



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

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# **HEALTH POLICY COMMISSION NOTICE OF MATERIAL CHANGE FORM**

***THIS NOTICE OF MATERIAL CHANGE FORM IS  
FOR USE BEGINNING MAY 19, 2026***

Health Policy Commission  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109

## GENERAL INSTRUCTIONS

The attached form should be used by a Provider or Provider Organization to provide a Notice of Material Change ("Notice") to the Health Policy Commission ("Commission"), as required under M.G.L. c. 6D, § 13 and 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews. To complete the Notice, it is necessary to read and comply with 958 CMR 7.00, a copy of which may be obtained on the Commission's website at [www.masshpc.gov](http://www.masshpc.gov). Capitalized terms in this Notice are defined in 958 CMR 7.02. Additional guidance is available on the Commission's website (e.g., Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at [HPC-Notice@mass.gov](mailto:HPC-Notice@mass.gov). This form is subject to statutory and regulatory changes and may be amended from time to time.

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### REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with Net Patient Service Revenue at or above the MCN Filing Threshold in the preceding fiscal year that is proposing a Material Change, as defined in 958 CMR 7.02. Notice must be filed with the Commission not fewer than 60 days before the consummation or closing of the transaction (i.e., the proposed effective date of the proposed Material Change).

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### SUBMISSION OF NOTICE

One electronic copy of the Notice, in a portable document form (pdf), should be submitted to the following:

Health Policy Commission: [HPC-Notice@mass.gov](mailto:HPC-Notice@mass.gov);

Office of the Attorney General: [HCD-6D-NOTICE@mass.gov](mailto:HCD-6D-NOTICE@mass.gov); Center for Health Information and Analysis: [Legal@chiamass.gov](mailto:Legal@chiamass.gov)

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### PRELIMINARY REVIEW AND NOTICE OF COST AND MARKET IMPACT REVIEW

If the Commission considers the Notice to be incomplete, or if the Commission requires clarification of any information to make its determination, the Commission may, within 30 days of receipt of the Notice, notify the Provider or Provider Organization of the information or clarification necessary to complete the Notice.

The Commission will inform each notifying Provider or Provider Organization of any determination to initiate a Cost and Market Impact Review within 30 days of its receipt of a completed Notice and all required information, or by a later date as may be set by mutual agreement of the Provider or Provider Organization and the Commission.

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### CONFIDENTIALITY

Information on this Notice form itself shall be a public record and will be posted on the Commission's website. Pursuant to 958 CMR 7.09, the Commission shall keep confidential all nonpublic information and documents obtained in connection with a Notice of Material Change and shall not disclose the information or documents to any person without the consent of the Provider or Payer that produced the information or documents, except in a Preliminary Report or Final Report of a Cost and Market Impact Review if the Commission believes that such disclosure should be made in the public interest after taking into account any privacy, trade secret or anti-competitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under M.G.L. c. 4, § 7 cl. 26 or M.G.L. c. 66, § 10.

## NOTICE OF MATERIAL CHANGE

Date of Notice: \_\_\_\_\_

1. Name: Dana-Farber Cancer Institute, Inc.
2. Federal TAX ID # 04-226-0340 MA DPH Facility ID # 2335 NPI # 1851333686

### Contact Information

3. Business Address 1: 450 Brookline Avenue
4. Business Address 2: N/A
5. City: Boston State: Massachusetts Zip Code: 02215
6. Business Website: www.dana-farber.org
7. Contact First Name: Jennifer Contact Last Name: Willcox
8. Title: Senior Vice President, General Counsel & Chief Governance Officer
9. Contact Phone: 617-632-3606 Extension: \_\_\_\_\_
10. Contact Email: Jennifer\_Willcox@dfci.harvard.edu

### Description of Organization

11. *Briefly* describe your organization.

Dana-Farber Cancer Institute, Inc. ("Dana-Farber") is a Massachusetts nonprofit corporation and acute care cancer hospital and research institute. Founded in 1947, Dana-Farber provides a full range of cancer care services, including radiation oncology, medical oncology, surgical oncology, and cutting-edge clinical research programs. Dana-Farber is a founding member of the Harvard Cancer Consortium; a designated comprehensive cancer center by the National Cancer Institute; and is a principal teaching affiliate of Harvard Medical School.

## Type of Material Change

12. Check the box for the type of Material Change proposed, as delineated at 958 CMR 7.03(1). Brief descriptions are included here for convenience. Review the [regulation](#) for full details.
- ☐ a) Corporate Affiliation involving a Provider or Provider Organization and a Carrier
  - ☐ b) Merger with or Acquisition of a Hospital or hospital system
  - ☐ c) Corporate or Contracting Affiliation or employment of Health Care Professionals resulting in an increase of Net Patient Service Revenue equal to or greater than the Revenue Increase Threshold or in a Provider or Provider Organization having Dominant Market Share
  - ☒ d) Clinical Affiliation
  - ☐ e) Formation of an organization for contracting or administering contracts with Carriers or Third-Party Administrators
  - ☐ f) Significant increase to a Provider or Provider Organization's capacity
  - ☐ g) Transaction involving a Significant Equity Investor
  - ☐ h) Significant acquisitions, sales, or transfers of a Provider or Provider Organization's assets
  - ☐ i) Conversion of a Provider or Provider Organization from a non-profit Entity to a for-profit Entity
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13. What is the proposed effective date of the proposed Material Change? Upon receipt of required regulatory approvals.

## Material Change Narrative

14. *Briefly* describe the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services) and whether any changes in Health Care Services are anticipated in connection with the proposed Material Change:
- Dana-Farber and Merrimack Health, Inc. ("Merrimack Health") propose a radiation oncology clinical collaboration on the Merrimack Health – Methuen Hospital campus (the "Methuen Site") to restore radiation oncology services in the community (as the need for such restoration is more particularly described below). Among other things, the Parties anticipate that (a) Merrimack Health will contribute space and existing equipment to the collaboration and (b) Dana-Farber will lease such space and equipment as well as renovate the existing space, which will be operated under the Dana-Farber license going forward.
15. *Briefly* describe the anticipated impact of the proposed Material Change, including but not limited to any anticipated impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care:
- The Methuen Site had formerly been owned and operated by Steward Health Care, prior to Steward Health Care's filing for bankruptcy and Merrimack Health's purchase of the Methuen Site. Years of mismanagement and deferred capital spending by Steward Health Care, combined with broader funding constraints, resulted in the closure of the prior radiation oncology program. Reopening the program at the Methuen Site under the Dana-Farber license will restore access to radiation oncology services for patients residing in the Merrimack Valley region. That closure left patients throughout the greater Merrimack Valley with fewer local options to access these services. Additionally, around the same time, another nearby radiation oncology facility in Newburyport also closed operations, leaving even fewer nearby options for radiation treatment. This has been devastating for radiation oncology patients, who can require daily treatment over the course of several weeks. Geographic proximity to a treatment facility is thus critical to supporting care continuity, patient welfare, and health equity. Patients must now travel to Boston, Lowell, or Burlington, or leave the Commonwealth, to obtain this care. Dana-Farber intends to deliver modern, comprehensive radiation oncology care in the community following the same policies and procedures as the Boston main campus with access to disease site experts. The parties do not anticipate that the proposed Material Change will have any material impact on reimbursement rates as compared to reimbursement rates for patients who may currently travel to Dana-Farber for care in Boston.

## Development of the Material Change

16. Describe any other Material Changes you anticipate making the next 12 months:

While Dana-Farber is continuously evaluating project opportunities, there are no other Material Changes sufficiently developed to describe at this time.

17. Indicate the date and nature of any applications, forms, notices or other materials you have submitted regarding the proposed Material Change to any other state or federal agency:

Dana-Farber has, concurrent with this notice, submitted an Application for a Determination of Need with the Massachusetts Department of Public Health pursuant to 105 CMR 100 et seq. for the establishment and operation of a radiation oncology program at the Methuen Site.

## Supplemental Materials

18. Submit the following materials, if applicable, under separate cover to [HPC-Notice@mass.gov](mailto:HPC-Notice@mass.gov).

The Health Policy Commission shall keep confidential all nonpublic information, as requested by the parties, in accordance with M.G.L. c. 6D, § 13(c), as amended by 2013 Mass. Acts, c. 38, § 20 (July 12, 2013).

- a. Copies of all current agreement(s) (with accompanying appendices and exhibits) governing the proposed Material Change (e.g., definitive agreements, affiliation agreements);
- b. A current organizational chart of your organization; and
- c. Any analytic support for your responses to Questions 14 and 15 above

**This signed and notarized Affidavit of Truthfulness and Proper Submission is required for a complete submission.**

**Affidavit of Truthfulness and Proper Submission**

I, the undersigned, certify that:

1. I have read 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews.
2. I have read this Notice of Material Change and the information contained therein is accurate and true.
3. I have submitted the required copies of this Notice to the Health Policy Commission, the Office of the Attorney General, and the Center for Health Information and Analysis as required.

Signed on the 10th day of August, 2026, under the pains and penalties of perjury.

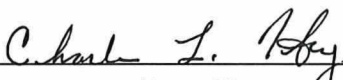
Signature: 

Name: Jennifer Willcox

Title: Senior Vice President, General Counsel & Chief Governance Officer

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

Jennifer N. Wilcox  
personally appeared before me, the undersigned notary public, and  
proved to me his/her identity through satisfactory evidence, which  
were \_\_\_\_\_ and  
acknowledged he/she signed the foregoing instrument voluntarily  
for its stated purpose on this 10 day of August, 2026.

  
Notary Signature

 **CHARLENE L. HAY, Notary Public**  
My Commission Expires March 25, 2033

 **CHARLENE L. HAY**  
**Notary Public**  
**Commonwealth of Massachusetts**  
**My Commission Expires**  
**March 25, 2033**

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)



## EXPLANATIONS AND DEFINITIONS

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name                                                     | Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. Federal TAX ID #                                         | 9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the internal revenue service.                                                                                                                                                                                                                                                                                                                                                                                                                |
| MA DPH Facility ID #                                        | If applicable, Massachusetts Department of Public Health Facility Identification Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| National Provider Identification Number (NPI)               | 10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.                                                                                                                                                                                                                                                                                                                                                         |
| 3. Business Address 1                                       | Address location/site of applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4. Business Address 2                                       | Address location/site of applicant continued often used to capture suite number, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5. City, State, Zip Code                                    | Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. Business Website                                         | Business website URL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7. Contact Last Name, First Name                            | Last name and first name of the primary administrator completing the registration form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8. Title                                                    | Professional title of the administrator completing the registration form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9. Contact Telephone and Extension                          | 10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10. Contact Email                                           | Contact email for administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11. Description of Organization                             | Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to Provider type (acute Hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).                                                                                                                                             |
| 12. Type of Material Change                                 | Indicate the nature of the proposed Material Change according to 958 CMR 7.03(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13. Proposed Effective Date of the Proposed Material Change | Indicate the effective date of the proposed Material Change.<br><br>NOTE: The effective date may not be fewer than 60 days from the date of the filing of the Notice.                                                                                                                                                                                                                                                                                                                                                                                    |
| 14. Description of the Proposed Material Change             | Provide a brief narrative describing the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services). Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance or operational structure. |

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|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 Impact of the Proposed Material Change        | <p>Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed Material Change including, but not limited to, the following factors, as applicable</p> <ul style="list-style-type: none"> <li>• Costs</li> <li>• Prices, including prices of the Provider or Provider Organization involved in the proposed Merger, Acquisition, affiliation or other proposed Material Change</li> <li>• Utilization</li> <li>• Health Status Adjusted Total Medical Expenses</li> <li>• Market Share</li> <li>• Referral Patterns</li> <li>• Payer Mix</li> <li>• Service Area(s)</li> <li>• Service Line(s)</li> <li>• Service Mix</li> </ul> |
| 16 Future Planned Material Changes               | <p>Provide a brief description of the nature, scope, and dates of any pending or planned Material Changes within the 12 months following the date of the notice</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 17 Submission to Other State or Federal Agencies | <p>Indicate the date and nature of any other applications, forms, notices or other materials provided to other state or federal agencies relative to the proposed Material Change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal Trade Commission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a)</p>                                |