

Boston Medical Center HEALTH SYSTEM

Boston Medical Center Health System
c/o Melissa Shannon, Vice President of Government Advocacy
One Boston Medical Center Place
Boston, MA
02118

March 20, 2026

Health Policy Commission
c/o Susan M. Flanagan-Cahill, Deputy General Counsel
50 Milk Street, 8th Floor,
Boston, MA 02109

RE: 958 CMR 7.00, Notice of Material Change and Cost and Market Impact Reviews

To whom it may concern,

On behalf of Boston Medical Center Health System (BMCHS), we are grateful for the opportunity to provide comments on the proposed changes to *958 CMR 7.00, Notice of Material Change and Cost and Market Impact Reviews*. BMC Health System includes Boston Medical Center – New England’s largest safety net hospital, a 511-bed academic medical center, BMC Brighton – a 291-bed academic medical center and tertiary care center and BMC South - a 224-bed community hospital in Brockton. Our hospitals serve a high proportion of patients on public insurance and provide high quality, equity-centered care to some of the most diverse and most vulnerable patient populations across the state.

BMCHS appreciates the Health Policy Commission’s (HPC) work to balance market regulation with the needs of the healthcare system, while updating this regulation in accordance with changes enacted in Chapters 342 and 343 of the Acts of 2024. BMCHS supports the goal of further regulation to promote responsible healthcare growth, but is concerned about some unintended impacts that may restrict our ability to better serve the diverse, low-income, and high Medicaid populations we care for.

BMCHS is concerned with the proposed threshold of “*a significant increase to a provider or provider organization’s capacity*” as detailed in *958 CMR 7.03(f)*. We believe the proposed threshold is too low to represent a significant capacity increase. As drafted, a project over the Determination of Need (DoN) expenditure thresholds that may increase the Net Patient Service Revenue Threshold by greater than \$10M, the current Revenue Increase Threshold, would require a notice of material change. This proposed standard does not feel like an appropriate benchmark to represent “*a significant increase to a provider or provider organization’s capacity*” in need of

this additional level of review. The extra regulatory process for a project of this size is unnecessary and could slow down needed investments required to maintain quality care for patients and ensure adequate access to healthcare services.

When implementing 958 CMR 7.06(13), we ask the HPC to be thoughtful in its consideration of *“the inventory of health care resources maintained by the Department of Public Health”* as a factor in a Cost Market Impact Review. We hope an inventory of health care resources does not lead to the implementation of resource “caps” in practice. Such an interpretation will make it extremely difficult to meet the needs of a diverse, low income and complex patient population - one that is not the target of growth opportunities of wealthier health systems. Preventing growth by entities that serve low-income, high Medicaid and diverse patient populations will exacerbate existing inequities in the Commonwealth. When patients have access to providers whom they trust, overall health outcomes are better. We do not want the regulation of healthcare resources to lead to patients being pushed to certain facilities where they do not have established care teams or access to culturally appropriate care. We hope that when implementing this new provision, the HPC will keep these practical concerns in mind.

Thank you for the opportunity to offer comments regarding these proposed regulations. Should you have any questions about our input or would like further detail, please do not hesitate to reach out to me at melissa.shannon@bmc.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Melissa Shannon".

Melissa Shannon
Vice President of Government Advocacy