in 2017. **Programs expanded dramatically when CMS launched the Acute Hospital Care at Home (AHCAH) program for Medicare fee-for-service (FFS) beneficiaries in November 2020** due to concerns about hospital capacity shortages during the COVID-19 pandemic.[1]
- As of August 2025, 39 states have hospitals participating in AHCAH. **In Massachusetts, there are eight active hospital at home programs and 20 total hospitals approved by CMS for an AHCAH waiver.**[2]
- Set to expire at the end of the public health emergency, the program was extended by Congress through **September 30, 2025**.

As this new benefit continues to attract hospital interest in Massachusetts and nationwide, considerations for policymakers include: **ensuring appropriate use** (e.g. the program is used for patients who require hospital-level care, rather than a substitute for home health or other lower acuity services), considering **implications for hospital bed capacity**, continuing research on quality and benefit to patients, standardizing data collection, and considering **appropriate payment rates** and **financial sustainability**.

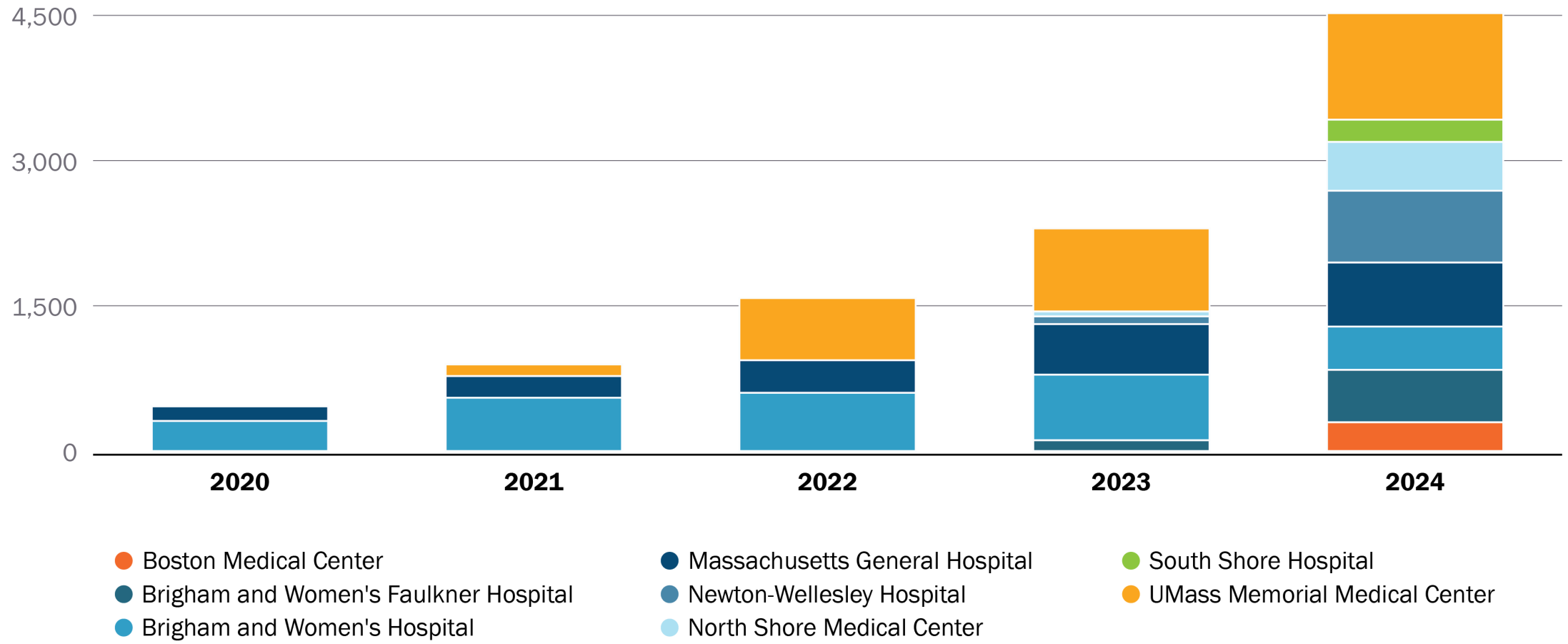
1 MedPAC. Report to the Congress: Medicare and the Health Care Delivery System. Chapter 6: Medicare's Acute Hospital Care at Home program. June 2024.
2 CMS QualityNet Resources. Approved Facilities/Systems for Acute Hospital Care at Home. Updated as of August 18 2025. Available at: https://qualitynet.cms.gov/acute-hospital-care-at-home/resources

Characteristics of Care Provided by Setting

	ACUTE CARE		POST-ACUTE CARE
	Traditional Inpatient	**Hospital at Home (HAH)**	**Home Health**
Setting of care	"Brick and mortar" hospital	Patient home	Patient home
Acute care services (e.g., medication administration, diagnostic testing, specialty consultation, oxygen)	✓	✓	N/A (Patient does not need acute care)
Intensive care services (e.g., surgical procedures, ICU)	✓	Patient needing these services would not be appropriate for HAH; patient may be transferred to HAH after intensive care services, or conversely, if needs arise during HAH stay, patient would be transferred to traditional inpatient	N/A (Patient does not need acute care)
Other hospital services (e.g., meals, 24/7 monitoring)	✓	✓	---
Aide services (e.g., dressing, eating, toileting)	Full range of needs provided by hospital staff	Provided by family or privately employed caregiver; may be provided by hospital staff if HAH program offers this service and if ordered by a provider	Limited services provided by agency staff
Nursing services (e.g., checking vitals, wound care)	✓	✓	✓
Physical or occupational therapy	Yes, if ordered by provider	Yes, if ordered by provider	Yes, if ordered by provider
Social services (e.g., connecting with community resources for food, clothing, shelter, school or employment concerns, substance use issues)	✓	✓	✓

The volume of hospital at home discharges was dominated by a few hospitals in earlier years; many programs for other hospitals became active in 2024.

Hospital at home discharges by hospital, 2020 to 2024



Notes: In 2024, Lahey Hospital had an active hospital at home program, but these discharges can not be identified in the database.
Sources: HPC analysis of Center for Health Information and Analysis Hospital Inpatient Discharge Database, 2020-2024

Policy Considerations: The research brief poses a number of areas that policymakers should consider to monitor if Congress reauthorizes the AHCAH waiver.

- **Appropriate Admissions:** To ensure that hospital at home is not used as a substitute for lower-cost, lower-intensity services, program requirements should ensure that patients enrolling in a program require hospital-level care.
  - The AHCAH program currently requires that patients be evaluated at a hospital (either in the ED or through an inpatient transfer), an important safeguard to minimize inappropriate admissions.[1]
- **Hospital Capacity**: The impact of these programs on hospital capacity should be monitored, including the potential to relieve hospitals from ED crowding and discharge delays, as well as potential spending impact from hospital bed expansion.
- **Benefit to Patients**: State and federal policymakers should continue to consider how to measure outcomes and safeguard quality, including caregiver impact and patient experience; efforts should be aligned across payers to limit administrative complexity.
- **Determining Appropriate Payment Rates:** Public and private payers may consider whether payment rates should be adjusted if hospital at home can be provided at a lower cost than similar inpatient discharges. Payers may wish to consider total episode spending in determining appropriate payment rates.
- **Standardizing Data Collection:** Statewide standards for hospital reporting of hospital at home use, including methods for recording transfers between traditional hospital settings, would improve accuracy in data collection and support efforts for research and monitoring.
- **Financial Sustainability:** Since the viability of these programs depends on the ability of Medicare to pay for this care, the uncertainty of Congressional reauthorization poses a challenge for the sustainability of these programs. Given the potential of this model to meet patient needs, the HPC calls on Congress to pass a long-term reauthorization of AHCAH.

1 Medicare Payment Advisory Commission. Report to the Congress: Medicare and the Health Care Delivery System, June 2024. Available at: https://www.medpac.gov/wpcontent/uploads/2024/06/Jun24_Ch6_MedPAC_Report_To_Congress_SEC.pdf

Other Recent and Upcoming Publications

RECENTLY RELEASED

- **Policy Brief:** Hospital at Home in Massachusetts: Trends in an Emerging Clinical Model (September 2025)
- **DataPoints:** Issue #30, The Primary Care Spending Gap: Paying Less for What Matters Most (July 2025)
- **DataPoints:** Issue #29, Polypharmacy in the Commonwealth (June 2025)
- **Report:** 2023 Office of Patient Protection Annual Report (April 2025)
- **Patient Experience Evaluation**: Insights From the C4SEN and BESIDE Investment Programs (March 2025)
- **Video**: HEAL Winchendon: A Moving Massachusetts Upstream (MassUP) Investment Program Awardee (March 2025)

UPCOMING

- **DataPoints and Policy Brief**: Assessment of Pharmacy Deserts in Massachusetts and Policy Considerations
- **2025 Health Care Cost Trends Report:** Annual Report, Chartpack, and Policy Recommendations
- **Report**: Assessment of Behavioral Health Commercial Rates
- **Report**: Trends in Behavioral Health Emergency Department Boarding
- **Policy Brief**: Long-Stay Hospital Patients

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Massachusetts Open Meeting Law Overview: Office of the Attorney General

Health Policy Commission Bylaws **(VOTE)**

Board Vice Chair Appointment **(VOTE)**

2025 Policy Priorities and Agenda

Break

Recent Notices of Material Change

Executive Director's Report

- Recently Released and Upcoming Publications
- **UP NEXT: 2025 Health Care Cost Trends Hearing Agenda**
- HPC Advisory Council

2025 Public Meeting Schedule

Adjourn

2025 HEALTH CARE COST TRENDS HEARING

SAVE THE DATE

Wednesday
NOVEMBER 12, 2025

SUFFOLK UNIVERSITY
LAW SCHOOL
120 Tremont Street, Boston

MASSACHUSETTS
HEALTH POLICY COMMISSION

2025 Health Care Cost Trends Hearing

This year's hearing offers a critical opportunity to discuss ongoing efforts to tackle the pressing challenges facing the Commonwealth's health care system, **including mounting affordability issues, workforce constraints, increasing prescription drug costs, and threats to health care access and coverage.**

Pursuant to the recent health care legislation, the hearing will also include **new testimony from additional market participants**. These include:

- Significant equity investors, health care real estate investment trusts (REITs), management services organizations (MSOs), pharmaceutical manufacturing companies, and pharmacy benefit managers (PBMs).
- The laws also add MassHealth, the Health Connector, the Division of Insurance, and representatives from the Centers for Medicare and Medicaid Services (CMS) to the list of witnesses called to testify at the hearing.

Registration coming soon – sign up for information about the HPC's upcoming events at www.masshpc.gov.

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Adjourn

Role of the Health Policy Commission's Advisory Council

BACKGROUND ON THE HPC'S ADVISORY COUNCIL

1. First convened in 2013 with a broad cross-section of health care stakeholders, advocates, policymakers, and business leaders
2. Meetings enhance the HPC's robust policy discussions by allowing for varied perspectives on the issues facing the market.
3. Members are appointed to two-year terms.

THE ADVISORY COUNCIL SUPPORTS THE AGENCY'S WORK BY

1. Advising on and providing specific input towards the HPC's research and policy initiatives, ensuring the consideration of diverse perspectives.
2. Contributing feedback and setting priorities for investment and certification programs.
3. Facilitating direct communication between HPC staff, HPC Board members, and a broad distribution of health care industry participants and stakeholders.
4. Serving as a network for communicating the HPC's mission and work to a larger community.

Changes to the HPC Advisory Council in Recent Legislation

- Section 4 of Chapter 342 of the Acts of 2024, *An Act Relative to Pharmaceutical Access, Costs and Transparency,* **adds pharmaceutical manufacturing companies and pharmacy benefit managers** to the list of diverse perspectives reflected in the HPC's Advisory Council.
- Section 25 of Chapter 343 of the Acts of 2024, *An Act Relative to Enhancing Market Oversight,* **directs the newly created Office of Health Resource Planning (OHRP) to consult with the HPC Advisory Council** on focused assessments of health care resource supply, distribution and capacity in relation to projected need.
- The HPC will be reconstituting and convening the new Advisory Council this fall. Information on the process to express interest in serving on the Advisory Council will be forthcoming.

Agenda

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Health Policy Commission Bylaws **(VOTE)**

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Adjourn

Schedule of Upcoming 2025 Meetings

BOARD

October 23

December 11

TASK FORCES

PRIMARY CARE

October 29

December 3

MATERNAL HEALTH

October 8

SPECIAL EVENTS

November 12
2025 *Health Care Cost Trends Hearing*

massHPC.gov

HPC-info@mass.gov

tinyurl.com/hpc-linkedin

@masshpc.bsky.social

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UP NEXT: Adjourn