VOTE 1: MEETING MINUTES

Date of Meeting: June 11, 2026
Start Time: 12:00 PM
End Time: 2:15 PM

	Present?	Vote 1: Approval of Minutes (April 16, 2026)	Vote 2: Final Report of the Cost and Market Impact Review of Mass General Brigham-CVS MinuteClinic Primary Care	Vote 3: Executive Session
Deborah Devaux*	X	2nd	X	2nd
Martin Cohen	X	X	M	X
Sandra Cotterell	X	X	X	M
Keith Marzilli Ericson	X	X	X	X
Umesh Kurpad	A	A	A	A
Chris Leibman	X	X	X	X
Alecia McGregor	X	ab	X	X
Steve Walsh	X	X	ab (recusal)	X
James Willmuth	X	ab	X	X
Commissioner Michael Caljouw	X	M	X	X
Secretary Kiame Mahaniah	X	X	2nd	X
Summary	**10 Members Attended**	**Approved with 8 votes in the affirmative**	**Approved with 9 votes in the affirmative**	**Approved with 10 votes in the affirmative**

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.
*Chairman, **Designee Present
(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A meeting of the Health Policy Commission (HPC) was held on June 11, 2026, beginning at 12:00 PM. The meeting was held virtually via Zoom. A recording of the meeting and the meeting materials are available on the HPC's website.

Participating commissioners in attendance were Ms. Deborah Devaux (Chair); Mr. Martin Cohen (Vice Chair); Ms. Sandra Cotterell; Dr. Keith Marzilli Ericson; Mr. Christopher Leibman; Dr. Alecia McGregor; Mr. Steve Walsh; Mr. James Willmuth; Mr. Michael Caljouw, Commissioner, Division of Insurance (DOI); and Dr. Kiame Mahaniah, Secretary, Executive Office of Health and Human Services (EHS). Commissioners who were absent were Mr. Umesh Kurpad.

Ms. Devaux began the meeting at 12:00 PM and welcomed the commissioners, staff, and members of the public viewing the meeting livestream.

ITEM 1: Approval of Minutes (VOTE)

Ms. Coleen Elstermeyer, Deputy Executive Director, asked for a motion to approve the minutes from the April 16, 2026, Board Meeting. Mr. Caljouw made the motion, and Ms. Devaux seconded it. The motion was approved by roll call vote with two abstentions.

ITEM 2: Market Transactions

Material Change Notices

Mr. Sasha Hayes-Rusnov, Director, Market Oversight and Monitoring, provided a number of updates on recent market transactions. For more information, see slides 7-11.

Ms. Devaux asked if the information reported to the HPC by Acton Medical Associates and Atrius Health over next five years would be available to the public. Mr. Hayes-Rusnov responded that the information provided directly from the parties generally would not be available to the public, unless the HPC were to conduct a cost of market impact review of a future transaction by the parties. He added that information that the HPC derives from ongoing monitoring of the transaction, especially from any publicly available data, could be processed and then made available to the public.

Final Report: Mass General Brigham–CVS MinuteClinic Primary Care Cost and Market Impact Review (CMIR) (VOTE)

Ms. Megan Wulff, Director, Market Oversight and Monitoring, presented findings from the final report of the Mass General Brigham (MGB) and CVS MinuteClinic Primary Care (MCPC) Cost and Market Impact Review (CMIR). For more information, see slides 13-29.

Before the presentation, Mr. Walsh recused himself from the discussion and the vote on the issuance of the final report.

Mr. Caljouw thanked HPC staff for their work on the CMIR and the parties for their engagement throughout the process and the parties' innovative and collaborative approach to addressing an ongoing issue in the Massachusetts health care system. He said that he was interested to know more around the parties' comments acknowledging that a substantial portion of the spending impacts would be due to MGB's

uniquely high rates and the parties' commitment to exploring ways to mitigate those impacts. Mr. Caljouw asked if there were any particular approaches the parties had voluntarily proposed ideas to mitigate impacts on affordability. Ms. Wulff responded that the only specifics that the parties had offered were incorporated in the commitment language itself, including "phasing in the migration of MCPC APPs to the MGB contracted rate schedule over two years." Ms. Wulff said that the HPC looks forward to working with the parties moving forward to see if there are other opportunities to mitigate the spending impacts as well.

Mr. Caljouw asked whether there would be a two-year period where the parties would seek to mitigate the particular issue around price or if there would be mitigation steps for at least two years. Ms. Wulff responded that the language was consistent with the transition of MCPC sites to MCPC primary care model may suggest that the APPs would be joining MGB contracted rates as the clinics gain full licensure and build a primary care patient panel. She said that the HPC would need to learn more about that from the parties themselves.

Ms. Devaux added that there is not a proposal for CVS rates to be frozen or to accept anything other than the full MGB rates, but that the cost mitigation would result from a phased approach because the APPs will be moved to those MGB rates over a period of time, with the cost impact that the HPC calculated delayed until the APPs were added to the MGB rates.

Mr. Seltz said that based on a plain reading of the parties' commitment, they will work to explore opportunities to mitigate the spending impact of the APPs joining MGB contracts. He said that one concept that they include in their response is this idea of transitioning the APPs to MGB rates over two years. He added that it seems that the parties are open to other options and approaches and that there is an opportunity to think more expansively than just the transition over two years. Mr. Caljouw thanked HPC staff for their comments and noted that he felt encouraged by the fact that there is a focus on cost mitigation in the final report.

Dr. McGregor acknowledged the concern around the transaction's impact on spending and costs and expressed her concerns with the transaction's impact on access, noting that an important question is whether the Minute Clinic sites would provide meaningful access to quality primary care, given the that the model's experience of other states hasn't yet shown whether it produces high-quality primary care versus more costly convenience care. She noted that the Commonwealth is facing an ongoing maternal health crisis where severe maternal morbidity is still on the rise and disparities persist. She emphasized the need for individuals who are pregnant or postpartum to have access to readily available and high-quality primary care, and suggested being as specific as possible on monitoring metrics for care coordination with the MCPC sites and the handoff between postpartum care and more traditional care. Dr. McGregor also asked whether the affiliation involved any change of ownership or tax status for the clinics since CVS is a for-profit entity and MGB is a non-profit entity.

Mr. Seltz acknowledged Dr. McGregor's concern and emphasized the importance of ongoing monitoring of the impact of the proposed transaction on the public and the health care system, and to better understand how this care delivery model evolves over time, the benefits that it provides, to whom, and at what cost, and that the HPC has latitude to be more specific in its ongoing monitoring going forward. Ms. Wulff said the affiliation between MGB and CVS is a contracting affiliation not a corporate affiliation, and therefore the ownership of the sites would not change and would not impact tax exemption status.

Mr. Cohen thanked HPC staff for their work involved throughout the CMIR process and thanked the parties for their substantial considerations as a result of the report. He said that one area that he has concern is with behavioral health care. He said that there is important language that has been put forward around controlled substances and emphasized the importance of primary care being a site of care that can provide

behavioral health care. He said that it is important that the behavioral health care be a well-developed, quality service and encouraged the parties to consider a way to better integrate behavioral health care into the new sites of care.

Dr. Ericson praised the HPC staff for their analysis of the spending impacts on the transaction and helping evolve the proposal. He stated payers would likely want to assess, as they pay higher rates for MGB care at MCPC sites, whether it is because the sites of care are actually offering a higher-quality product of care. He asked how a payer or a patient would be able to examine the quality-metric data and be able to assess whether it is worth paying higher rates. Ms. Wulff said that while there are quality data available by provider organization, she is not certain if there are any public sources for quality metrics specifically for the sub-entities of a contracting entity. She said that the HPC can follow quality metrics for primary care patients of MGB generally and utilize the all-payer claims database to follow care practice patterns evolve for primary care patients of MCPC and make that available but it would not be easy for the general public to access otherwise.

Ms. Cotterell encouraged HPC staff to think about what the monitoring and oversight process could look like for this new care model. She emphasized the importance of not only looking at impacts to access and quality but also the impact on the workforce since it is a new system and model of care. Mr. Seltz acknowledged the importance of considering the workforce element of the transition especially since the primary care workforce in particular has faced challenges. He noted that the initial providers are currently working in the Minute Clinics, but there is an anticipation of additional hiring, including RNs, LPNs, and over time there would likely be turnover of those advanced practice providers, and understanding where those clinicians come from and the impact on the workforce would be important moving forward. Ms. Wulff added that the Registration of Provider Organizations (RPO) program within the HPC will begin to track APPs this fall, so staff will be able to annually observe any movement of APPs between provider organizations.

Mr. Leibman thanked the HPC staff and the parties for their involvement and engagement during this process. He said that he was supportive of issuing the final report, especially because of the need for innovation in the primary care sector. He that the report can serve as a guide and something that can be used moving forward as a reference to the implementation process as well as areas to watch out for and mitigate against.

Ms. Devaux provided closing remarks, echoing the sentiments of the other commissioners that HPC staff were able to create an accurate and full report on the potential impacts of the transaction.

Ms. Elstermeyer managed the vote on the issuance of the final report for the Mass General Brigham-CVS MinuteClinic Primary Care CMIR. Mr. Cohen made the motion, and Dr. Mahaniah seconded it. The vote was taken by a roll call, and the motion was approved with one abstention.

ITEM 3: Health Care Transformation and Innovation

Status of Investment Programs

Ms. Molly Sass, Senior Manager, Health Care Transformation and Innovation, presented a status update on the HPC's active investment programs. For more information, see slides 32-34.

Key Findings: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Evaluation

Ms. Catherine MacLean, Senior Manager, Health Care Transformation and Innovation, presented findings from the Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Evaluation. For more information, see slides 36-54.

Dr. Ericson asked if there was available data gathered by the Perinatal-Neonatal Quality Improvement Network (PNQIN) that could help determine whether outcomes at the C4SEN awardee hospitals changed pre and post implementation of the investment program, acknowledging that the publicly available data from the hospital do not have identifiers, and he asked about data that would demonstrate the cost-analysis of the C4SEN program.

Ms. MacLean responded that the publicly available data that is reported to PNQIN is not identifiable by hospital since it is a voluntary reporting program and noted that when the comparison data was shared with the HPC it was also anonymized and aggregated. She said that there could be potential for PNQIN to do some additional work in this space and it would be of interest to the HPC. Ms. MacLean noted a minor challenge with a pre-post comparison was that several of the C4SEN funded programs were building on or expanding similar programs priorly established at their respective hospital, while some programs were net new for others. She underscored there had been a number of programs led by the Bureau of Substance Addiction Services' (BSAS) Moms Do Care program at various sites across Massachusetts, so there is confounding in the data since this has been an area of ongoing effort in the Commonwealth for over a decade, due to the opioid crisis. In regard to Dr. Ericson's second question on the cost analysis of the program, Ms. MacLean said that there were a number of challenges in terms of the accessible data and knowing which costs to look at to determine cost-savings. She said that while the HPC cannot quantify the cost savings, there would be savings for the social service system and the Commonwealth as a whole, such as fewer Department of Children and Families (DCF) investigations and removals. She added that there is some cost analysis data focused on improved outcomes when patients are engaged in psychotherapy as effective treatments for their substance use disorder, but the HPC was not able to do a direct cost comparison.

Dr. McGregor asked about the initial hospitals that participated in the investment program, particularly in reference to the hospitals not demographically reflecting the population that is most impacted by the opioid crisis. She noted that communities and families of color tend to be much more concerned about being targeted by child protective services, since they have historically tended to be more surveilled by the Department of Children and Families. She said that a similar program to C4SEN would be an important intervention for the hospitals that are serving a more diverse population. Dr. McGregor also asked if there are any aspects of the program, as it stands, that could warrant improvement, especially if the program were to move to another hospital. She referenced a note in the presentation about hiring more staff with lived experience to support the program. She also asked if a program like C4SEN were to be passed and funded by the legislature, what would be the best way to implement it across all hospitals.

Ms. MacLean said that ways to improve the program would include hiring staff with lived experience and utilize a staff that reflects the communities being served, since concordance between staff and patients is important for building trust and having cultural competence. She noted several existing programs for this population at other hospitals including Boston Medical Center and emphasized the importance of serving the geographic areas of Massachusetts that are more racially diverse and agreed that greater investment in hospitals serving a more diverse population is needed to better address SUD treatment among people of color. She added that it will be interesting to observe as the DCF policy is changing what effect that will have

in regard to the disproportional role of race and DCF investigations. She discussed the benefit of having resources available through this program.

ITEM 4: Executive Director's Report

Mr. Seltz began the Executive Director's report with an update on the Primary Care Access, Delivery, and Payment Task Force, co-chaired by the HPC and Executive Office of health and Human Service, before turning to Ms. Elstermeyer, to share an update on the Maternal Health Access and Birthing Patient Safety Task Force, co-chaired by the HPC and Department of Public Health (DPH). Dr. McGregor, the HPC's designated co-chair of the Maternal Health Task Force, reflected on her experience supporting the task force. Ms. Elstermeyer then shared an update on the HPC's recent and upcoming publications, including the latest publication in the HPC DataPoints series, and concluded with an update on the HPC's Summer Fellowship program. For more information, see slides 56-66.

ITEM 5: Executive Session (VOTE)

Ms. Elstermeyer managed the vote for commissioners to enter a confidential Executive Session for the purposes of Ch. 30A, § 21(a)7) and Ch. 6D, § 2A. Ms. Cotterell made the motion, and Ms. Devaux seconded it. The vote was taken by a roll call, and the motion was approved unanimously. The Board did not return to the public meeting upon the conclusion of the Executive Session.

ITEM 6: Adjourn

The public meeting adjourned at 2:15 PM.