

VOTE 1: MEETING MINUTES

Date of Meeting: July 23, 2026
 Start Time: 12:00 PM
 End Time: 2:45 PM

	Present?	Vote 1: Approval of Minutes (July 23, 2026)	Vote 2: Promoting Appropriate Transitions to Home (PATHways) Investment Program Awards	Vote 3: FY 2027 Operating Budget
Deborah Devaux*	X	X	X	X
Martin Cohen	X	X	X	M
Sandra Cotterell	X	M	X	X
Keith Marzilli Ericson	X	X	2 nd	X
Umesh Kurpad	X	ab	X	X
Chris Leibman	X	X	X	X
Alecia McGregor	X	X	X	X
Steve Walsh	X	X	X	X
James Willmuth	X	X	X	X
Commissioner Michael Caljouw	X	2 nd	M	2 nd
Undersecretary Amy Rosenthal**	X	ab	X	X
Summary	11 Members Attended	Approved with 9 votes in the affirmative	Approved with 11 votes in the affirmative	Approved with 11 votes in the affirmative

Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

*Chairman. **Designee

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A meeting of the Massachusetts Health Policy Commission (HPC) Board of Commissioners was held on July 23, 2026, beginning at 12:00 PM. Commissioners attended the meeting in-person at the HPC office (50 Milk St. 8th Floor). 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. Umesh Kurpad; Mr. Christopher Leibman; Dr. Alecia McGregor; Mr. Steve Walsh; Mr. James Willmuth; Mr. Michael Caljouw, Commissioner, Division of Insurance (DOI); and Ms. Amy Rosenthal, Undersecretary, Executive Office of Health and Human Services (EHS), who served as the EHS designee.

Ms. Devaux began the meeting at 12:00 PM and welcomed the commissioners, staff, and members of the public viewing the meeting live on the HPC's YouTube channel.

Ms. Devaux shared brief remarks acknowledging Dr. McGregor's departure from the HPC Board and Mr. Walsh's promotion to the American Hospital Association and asked both commissioners to share brief remarks.

ITEM 1: Approval of Minutes

Ms. Devaux handled the vote to approve the minutes from the June 11, 2026, Board meeting. Ms. Cotterell made the motion to approve the minutes, and Mr. Caljouw seconded it. The vote was taken by voice vote. The motion was approved with nine votes in the affirmative with two abstentions.

ITEM 2: Promoting Appropriate Transitions to Home (PATHways) Investment Program Awards

Mr. David Seltz, Executive Director, shared a brief overview of the HPC's investment programs and an introduction to the Promoting Appropriate Transitions to Home (PATHways) investment program before turning to Ms. Molly Sass, Senior Manager, Health Care Transformation and Innovation (HCTI). For more information, see slides 6-22.

Mr. Willmuth asked about the applicants to the PATHways investment program and if the hospitals themselves were the entities applying under the Request for Proposals (RFP). Ms. Sass responded that the HPC required the hospital to be the applicant, because of the funding source of PATHways and noted that the hospital did need to have an existing Aging Services Access Points (ASAP) partnership and demonstrate that relationship.

Mr. Cohen asked if the hospitals were required to match the contributions awarded by the PATHways investment. Ms. Sass responded that HPC did require a 30 percent in-kind contribution, noting that the total award amount would be up to \$210,000, with an in-kind contribution up to \$90,000 for total program cost of approximately \$300,000.

Dr. Ericson noted that a number of the hospitals were restarting a program that ended under the Hospital to Home Partnership Program (HHPP) and if the HPC had evaluated any of the consequences of those programs ending and if that would be incorporated into the HPC's evaluation plan for PATHways. Ms. Sass responded that a number of the programs in the RFPs mentioned how they were no longer able to meet the

demands of their patient population. She said that the team has anecdotal information on those challenges and that they will have to further examine what can be done for the comparison population and figure out individual approaches for each hospital depending on the full evaluation plan.

Mr. Caljouw thanked the HPC for the efforts being made with the PATHways investment program and the model that the HPC sets for investment program processes, and he expressed his support for the PATHways program.

Mr. Kurpad asked about the program's ability to address capacity issues in post-acute settings and the goals of the investment in an ASAP liaison. Mr. Seltz responded that the HPC is not proposing that the PATHways program will resolve the post-acute discharge challenges hospitals across Massachusetts are facing. He noted that given the number of challenges contributing to capacity and discharge issues, the PATHways program was not designed to be able to address them all. He said that the HPC hears about a variety of challenges for care transitions, which will require a more comprehensive approach to solving them, and the agency has been thinking about a number of policies and activities which the state government may be able to help facilitate. He said that PATHways will be one aspect of a greater effort to address the ongoing challenges in care transitions overall. Mr. Kurpad then asked about the expectations for PATHways to have impact on reducing the average length of stay in hospitals. Mr. Seltz said that the hope is for the investment program is to have an impact on length of stay for hospitals participating in the program and that the liaison can help facilitate the support that patients need. He said that one of the strengths of the PATHways proposal is that the HPC is being thoughtful about conducting a quantitative analysis and having the data to demonstrate that patients served by this program have lower length of stay and can move into the right transition of care and possibly reduce readmission rates for those patients.

Ms. Rosenthal mentioned her experience working with the Executive Office of Aging and Independence (AGE) and knows that the one-on-one connection is so valuable and really matters in helping people feel comfortable in the making the transition out of the hospital setting, and noted how a liaison can help expedite that process. Ms. Rosenthal also said that she was excited to see that many of the hospital awardees are located in the Advancing Health Equity in Massachusetts (AHEM) communities, which is an important priority for EHS and the Commonwealth.

Mr. Leibman said that the HPC received seven high-quality applicants and asked if that was approximately the number of applicants that the team was expecting in terms of the scale of the investment program. He also noted that the in-kind contribution is a powerful feature of the program for ensuring not only the success of PATHways but also the continuity of it after the program's conclusion. Ms. Sass first addressed the in-kind piece of the investment program, noting that the HPC spoke with a number of inter-agency partners and stakeholders about the hospital buy-in aspect of the program to ensure the awardees were coming to the table for this round of funding. She also said that she was pleased to have seven applicants to the program; she said that while there are more hospitals in the Commonwealth the seven applicants will be a strong cohort to work with. She added that a piece of the invested program portfolio that the HPC has is through learning and dissemination and said that she hopes the findings gathered, not only for the final evaluation report, but throughout the program will demonstrate trends or themes across the cohort and hopefully be able to share more broadly after the conclusion of the program.

Mr. Seltz thanked the seven hospitals who applied to the PATHways program for their time and their financial commitment to match the funds awarded. He acknowledged the time and effort required by the hospitals to have a strong application and noted that the HPC is pleased to see the geographic reach of this particular hospital cohort. He said that geographic distribution of awardees is not something that the HPC has much control over, but PATHways will be represented from Berkshire County to Merrimac Valley, down to the South

Coast and regions in between. He said that this will be exceptionally valuable during the learning and dissemination and evaluation phases of the program, especially in understanding how these efforts might be deployed in different areas, such as urban versus more rural settings, and among different types of hospitals.

Dr. McGregor mentioned the impact on the workforce in the home care space, which tends to be largely women of color and immigrant women, given the especially restrictive federal immigration policies. She asked if this challenge was addressed by the applicants in terms of the implementation of this investment program and if there was any thought around navigating these challenges. Ms. Sass responded that is a concern that the PATHways team grappled with as the program was being planned. She said that a number of the applicants mentioned their long-term relationships with ASAPs, but the HPC did not necessarily hear from the ASAPs directly during the application process. She said that as the hospital cohort comes together there will be opportunities to have conversations about the challenges facing community based organizations and added that no applicants specifically identified the issue. Mr. Seltz added that the PATHways program provides the HPC with an opportunity to engage with the ASAPs and the organizations that they are working with in the community in ways that might not otherwise be possible. He said that this program will be a valuable way for the agency to get more on the ground information about what is happening and engage with a different part of the health care system.

Mr. Walsh agreed with Mr. Caljouw's comments that the investment program is a tremendous opportunity to have an impact in this area. He said that a challenge oftentimes in the health care sector is when intervention finally occurs and said that it would be a huge success if there was only one applicant for the program. He emphasized that if the HPC learns that interventions and hospital discharge planning matter and they have success, then those lessons move into the post-acute space and hospital at home sector. He emphasized that PATHways will be a good opportunity for the Commonwealth, patients, and the HPC.

Mr. Willmuth commented on the points made about the many challenges in the long-term care workforce and how the investment program is addressing a similar problem without directly looking at that side of the health care delivery system. He said that issues of capacity are rooted in the workforce. He noted that there are nursing homes with empty beds that have been sitting empty, but they cannot admit a patient from the hospital because they don't have the staff to take care of them, in addition to the workforce challenges on the home care side. He said that there is a need consider ways to better support the long-term care workforce, particularly as the Commonwealth loses thousands of workers to immigration crackdowns and pushing out people, who are here legally, like the Haitian Temporary Protected Status (TPS) holders, who work in nursing homes and home care across the state.

Ms. Cotterell asked if the evaluation process has a framework where it will specifically talk about workforce challenges and also the issue of sustainability. Ms. Sass responded that the evaluation process is still in the works and has not yet been finalized but a piece of the evaluation that the team hopes to incorporate is a focus on value, particularly the value of the program on the patient and caregiver experience and the value to the hospital itself. She added that the team can certainly incorporate workforce elements into the evaluation and explore those ideas as the evaluation plan continues to develop. Ms. Devaux agreed with Ms. Cotterell's question about the evaluation process and noted how evaluation capacity might change the ability of the PATHways program to be successful going forward as the workforce and capacity is changing. She also said it would be valuable to know the differences between previous variations of the program, their challenges, and their successes

Mr. Kurpad asked about the funding sources for the investment program and investing in acute care settings. Mr. Seltz responded that the funding source that the HPC has available is the primary trust called

the Distressed Hospital Trust Fund, and the eligible hospitals are community hospitals only. He said that another funding source is the Payment Reform Trust Fund, which has more flexibility in terms of potential eligibility and noted that the HPC has had grant programs that have worked in the long-term care space, but funding is limited for that. He added that those trust funds were both initially seeded with funding when the HPC was first established. Mr. Seltz said that the hospital applicants for this program did need to have an ASAP partner already in place to have a good application.

Ms. Devaux handled the vote to approve the recommended awardees for the PATHways investment program. Mr. Caljouw made the motion, and Dr. Ericson seconded it. The motion was approved unanimously by voice vote. Ms. Sass then concluded the presentation with an anticipated timeline for the PATHways program.

ITEM 3: Recent Market Transactions

Mr. Seltz introduced the topic and turned to Ms. Amy Katzen, Associate Director, Market Oversight and Transparency, and Ms. Kate Scarborough Mills, Senior Director, Market Oversight and Transparency, to present the standard update on recent market transactions, with an additional focus on material changes involving a significant equity investor (SEI). For more information, see slides 25-31.

Ms. Devaux asked about what the agency has learned from the newly implemented oversight authority and asked about the HPC's processes if an organization does not comply with the material change notice process. Ms. Katzen responded that one of the biggest takeaways from the new market oversight authority is awareness of the heterogeneity within the broad space of SEI transactions, so the HPC will see different kinds of providers with many different kinds of investment strategies. She noted that in a number of cases there will be a national provider that has business in Massachusetts, so they are then subject to the HPC's material change requirements. She continued on, noting that parties in such transactions may be pursuing a national strategy, which may or may not directly impact Massachusetts. She added that it's important for the HPC to consider how to ask the right questions to these organizations to better weigh the risks of a transaction and consider any impacts within Massachusetts. Ms. Katzen said that in the event the HPC does not receive an MCN, and the team thinks we should have received one, staff will conduct some outreach to the parties. Ms. Katzen turned to Ms. Scarborough Mills to further address the question. Ms. Mills responded affirmatively that HPC staff do reach out to parties in instances when staff believe that a notice should have been received. She added that the HPC has a series of checks that are run internally to keep an eye on key changes happening in the market and whether any of the transactions should have been noticed to the HPC. She added that the HPC does have close relationships with a lot of providers throughout the Commonwealth, who may reach out to flag their competitors' transactions and ask whether or not a MCN has been filed with us.

Dr. McGregor asked about the ten private equity (PE) transactions noted in the presentation, particularly the few transactions that either involved a sale from one PE firm to another or a transfer from one set of funds to another set of funds managed by the same PE firm. She asked if the HPC asks the PE firms questions to gain insight on their past investments, such as how long a PE firm held onto an entity before they sold it. Ms. Katzen responded that the HPC asks those kinds of questions and said that team has a number of resources to gain insight into how long a PE firm has held onto an entity. She noted that the team will almost always ask a firm how long they plan on holding the entity going forward. Dr. McGregor asked if there was an average time that the Board could expect a PE firm to hold onto an entity before selling. Ms. Katzen said that the team has seen a number of transactions within the four to seven year timespan but there have also been some examples of firms where there is a clear intention to hold the entity for longer. She said that

some of the transfers between funds are continuation funds, so in those cases they are intending to hold onto the entity but for various financial reasons, they choose to move which vehicle is holding the entity.

Mr. Kurpad commented that usually PE firms transfer entities because they may not be able to exit, so they end up selling an entity to their next fund. He said that it may be valuable for the HPC to look further into the reasoning or motivations for investing in the first place. He said that while that may not give the HPC insight into information such as pricing impacts on consumers or the delivery system as a whole, it would be valuable to see deal documentation to better understand a firm's motivation.

Dr. Ericson asked about two potential focuses for post-transaction market monitoring, including real estate and asset transactions, and non-compete agreements that have potential to shape local marketplace competition. Ms. Katzen responded that one of the benefits of Chapter 343 of the Act of 2024 is the added MCN trigger for real estate lease backs, so if a PE firm acquired a provider and subsequently sought to implement a sale-leaseback, that sale leaseback would require the filing of a new MCN. She added that if parties to a transaction subsequently pursue another provider asset acquisition, it is likely that a new MCN filing would be needed. She said that even with the sale leaseback MCN trigger, one of the aspects the HPC keeps an eye on during the initial stage of a PE acquisition is whether the target provider owns real estate, or if they are just renting space, because there are different risk profiles for those scenarios. She added that non-competes are typically referenced in transaction documents, which the HPC reviews closely.

Mr. Willmuth asked if there is more work that needs to be done in the nursing home space or skilled nursing facility space. He said that no nursing home transactions were noted in the presentation and recognized that the nursing homes involved in those transactions could have fallen below the \$25 million filing threshold. He said that he has seen an increase in private equity activity and many of those transactions are complicated because they involve real estate operating licenses and sometimes a separate nursing home manager. He asked if there should be additional changes to the reporting threshold so the HPC can have a better understanding of what is going on in the nursing home sector, given the frequent and complex changes he has witnessed. Ms. Katzen confirmed that the HPC had not received an SEI transaction involving a nursing home since the implementation of Chapter 343. She noted two reasons as to why that could be, one being that a transaction hasn't occurred in time period since the implementation and the other reason being that the nursing home transaction may not meet the MCN filing threshold. She added that if a nursing home has less than \$25 million in Net Patient Service Revenue (NPSR), it would not need to file an MCN and since SEIs are typically not provider organizations, they also do not have file notice with the HPC. She said that it would be beneficial to look further into that. Ms. Devaux added that is a question that will be of interest so the Board could better understand how PE is involved in nursing homes and if there is an unintended gap in those reporting requirements because of the way that the new market oversight authority was granted.

Mr. Seltz commented on the legislative changes made under the HPC's oversight authority and the Registration of Provider Organizations (RPO) that would be helpful for better understanding the nursing home sector, given the changes to the RPO program and inclusion of public payer revenue in determining whether a provider's revenue meets the \$25 million RPO threshold.

Ms. Katzen finished the portion of the presentation with an update on the transactions for which the HPC has completed review and the MCNs currently before the HPC.

Mr. Seltz asked Ms. Katzen about the impact on the number of material change notices received since the implementation of Chapter 343 of the Acts of 2024 and she affirmed that there has been a significant increase in the number of notices filed with the HPC since the expansion of the agency's market oversight authority.

ITEM 4: Select Findings: 2026 Health Care Cost Trends Report

Mr. Seltz briefly reviewed the HPC's policy recommendations within the 2025 Health Care Cost Trends Report to frame the discussion in advance of the presentation and shared an outline of the 2026 Health Care Cost Trends Report before turning to Dr. David Auerbach, Senior Director, Research and Cost Trends, to present the select findings within the 2026 Health Care Cost Trends report chartpacks chapters. For more information, see slides 33-60.

Mr. Kurpad asked about consumer behavior and ways for the HPC to separate consumer behavior and consumer induced demand from providers and provider choices. Dr. Auerbach responded that his team does discuss these trends with providers and why they continue to persist. He said that there is a combination of reasons why the HPC is seeing these low value care trends, one of them being that consumer do request these services, and it puts providers in a difficult position. He said that it is hard to quantify how much of the trends are consumer-driven and said agreed that there could be a public education component to the findings. Mr. Kurpad responded that it would be valuable to include that perspective in the analysis and remind consumers that they have a role in managing costs and that they have a responsibility in terms of costs and low-value care. Dr. Auerbach added that intelligent use of co-pays can play role in the trends as well.

Dr. Ericson asked about the merged market rate increase and asked about the extent to which that is due to changing risk selection due to the end of enhanced subsidies versus the rates and real cost. Mr. Caljouw responded to the question. He said the best way to think about the merged market is that the risk adjustment is a zero sum game, so the insurance carriers' rates fluctuate yearly based upon the individual risk that they have. He said that the statistics included in the presentation are aggregated across the market, but there can be one carrier that has much higher rates in one particular calendar year because the risk adjustment is a debit for them comparative to maybe the prior year it was a credit. He said that the larger issue is that the risk profile overall has an impact on the rates. He continued, stating if the risk profile of the pool gets worse, rates increase, or if the risk pool continues to deteriorate in terms of membership, that is not ideal. He said that as fully insured products move to the self-insured market for example, the tendency is for those product lines to be the better risk but leaving the market intensifies the risk that's remaining in the merged market. He said that there is a constant cycle where every year there is deterioration in the merged market risk pool and noted that there is a need for more aggressive efforts by the state regarding the fully insured risk pool.

Mr. Seltz added that the HPC tries to be thoughtful in how the data is presented, particularly around low-value care, since the burden is not just on the provider. He said this is an opportunity to look at the data and consider how we could be using resources more effectively as a health care system. He said that when the HPC sees variation across provider organizations and different rates for different patients, there may be an opportunity to focus on some quality improvement initiatives for these various provider organizations and noted the value in thinking further about what statewide quality improvement initiative can look like in this area. Mr. Caljouw agreed with Mr. Seltz's comments and added that the status quo is unacceptable. He said that the Commonwealth is at an inflection point where action needs to be taken in a number of different ways. He added that many of the issues that we are experiencing are national in scope – not just Massachusetts based. He said that the Commonwealth has the ability to try to address some of these issues and emphasized the need to start tackling these issues sooner rather than later.

Dr. Ericson commented that the utilization of low value care by provider organizations suggests that there might be a valuable input into the Performance Improvement Plan (PIP) process and it could be a lever that a given institution might have to improve upon if they are exceeding their spending targets.

Ms. Rosenthal asked if the HPC had seen regional analyses about low value care, noting the differences in care she has witnessed based on location, and that it would be compelling for individuals to understand that comparison as well.

Dr. McGregor noted some concern about putting the burden of cost-containment on consumers and patients. In response to the Undersecretary's question focused on regional studies, she said that the Dartmouth Atlas studies demonstrated that there is a substantial regional variation in overutilization of certain highly reimbursed services, and that the variation is not based on necessity. She said that the study attributed the overutilization to provider induced demand, and that there is quite a bit of evidence to show that provider induced demand is playing a role in the overutilization of certain types of care. She also said that as the commissioner with expertise in consumer advocacy, patients have enough on their plates. She added that any sort of statewide quality improvement initiatives should include patients, individuals, and families to weigh in on what actually constitutes low value care, and that it should not only be up to internal medicine doctors to establish that.

Ms. Devaux added that what the commissioner were discussion provides a fact base for the data set and recognized that the question of why the trends in overutilization are occurring and how it compares to other markets or other standards of practice is beyond the scope of this assessment. She then asked Dr. Auerbach to proceed with the presentation in the interest of time.

Mr. Caljouw noted the impact of government pay on commercial prices. He said that what we experience in Massachusetts and across the country with restrictions in how our hospitals are paid for services from our state and federal government payers due to changes at the federal level and perspectives of the current administration and the commercial market could expect to have impacts from that.

Mr. Walsh commented that the whole system is working exactly as it is intended and that it was designed incorrectly and needs to be changed but all of the proposed changes often have somebody else rejecting that proposal. He noted that the whole system was designed for someone to say no along the line, whether it be that patient consumer, the payer or the provider. He said that the only answer he can think of to adequately address these trends is through the initiatives led by the Governor's office and focus on how to get to a system that is paying for value and incentive better outcomes.

Dr. Auerbach and Mr. Seltz shared closing remarks on the topic before concluding the presentation.

ITEM 5: Office of Health Resource Planning

Mr. Seltz provided a brief overview and context for the creation of the Office of Health Resource Planning before turning to Ms. Kara Vidal, Director, Office of Health Resource Planning (OHRP). Ms. Vidal began the presentation which focused on OHRP's current workstreams to date. For more information, see slides 62-70.

Ms. Devaux asked about the timeframe for the State Health Resource Plan (SHRP) and if it was intended to be a five-year plan, looking at anticipated needs in five years in comparison to today. Ms. Vidal confirmed that is what statute laid out for the SHRP.

Dr. McGregor thanked Ms. Vidal for the presentation and added a comment related to the earlier discussion on low value care. She mentioned that low-risk cesarean procedures (C-sections), are potentially dangerous and cited previous HPC work showing that rates of low-risk C-sections vary by hospital. She also noted that some populations are less likely to receive C-sections, even when the procedure is clinically indicated. . Dr.

McGregor suggested using low-risk C-sections as a potential case study that OHRP could use to map need, utilization, and misalignment of the two.

Mr. Kurpad commented on the presentation and noted that OHRP's approach to the SHRP reminded him of the health planning approach at Kaiser Permanente. He suggested that OHRP start by trying to define ideal or appropriate utilization levels first and then determine the supply necessary to provide that level of utilization. He also encouraged OHRP to consider issues of where consolidation may be necessary to achieve economies of scale and efficiencies for certain provider specialties and subspecialties.

Mr. Caljouw thanked Ms. Vidal for the presentation and said that it was encouraging to see Massachusetts putting forth a strong approach to state health planning work. He also asked about what the best case scenario for how OHRP's findings will be used by the state. Ms. Vidal responded that the first goal of the SHRP is to establish a common understanding of what the state's supply is, where the gaps are, and what is needed. She said that she does expect that there will be a lot of iterating and engagement on the plan, but having an agreed upon public assessment of where there are gaps in the health care system will benefit the healthcare system overall. She added that it would be great if the market uses the SHRP to plan new investments and expansions, and there is also opportunity for this information to feed into determination of need reviews, essential service closure reviews, grant making opportunities, funding decisions, and payment reform as well.

Mr. Seltz added that there is also an opportunity with OHRP's focused assessments and the potential to examine a certain geography of the Commonwealth, consider the supply and resources of a specific region, and the number of different factors that have an impact on those regions. He said that he hopes the SHRP will be helpful for the market and for health care systems to understand the patients in their communities and how they are being served. He noted that there is going to be a tremendous amount of disruption and strain in the health care system in the years to come and that the SHRP will help inform how government can work with the market to prioritize and protect services that are critically needed and encourage thinking differently about ways of delivering care. He also noted the importance of policy changes coming from this work.

Ms. Rosenthal agreed with the points made by Mr. Seltz and said that from EHS's perspective, the SHRP will be enormously helpful. She mentioned the hundreds of thousands of individuals losing access to coverage, federal funding cuts, and how the health care system will be facing an extremely challenging time ahead. She noted that decisions around resources and supply will need to be made and the state needs to make sure that no community is left behind and ensure that people are getting the care that they need. She also urged Ms. Vidal to keep moving OHRP forward efficiently and emphasized the desperate need for the work that OHRP is doing.

Ms. Devaux asked when the first output from OHRP is expected to be issued. Ms. Vidal said that the first output from OHRP will be the Maternal Health Task Force report, which is expected to be published soon, and that the SHRP has a January 1, 2027 deadline set in statute.

Mr. Walsh spoke to Commissioner Caljouw's point about the goals of the SHRP. He said that if the Commonwealth had a statewide resource plan while the Steward Hospital crisis was unfolding, that would have been a great reference point to decide what each community would need and that it would have been helpful to the administration in making those difficult decisions. He added having a state actor helping to define need puts the focus on people rather than economics.

Ms. Vidal presented the final slide in the presentation covering the SHRP Key Inputs.

Mr. Cohen said he was glad to see that market interviews were included in the slide on the SHRP key inputs. He cautioned that there will be tradeoffs in making resource decisions, noting that he had done behavioral health planning and he was often faced with the same questions of what supply needs to look like in a given area. He said that while a resource need may indicate something, it also may indicate where other parts of the system may need more resources. Ms. Vidal thanked Mr. Cohen for his comment and said the SHRP may also warrant taking a step back to consider not only supply levels, but also the priorities and goals that the Commonwealth be maximizing on – whether it's access, affordability, or quality.

ITEM 6: Administration and Finance

FY 2027 Operating Budget

Ms. Hannah Kloomok, HPC Chief of Staff, presented the HPC's fiscal year 2027 (FY 27) operating budget and spending plan. For more information, see slides 73-79.

Ms. Devaux asked if the HPC anticipated the total number of employees to exceed 80. Ms. Kloomok responded that the agency is anticipating to have 81 employees soon and there are no further plans for any more significant hiring after that. She said that the HPC has been fortunate with the candidates who have applied and the agency has been able to staff up quickly given the need for increased number of staff with the legislative changes to the HPC's market oversight authority and the establishment of OPPIA and OHRP.

Mr. Caljouw asked if the HPC is able to charge the costs of the health economist or other consultants to the parties when filing market transactions. He said that he supports the HPC moving that responsibility to the filing entities and noted that it is common practice at DOI for the filing entities to be responsible for paying consultant expenses. Mr. Seltz responded that under the HPC's statute the agency cannot assess the reviewable entities and that statutory change would likely be required for that to be possible but it could be worth considering.

Ms. Devaux handled the vote to approve the FY 2027 Operating Budget. Mr. Cohen made the motion, and Mr. Caljouw seconded it. The motion was approved unanimously.

ITEM 7: Executive Director Report

Ms. Elstermeyer and Mr. Seltz presented the Executive Director's report portion of the meeting. For more information, see slides 81-87.

During the review of the Primary Care Access, Delivery, and Payment Task Force's completed deliverables, Dr. Ericson asked whether the Primary Care Task Force discussed access standards for the availability of primary care physicians and having a publicly available resource which included the length of wait times of appointments. He added that would be valuable for both market competition and also regulation. Mr. Seltz responded that the PCTF's deliverable #6 spoke to that question more since the focus of that deliverable was to "monitor and track the needs of and service delivery to residents of the Commonwealth for primary care." He said that the task force discussed specific recommendations around the data and information the Commonwealth would need to assess whether primary care access is actually improving with increased investment. He said that deliverable #6 was trying to ensure that if the Commonwealth increases investment into primary care, there is way to ensure that investment would result in the positive impact intended by the task force. He added that some of those recommendations from the task force were directed to OHRP should work alongside the Department of Public Health to continue to play a role in trying to have a clear

understanding of access barriers. He added that all of the task force's deliverables are available on the HPC's website.

Mr. Seltz finished the Executive Director's report and reviewed the schedule of upcoming public meetings for the Board members.

ITEM 8: Adjourn

The meeting adjourned at 2:42 PM.