



# HPC Board Meeting

December 11, 2025





## UP NEXT: Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**

Year in Review: 2025 Health Policy Action

Executive Director's Report

Executive Session **(VOTE)**

Adjourn

Call to Order



## **UP NEXT: Approval of Minutes (VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**

Year in Review: 2025 Health Policy Action

Executive Director's Report

Executive Session **(VOTE)**

Adjourn

# VOTE

## Approval of Minutes from September 18, 2025, Board Meeting



### MOTION

That the Commission hereby approves the minutes of the Commission meeting held on October 23, 2025, as presented.

Call to Order

Approval of Minutes **(VOTE)**



## **UP NEXT: Health Care Cost Trends Hearing Recap and Discussion**

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# HPC 2025 Cost Trends Hearing: Opening Remarks from Attorney General Andrea Joy Campbell



“ Business as usual is not working...and patients as a result are suffering.”

Attorney General Andrea Joy Campbell addressed the **ongoing affordability challenges** faced by Massachusetts patients and the impacts that upcoming federal policy changes will have on these existing challenges.

Attorney General Campbell outlined actions her office is taking to **protect access to health care** for all Massachusetts residents.

“ We will fight back in every way we can.”

## Panel 1: A Call to Action: Community, Clinician, and Employer Voices on Current Health Care Challenges

“ Families that are here legally are experiencing a lot of stress, wondering where their information is going and how their benefits are going to change.”

— Liliana Patino

*Eliot Community Health Services*

“ I am starting to see the seams of our health care system come apart.”

— Dr. Ellana Stinson

*Emergency Medicine Physician*

“ More than half of Massachusetts primary care clinicians report burnout.”

— Katherine Gergen Barnett

*Boston Medical Center*



“ Affordability crumbles without sustained funding.”

— Julie Fraher, RN

*Kennedy Community Health Center*

“ The barriers to health care are huge.”

— Neil Abramson

*ECi Consignment*

## Research Presentation: State and Federal Policy Landscape: Impacts on Health Care in Massachusetts



“ The state is going to have to make some really hard decisions... Some of the decisions will be what holes can the state close, but some of the decisions are going to also have to be who gets covered and what do they get for coverage.”

— Audrey Shelto

*BCBSMA Foundation*

## Panel 2: Leading the Way: State Strategies to Promote Affordability, Access, and Equity



“ We consistently hear the same thing: that people are showing up and getting care, and they’re more sick than they’ve been before. This is bad for patients; this is emotionally bad for providers, and it is expensive to our system.”

— Amy Rosenthal

*Health Care For All*

## Panel 3: Innovation Insights: Transforming Care through Hospital at Home Programs



“Being in the home is, by definition, pro-equity because providers are able to see social determinants of health like food insecurity.”  
— Dr. Constantinos (Taki) Michaelidis  
*MGB Healthcare at Home*

## Research Presentation: Health Care Trends in Massachusetts and the Imperative to Advance Equity



“[Massachusetts’] premium costs have accelerated in recent years and outpaced national trends. Something different is happening here.”  
— David Seltz  
*Health Policy Commission*

# HPC 2025 Cost Trends Hearing: How the Pharmaceutical Industry and Health System Leaders are Addressing Affordability



## Panel 4: Navigating Pharmaceutical Market Trends: Balancing Innovation and Sustainability



“ There is a difference between being cost-efficient and being affordable; the people paying the cost are not always those who benefit.”

— Patrick Gilligan  
*Point32Health*

## Panel 5: Moving Forward Together: How CEOs are Maintaining a Focus on Affordability in a Time of Uncertainty



“ At some point, we are going to have to get beyond magical thinking that we can put less money into the system and provide more care.”

— Dr. Kevin Tabb  
*Beth Israel Lahey Health*

# Public Testimony



- The HPC received public testimony from **six members of the public** representing a range of stakeholders. Testimony highlighted:
  - The role of **provider prices** – rather than utilization – in driving health care spending growth and affordability challenges for patients
  - The need for **increased transparency** across the health care sector
  - Rising **MassHealth spending**, particularly on long-term care
- Testimony called for:
  - Increased **HPC authority** to enforce the health care cost growth benchmark
  - **Enhanced oversight** of the health care market, specifically for-profit entities and long-term care providers
  - **Hospital price reform**, including site-neutral payments, default out-of-network rates, and increased protection against surprised billing.



# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion



**UP NEXT: 2025 Health Care Cost Trends Report (VOTE)**

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Adjourn

# Summary of 2024 HPC Policy Recommendations



1

## **Strengthen and expand the state’s market oversight tools.**

- Strengthen and expand the Material Change Notice (MCN) process to include transactions involving significant private equity investment, the acquisition of a provider’s assets (e.g. real estate), and significant expansions.

2

## **Strengthen and expand the state’s transparency requirements.**

- Require that new provider types, including types frequently targeted by private equity investors, report to the Massachusetts RPO program.
- Enhance enforcement mechanisms for financial reporting.

3

## **Revitalize health planning to ensure that the supply of health services aligns with community health needs and to protect the interests of historically underserved communities.**

- Conduct focused assessments of need, supply, and distribution.
- Strengthen tools to monitor and regulate supply of health care services.

4

## **Address known market dysfunctions that both drive consolidation among providers and create opportunities for predatory actors to profit through actions that can harm patients, health care workers, and others.**

5

## **Consider past HPC policy recommendations related to primary care and behavioral health, health care workforce, administrative complexity, and pharmaceutical manufacturer and pharmacy benefit manager transparency.**

# 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



Many key components of Chapters 342 and 343 of the Acts of 2024 reflect policy recommendations put forward by the HPC over the last few years.



**Massachusetts has a long history of coming together and becoming a model for the nation in key moments of crisis in health care.**



**Most recently, this has been seen in the collective action and problem solving during:**

- The expansion of health insurance coverage in 2006, through Chapter 58<sup>1</sup>
- The establishment of the nation's first health care cost growth benchmark in 2012, through Chapter 224<sup>2</sup>
- The coordinated response required during the COVID-19 pandemic
- The urgent action needed to prevent dire outcomes following the bankruptcy and dissolution of Steward Health Cared and the enactment of laws to better protect the system from future bad actors and plan for a system that put patients first.

**For the past twenty years, the Commonwealth has repeatedly met crises in health care with collaboration, compromise, and decisive policy action.**

<sup>1</sup> <https://malegislature.gov/Laws/SessionLaws/Acts/2006/Chapter58>

<sup>2</sup> <https://malegislature.gov/Laws/SessionLaws/Acts/2006/Chapter58>

# The Commonwealth now confronts another pivotal moment in health care.



Ongoing and unsustainable increases in health care costs coupled with recent federal action both threatens the stability of the health care system and endangers two of the state's core health policy goals over the past several decades: **affordability and access.**

- Increases to health care premiums have outpaced growth in wages and inflation, and approved average premium increases for the merged market (which includes small businesses and individuals buying health insurance on their own) for 2025 and 2026 are at the highest rates in recent years – **7.9% and 11.5% respectively.**
- Consumer cost-sharing is growing even faster than premiums, primarily in higher deductibles. These costs are impacting increasing numbers of Massachusetts residents, resulting in many **avoiding needed care, incurring medical debt, and/or putting off the purchase of other necessities.**
- In addition to rising premiums and out of pocket costs, without federal action to extend enhanced premium tax credits, **over 300,000 Massachusetts residents purchasing coverage through the Health Connector** could see their premiums **double or even triple.**
- These profound challenges to health care affordability and access will also exacerbate existing disparities in health outcomes, especially for **low-income communities, people of color, LGBTQ+ individuals, and other populations** in the Commonwealth, which will further increase spending.

**As such, the Health Policy Commission recommends the following.**



In 2026, policymakers and health care leaders should **recommit to the health care cost growth benchmark** and convene to **develop a consensus on a comprehensive set of reforms**, consistent with the long-standing Massachusetts values of shared responsibility and shared sacrifice, for a greater public good. **Massachusetts should once again be the national leader in reimagining our health care system from the status quo to one capable of delivering affordable, accessible, and equitable care for all residents.**

# Meaningful efforts to improve health care affordability should address the following known drivers of health care costs:

1

## Administrative Complexity.

Within Massachusetts and nationally, **there is significant administrative complexity in health care that adds costs without improving value or accessibility of care.** The Commonwealth should take action to dramatically reduce these costs by adopting policies that reduce, standardize, centralize, and/or automate common administrative tasks, prioritizing those that impede care for patients and burden primary care clinicians and support staff (e.g., prior authorization).

2

## Health Care Prices.

**Prices continue to be a primary driver of health care spending growth in Massachusetts** and there is persistent, significant variation in prices between Massachusetts providers for the same sets of services without commensurate differences in quality. Many states are implementing policy solutions that seek to limit excessive prices for services above a fair, reasonable threshold or to moderate price growth to a sustainable rate. The Commonwealth should consider these approaches and others to address excessive prices for which competitive forces have failed to meaningfully constrain prices.

# Meaningful efforts to improve health care affordability should address the following known drivers of health care costs:



3

## Pharmaceutical Spending.

Net of rebates, pharmacy spending per enrollee grew an average of 8.6% per year from 2019 to 2023, contributing significantly to the state's overall health care cost growth rate. Recent legislative action established new tools for enhancing the transparency and oversight of pharmaceutical manufacturers and pharmacy benefit managers (PBMs), including through the HPC's new Office of Pharmaceutical Policy and Analysis (OPPA) and the Division of Insurance (DOI). In addition to considering policies implemented by other states, **the Commonwealth should consider recommendations developed in the coming year by OPPA and DOI.**

4

## Low Value Care and Avoidable Utilization.

The Commonwealth should encourage providers and payers to adopt strategies to reduce low value care and avoidable emergency department (ED) use, ED boarding, and readmissions, and shift lower acuity care to the most appropriate setting. **Fundamental to the success of these efforts is to expand access to primary care and behavioral health care.** The Commonwealth should take immediate action on the recommendations of the Primary Care Task Force.

In addition to primary care, there should be continued support and investment in the broader Massachusetts health care workforce, which continues to experience disruption, with turnover and shortages of providers in many roles throughout the care continuum, especially in behavioral health care and long-term care.

# VOTE

## 2025 Health Care Cost Trends Report and Policy Recommendations



### **MOTION**

That, pursuant to section 8(g) of Chapter 6D of the Massachusetts General Laws, the Commission hereby authorizes the Executive Director to issue the annual report on cost trends as presented, with changes as discussed.

# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**



**UP NEXT: Year in Review: 2025 Health Policy Action**

Executive Director's Report

Executive Session **(VOTE)**

Adjourn



# Rhode Island and California: Prior Authorization Reform



- On September 12, 2025, Rhode Island enacted legislation instituting a three-year pilot program **prohibiting health plans from imposing a prior authorization requirement** for any admission, item, service, treatment, or procedure ordered by a primary care provider (effective 10/1/25).
  - The pilot program applies to state-regulated insurance carriers and Medicaid fee for service and managed care.
- California's *Defending Physicians' Decisions Act* was signed into law on October 6, 2025, to **limit the use of prior authorizations for certain services**.
  - Effective January 1, 2028, health plans will be prohibited from requiring prior authorizations for services approved at a rate of at least 90 percent.
  - The law additionally increases California's reporting on the use and impact of prior authorizations.

# California: High-Cost Hospital Designation



- California's Office of Health Care Affordability Board voted on April 22, 2025, to impose **stricter spending growth limits** on hospitals designated as high-cost, which is defined as:
  - A hospital ranking above the 85<sup>th</sup> percentile on commercial inpatient net patient revenue per case mix adjusted discharge and commercial-to-Medicare payment-to-cost ratios for at least three of the past five years.
- Beginning in 2026, hospitals meeting this high-cost definition will be held to a health care spending target of 1.8%, which will decrease to 1.6% in 2029. This differs from the statewide spending target of 3.5% in 2026 and 3% by 2029.
  - Seven hospitals across California were designated as high-cost, and the list will be re-evaluated annually.



# Oregon: Performance Improvement Plans



- Beginning with the 2022 to 2023 measurement period, the Oregon Health Authority (OHA) has the authority to require **performance improvement plans (PIPs) of entities with unacceptable spending growth**, and the state announced three PIPs in November 2025:
  - St. Charles Health System – Commercial spending growth of 26.3%
  - PacificSource – Commercial spending growth of 7.3%
  - UnitedHealthcare – Medicare Advantage spending growth of 6.3%
- These entities are required to file PIPs in January 2026.
- Beginning in 2028, OHA will be permitted to **issue fines** to entities that consistently fail to meet the state’s health care cost growth benchmark in three out of five years.

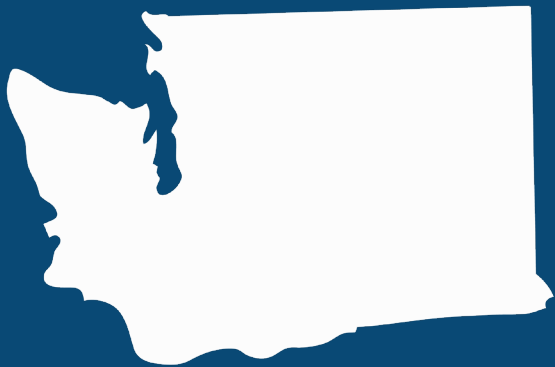


# Washington: Public Employee Health Plan Reform



➤ An Act relating to ensuring access to primary care, behavioral health, and affordable hospital services was signed into law on May 20, 2025, to limit certain prices paid by Washington's **Public Employees and School Employees Benefits Boards** and establish a price floor for other underfunded services.

- Beginning January 1, 2027, reimbursements for in-network inpatient and outpatient hospital services will be capped at 200% of what Medicare pays for the same service.
- Reimbursement for in-network primary care and outpatient behavioral health services will be *no less than* 150% of Medicare.
- Out-of-network hospital services will be reimbursed no more than 185% of Medicare's rate.



➤ Washington's public employee health plans are directed to adjust their premiums to account for changes in reimbursements stemming from this legislation.

# Indiana: Hospital Oversight



- On May 6, 2025, Indiana enacted new legislation regulating the nonprofit status of hospitals operating in the state. Specifically, the law **revokes nonprofit status from hospitals** with average inpatient and outpatient prices that exceed the statewide hospital average (effective June 30, 2029).
  - The law requires enhanced annual reporting from hospitals on their nonprofit status, with fines for noncompliance.
- Additional legislation signed into law on the same day further **increased ownership reporting requirements** for hospitals, health plans, and pharmacy benefit managers (PBMs) to include:
  - All entities with at least a 5% ownership interest and
  - All interested private equity investors.
- Effective January 1, 2026, PBMs in Indiana will be prohibited from steering patients to mail-order or affiliated pharmacies and limiting pharmacists' ability to share information on lower-cost options to patients.

# Colorado & Virginia: Pharmaceutical Reform

- **Colorado's** Prescription Drug Affordability Review Board (PDAB), established in 2021, set the nation's first **upper payment limit for a prescription drug** in October.
  - Effective January 1, 2027, reimbursements for Enbrel will be capped in Colorado at \$600 per unit (approximately \$31,000 per year), compared to the average health plan payment of over \$53,000 in 2023.
  - This follows the PDAB's review of five high-cost drugs in 2023 and the Board's finding that Enbrel is unaffordable for Colorado patients.
  
- **Virginia's** *Save Local Pharmacies Act* was signed into law on March 24, 2025, to shift the state's Medicaid program to a **single state-contracted PBM** by July 1, 2026.
  - The law requires that the PBM must have a fiduciary responsibility to the Medicaid program and pass through 100% of manufacturer rebates to the state with full disclosure of drug costs, rebates, fees, and other charges and a prohibition on spread pricing.



# Connecticut: Pharmaceutical Oversight



- An Act implementing recommendations of the bipartisan drug task force was signed into law on July 8, 2025, implementing multiple changes to the state's **oversight of the pharmaceutical industry**, including:
  - Requiring PBMs to uphold a duty of good faith and fair dealing with health plans and disclose any conflicts of interest;
  - Mandating that PBMs offer customers at least one plan design option without spread pricing;
  - Enhancing health plan financial reporting to include profits from PBMs and mail-order pharmacies as well as how rebates were used to lower patient cost-sharing; and
  - Beginning exploration of in-state manufacturing of generic GLP-1s, Canadian importation, and bulk-purchasing by state agencies.
  
- Connecticut's fiscal years 2026 – 2027 budget additionally **limits price increases for generic and off-patent drugs** to the rate of inflation (consumer price index), giving the Department of Revenue Services the authority to enforce the law through civil penalties.



# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**

Year in Review: 2025 Health Policy Action



**UP NEXT: Executive Director's Report**

Executive Session **(VOTE)**

Adjourn

## Since 2013, the HPC has reviewed 198 market changes.

Type of Transaction	Number	Frequency
Physician group merger, acquisition, or network affiliation	45	23%
Formation of a contracting entity	42	21%
Clinical affiliation	37	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%
Ownership/control change involving significant equity investor	3	2%
Affiliation between a provider and a carrier	1	1%

# Cost and Market Impact Reviews in Progress



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

# Transactions HPC Elected Not to Proceed



- 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.

**RECEIVED SINCE 10/23/2025**

- The proposed acquisition of select physicians and locations of **Saint Vincent Physician Services**, a multi-specialty physician group in central Massachusetts owned by the for-profit Tenet Healthcare Corporation, by **HealthyU Family Medicine, LLC**, which operates clinics providing primary and specialty care in California and Arizona, and is owned by private equity firm BIGH Capital Holdings, LLC.

## Other Transactions Currently Under Review: Received Since 10/23/25

- The proposed acquisition of **Acton Medical Associates**, a primary care practice with locations northwest of Boston, by **Atrius Health**, a 700-physician multi-specialty group practice that receives administrative and non-clinical support from Atrius MSO, which is owned by OptumCare, a subsidiary of UnitedHealth.
- The proposed acquisition of **Quality Life Lawrence, LLC**, a licensed adult day health facility located in Lawrence, MA, by **Active Day**, an adult day service and home care provider backed by the private equity firm Audax Group with 100 centers across 10 states, including seven in Massachusetts.
- A proposed clinical affiliation between **Dana-Farber Cancer Institute (DFCI)**, an acute care cancer hospital and research institute, and **Sturdy Memorial Hospital (Sturdy)**, a 153-bed independent community hospital in Attleboro, under which DFCI would operate a satellite ambulatory cancer clinic on Sturdy's campus.

## Other Transactions Currently Under Review: Received Since 10/23/25 (con't)

- A transaction involving a significant equity investor in which **Suncrest Health Services, LLC**, an owner of hospice, home health, and palliative care companies in 25 states including Brighton Hospice Massachusetts, would be acquired by **Sun Comfort Parent, LP**, a Delaware limited partnership.
- A proposed joint venture between **Sturdy Memorial Hospital**, a 153-bed independent community hospital in Attleboro, and **University Orthopedics**, a physician-owned orthopedic specialty practice based in Rhode Island, with Massachusetts locations in Mansfield, Plymouth, Raynham, and North Easton. The joint venture would establish a freestanding ambulatory surgery center in Mansfield, Massachusetts.

## RECENTLY RELEASED



- **2025 Health Care Cost Trends Report:** Annual Report, Chartpack, and Policy Recommendations (December 2025)
- **DataPoints:** Issue #32, Examining the True Cost of Care: Patient Cost Sharing in Massachusetts (December 2025)
- **DataPoints:** Issue #31, When the Closest Pharmacy is Too Far: Mapping Pharmacy Deserts in Massachusetts (October 2025)
- **Policy Brief and Video:** Hospital at Home in Massachusetts: Trends in an Emerging Clinical Model (September 2025)

## UPCOMING



- **Evaluation Report:** Moving Massachusetts Upstream (MassUP) Investment Program
- **Policy Brief:** Assessment of Pharmacy Deserts in Massachusetts and Policy Considerations
- **Legislative Report:** Assessment of Behavioral Health Commercial Rates
- **Legislative Report:** Trends in Behavioral Health Emergency Department Boarding

# 2025: BY THE NUMBERS



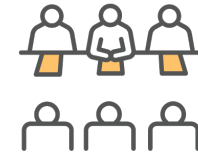
## PUBLIC ENGAGEMENT

- 2** new HPC offices (OPPA and OHRP)
- 2** new co-chaired task forces (Primary Care and Maternal Health)
- 1** new Advisory Group (BHWC)
- 365+** news articles referencing HPC
- 51k+** website users
- 2.5k+** new LinkedIn followers
- 28** publications and videos



## MEETINGS AND CONFERENCES

- 27** public meetings convened, including **4** MHTF and **12** PCTF
- 1,235** public meeting slides
- 11** posters and **3** presentations at conferences
- 24** additional invited presentations and panel discussions



## COST TRENDS HEARING

- 1.6k** views of the Cost Trends Hearing livestream
- 3.9k** views of the CTH page
- 160+** in-person attendees
- 22** panelists and **2** presentations
- 53** pieces of pre-filed, oral, and written testimony, including from **16** new entities now required to testify

# 2025: BY THE NUMBERS



## PARTNERSHIPS

**65** patients enrolled in HEART-BP, including 6 program graduates

**13** ACO LEAP 2026-27 Certification applications

**94%** statewide Aligned Measure Set adherence

**\$23,000+** invested in BESIDE and HEART-BP



## MARKET OVERSIGHT

**14** new Material Change Notices, including

**3** transactions involving private equity investors, reflecting the expansion of the HPC's market oversight through recent legislation

**58** expected RPO registrants

**3** Cost and Market Impact Reviews (**1** completed, **2** underway)



## OFFICE OF PATIENT PROTECTION

**2,070** calls to the OPP hotline

**1,391** open enrollment waiver requests

**407** health insurance external review requests

**8** ACO/RBPO external review requests

- HPC Advisory Council members are appointed to **two-year terms** by the HPC's Executive Director and serve in a volunteer capacity.
- **The HPC is launching a new process for individuals interested in serving as an HPC Advisory Council member for the 2026 – 2027 term**, including those who have previously served on the Advisory Council, to apply via a webform on the HPC's website.
- Interested applicants are asked to provide their professional affiliation, outline their areas of interest (ex. health care affordability, health equity, public health), and share why they're interested in serving on the HPC's Advisory Council. Applicants are also required to submit a resume and, if applicable, a letter of recommendation from their organization's leadership.
- **The webform application is now open on the [HPC's website](#) and the deadline for applications is Friday, January 9, 2026.** Members will be appointed in February 2026, and the first meeting is expected to be in the first quarter of 2026.
- Questions about the HPC Advisory Council or the application process can be sent to [HPC-AC@mass.gov](mailto:HPC-AC@mass.gov).



[masshpc.gov/about/council/apply](https://masshpc.gov/about/council/apply)

# HPC Summer Fellowship Program



- The HPC Summer Fellowship is a 10-week paid opportunity for graduate students with an interest in health policy.
- Summer Fellows work alongside colleagues in each HPC department to complete a standalone research project or other deliverable.
- In 2025, the HPC hosted 10 fellows from 8 graduate programs across the country in public health, research, and law.
- Applications for the 2026 Summer Fellowship Program will be accepted beginning today, **December 11, 2025.**



[masshpc.gov/about/job-opportunities](https://masshpc.gov/about/job-opportunities)

# 2026 Meeting Calendar



**- JANUARY -**

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**- FEBRUARY -**

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**- MARCH -**

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**- APRIL -**

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**- MAY -**

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**- JUNE -**

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**- JULY -**

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**- AUGUST -**

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**- SEPTEMBER -**

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**- OCTOBER -**

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**- NOVEMBER -**

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**- DECEMBER -**

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**Board Meetings**

- Thursday, February 5
- Thursday, April 16
- Thursday, June 11
- Thursday, July 23
- Thursday, September 17
- Thursday, December 10

**Special Events**

- Thursday, March 12 – Benchmark Hearing
- Thursday, November 12 – Cost Trends Hearing

# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**

Year in Review: 2025 Health Policy Action

Executive Director's Report



**UP NEXT: Executive Session (VOTE)**

Adjourn

# VOTE

## Enter Executive Session



### **MOTION**

That pursuant to M.G.L. c. 30A, § 21(a)(7), the Commission hereby approves going into executive session for the purpose of complying with c. 6D, § 2A, to discuss confidential information provided to the Commission.

# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Health Care Cost Trends Hearing Recap and Discussion

2025 Health Care Cost Trends Report **(VOTE)**

Year in Review: 2025 Health Policy Action

Executive Director's Report

Executive Session **(VOTE)**



**UP NEXT: Adjourn**