

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of September 1, 2016

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Thursday September 1, 2016 1:30PM

1. ROUTINE ITEMS:

- a. Introductions

2. DETERMINATION OF NEED

- a. Baystate Wing Hospital has filed a request for Change of Ownership of Baystate Mary Lane Hospital in Ware, through which Baystate Mary Lane Hospital and its satellite will merge with and into Baystate Wing Hospital, Project No. 1-3C48 **(Vote)**

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

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

Date of Meeting: Thursday, September 1, 2016

Beginning Time: 1:44PM

Ending Time: 3:41PM

Attendance and Summary of Votes:

| Board Member | Attended | Item 2a Determination of Need #1-3C48 |
|----------------------|------------------------------------------------------------|--------------------------------------------------|
| Monica Bharel | Yes | Yes |
| Edward Bernstein | Yes | Yes |
| Lisette Blondet | Yes | Yes |
| Derek Brindisi | Yes | Yes |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Absent | Absent |
| Meg Doherty | Yes | Yes |
| Michael Kneeland | Absent | Absent |
| Paul Lanzikos | Absent | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Michael Rigas | Yes | Abstain |
| Alan Woodward | Absent | Absent |
| Summary | 9 Members Present, 4 Members Absent | 9 Members Approved, 3 Members Absent |

PROCEEDINGS

A meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Thursday, September 1, 2016 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; and Michael Rigas.

Absent member(s) were: Michele David, MD; Lucilia Prates-Ramos; and Alan Woodward, MD.

Also in attendance was Margret Cooke, First Deputy General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 1:44AM and made opening remarks before reviewing the agenda.

ROUTINE ITEMS

Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel announced that Jan Sullivan, Acting Director of the Bureau of Environmental Health had been asked by The Association of State and Territorial Health Officers (ASTHO), to serve as the ASTHO representative on the joint Special Purpose Workgroup on Public Messaging for Drinking Water Health Advisories. She then thanked Jan for representing the Department on this national effort. Commissioner Bharel also congratulated Dr. Hafsatou Diop on receiving the Council of State and Territorial Epidemiologists 7th Annual Mentor of the Year Award. This award is presented to a mentor who has provided exemplary support and training to a graduating CDC council of State and Territorial Epidemiologist Fellow.

Next, Commissioner Bharel updated the Council on the Commonwealth's new, revamped Online PMP System, "MassPAT" that was successfully launched on August 22, 2016. She noted that at the last meeting, there were 32,000 users who had registered and that a week later almost 40,000 of the 48,000 required are now registered. Improvements have been made to response time to retrieve clinical data. For example, on August 27th, 2,600 patient searches were performed, with an average response time of 1.74 seconds; and as of August 30th, 11,800 patient searches were done with a response time of 1.68 seconds. She then noted that the Department would continue to monitor the response time to ensure that the system is being as responsive as possible. In addition to improved response times, the MassPAT system has also expanded its capabilities to interact with other states; Massachusetts has queried over 11,000 requests from Connecticut, Rhode Island and Vermont with response time being less than 5 seconds in 100% of the cases.

Lastly, Commissioner Bharel highlighted her visit to Dimock Community health Center with Attorney General Healey earlier on September 1, 2016. The Attorney General announced a settlement with CVS Pharmacy that will strengthen its policies and procedures around its dispensing of opioids to patients. As

part of that settlement the Attorney General will require its Massachusetts pharmacy staff to use the state's Prescription Monitoring Program.

The Commissioner asked if Council members had any questions or comments on these updates. Seeing none, she proceeded with the agenda.

2. DETERMINATION OF NEED

a. Baystate Wing Hospital has filed a request for Change of Ownership of Baystate Mary Lane Hospital in Ware, through which Baystate Mary Lane Hospital and its satellite will merge with and into Baystate Wing Hospital, Project No. 1-3C48 (Vote)

The Commissioner invited Nora Mann, Director of the Determination of Need Program and Rebecca Rodman, Deputy General Counsel to present on Baystate Wing Hospital's request for Change of Ownership of Baystate Mary Lane Hospital in Ware, through which Baystate Mary Lane Hospital and its satellite would merge with and into Baystate Wing Hospital.

Commissioner Bharel also informed the Council that Michael Moran, President and Chief Administrative Officer of Baystate Wing was available to answer questions on behalf of the applicant. Additionally, the Commissioner noted that there were interested parties present who would be allowed to comment on the application. Any interested party who testified at the public hearing which took place in May, or who filed written comments on the application has the right to speak before the Council. Upon the conclusion of the Program's presentation, interested parties would be invited to the podium to speak, remarks were to be made within 3 minutes. The Commissioner then asked for Council to hold their questions until the conclusion of all presentations.

Upon the conclusion of Ms. Mann and Mr. Moran's presentations, Margret Cooke invited Brian Ferrarese, Chief of Staff for State Senator Anne Gobi to the podium. Mr. Ferrarese read a statement on behalf of the Senator and the legislative delegation for the area. In the statement Mr. Ferrarese stated that they support the efforts of the Community Coalition and respectfully ask that the Council heed their concerns and comments. He noted that they are concerned that the health care needs of this underserved population will be further complicated, and that the most vulnerable in the community will find themselves at a distinct disadvantage in terms of accessing the most basic health care needs. He then highlighted their commitment to continue work with the Coalition, Baystate Wing administration and the Department of Public Health to ensure that their residents are not negatively affected by any actions and that there is a plan in place to guarantee equitable, reliable and affordable health care for the region. Mr. Ferrarese concluded by thanking the Council for allowing him to read the statement.

Ms. Cooke thanked Mr. Ferrarese and invited Ms. Nancy Talbot to the podium to speak. Ms. Talbot represents the town of Ware as Selectman. Ms. Talbot thanked the Commissioner and Council members for allowing her to present and the Determination of Need staff for their review and recommendations of approval and noted that today they would hear many requests to frame the conditions in a way that there will be accountability by Baystate. She explained that the community and those that this community services feel disengaged from the proposed changes. Ms. Talbot went on to discuss that the birthing unit has not been operating for more than 5 years now and requires patients to seek delivery

services in Springfield, Northampton, and Worcester hospitals. Other services and specialties have either been curtailed or are in the process of being relocated or reestablished. Ms. Talbot expanded on the staff recommendation that board of trustees have two members that represent the local area; she requested that the two trustees be approved by their cooperative agreement members and that the placement be done within two months. She also expressed her concern of the need for improved communication with hospital officials and requested that the staff recommendation of an Advisory Board be a condition of the Council's approval. Ms. Talbot expressed that the Advisory Board be formed within the two-month period and requires an audit of performance to ensure effectiveness. Finally, Ms. Talbot requested that the SEF be expanded from 2 years to 10 years to ensure that the service area has adequate access to emergency room services as they currently exist in the hospital. She concluded by asking that a condition be placed that all insurance plans be accepted by any employed provider or ancillary provider.

Ms. Cooke reminded the interested parties that remarks are limited to three minutes to guarantee quorum. She then invited Fire Chief, Thomas Coulombe to speak before the Council.

Chief Coulombe thanked the Council for the opportunity to speak and stated that his biggest concern was that the conditions, as he viewed them as weak and not measurable. He went on to state that given the demographics and size of the board of trustees, he believes that condition of having two board members of the local community is not adequate. As an EMS provider, he shared concerns about how the change of ownership will impact the mortality and morbidity rate. He also feared what the future may hold as he stated Baystate officials have not seemed to comprehend the impact of the two-year SEF on the community. He believed that there needs to be more communication and education on what an SEF entails. Chief Coulombe requested that the Determination of Need be postponed until adequate planning had taken place and that the area EMS services are prepared for the increased burden this approval will cause. He then expressed his frustration with the Department regarding the Office of Emergency Services personnel and how he was informed there were not any questions from DPH staff to OEMS on how the changes would affect the area EMS. He also expressed his frustration on how certain OEMS findings were not brought forth for review. Chief Coulombe then proceeded to explain those findings.

Ms. Cooke respectfully interrupted asking the Chief not to relay those findings as this is a Determination of Need hearing and that comments need to be restricted to the Determination of Need.

Chief Coulombe responded that these findings directly relate to the Determination of Need.

Ms. Cooke allowed the Chief to continue.

Chief Coulombe stated that the report found they are concerned about the lack of adequate medical supervision from the affiliated medical director and how that will affect the area EMS services. They are concerned about medical communication between ambulances and the hospital. He also noted that in the finding they are concerned about lack of quality assurance and quality improvement despite written agreements with Baystate. Chief Coulombe concluded by thanking the Council.

Ms. Cooke then invited Reverend Charles Taylor of the United Church of Ware to the podium.

Reverend Taylor stated that the community of Ware is in despair that this hospital that has been such an institution and cornerstone is being called to close. He requested that the Council include in their conditions of approval that Baystate Wing and Baystate Health develop a comprehensive and detailed plan that will show the benefit to the health status of the served communities as a result of the merger. This plan will be for the entirety of the Baystate/Mary Lane campus including the current patient wing to benefit and enhance the health status of the communities it serves. He continued by saying that the plan should have a commitment of 10 years of utilization and be submitted to the Department within 18 months or less with applicable sanction if failure to comply. Reverend Taylor then noted that for Ware and the surrounding communities to have an adequate voice in the present and future of the consolidated Baystate Wing/Mary Lane hospital the board of trustees be composed of each of their PSAs in the following ratio: 30% for Mary Lane area and 70% for Baystate Wing area. He explained that this ratio represents the asset base of each corporation as of 2015 and will assure that on the new board of trustees that community will be represented proportional to their impact. Reverend Taylor continued by saying that the addition of two local representatives to the board of trustees seems highly inefficient and believes wholeheartedly that the board reflect the cultural, ethnic, gender diversity of the communities it serves with particular emphasis on the needs of the underserved. He concluded by requesting that the Council see Ware and surrounding the towns as vulnerable community and that their needs be taken into consideration as conditions are prepared for Baystates DoN.

Ms. Cooke thanked Reverend Taylor and invited Tracy Opalinski, Chairman of Keep Care Local at Mary Lane Hospital Coalition to the podium. Ms. Cooke then reminded the interested parties to keep their remarks to the 3-minute limit.

Ms. Opalinski requested that the Council add descriptive narrative and penalties to the existing conditions to assure that Baystate recognizes the importance of committing resources to reduce the high rate of unmet health care needs in the community. Ms. Oaplinski also requested that if further essential services are modified that community input be required prior to the filing of an application. She further requested that Baystate be required to negotiate with essential community partners such as emergency service, ambulance, fire etc. Ms. Opalinski explained that it is important that community health activity not be disconnected from its community, further detailed the health assessment of the community and explained the lack of services available and the shortage of MassHealth primary care physicians. She asked DPH to respectfully request that there be a condition placed that Baystate together with the Division Primary Care apply for a HPSA or MUA designation for their region. Ms. Opalinski also addressed the lack of transportation in the area and requested a condition that would address the transportation needs for and called for additional stops on the PVT shuttle route for patients to access Baystate Wing Hospital.

Ms. Cooke then invited Judith Cohn, citizen and nurse, to the podium.

Ms. Cohn stated that their community needs time to develop alternatives before services are withdrawn. Alternative services do not currently exist. She further explained the frustrations the

community has with the current merger and the health care disparities that are currently plaguing the area. She concluded by saying the public should be able to direct their own care plan.

Ms. Cooke invited Peter Thamel to the podium.

Mr. Thamel stated that he agrees with the conditions brought forth by the Department, but would like to see additional conditions and consequences. He suggested that a condition be put in place where Baystate will fund the \$30,000 transportation cost for the next 10 years. He also expressed concern on what health plans will be allowed and discussed the hardships that the local economy faces.

Next, Ms. Cooke invited Carol Zinns to speak before the Council.

Ms. Zinns began her statement by giving a history of the hospital and the generational impact the hospital has on the community. She explained that staff have been systemically decreased and they have limited services. She also highlighted transportation issues and how those of low economic status, many elderly, cannot afford to take 35-45 minute trip to receive essential health care services.

Upon conclusion of Ms. Zinn's statement, Ms. Cooke invited Bill Braman, the last interested party, to speak before the Council.

Mr. Braman, president of Ware Business and Civic Association, discussed the economic development of the community. He stated that the core aspects to economic development are jobs, education, and health care. Mr. Braman informed the Council that Mary Lane Hospital is a major component of Ware's economic vitality, explaining that Mary Lane is Ware's largest employers. He stated that the hospital's existence is a stabilizing influence on the community. He further explained that we need to be cognizant of this change and its impact on accountability and how the community currently feels disengaged and recommended a 10 year SEF.

Upon conclusion of Mr. Braman's statement, Commissioner Bharel thanked all of the interested parties for sharing their comments and concerns. She then invited Mr. Moran back to the table to answer questions from the Council.

Before questions, Ms. Rodman reminded the Council that although this is a difficult issue for the community that the Council's job today was to consider the transfer of ownership and their statutory authority is to consider the four factors that Ms. Mann discussed.

Dr. Bernstein asked for Mr. Moran to respond to some of the community members' comments.

Mr. Moran explained that within his first 6-7 months, he had attended 45 different meetings with various community members. He stated that he meets monthly with Chief Coulombe and is responsive to his concerns. He further noted that he has not turned down any request from community members in his tenure and that many members of the community are a part of his staff and that he looks forward to working with the group. Mr. Moran noted that over the years, Baystate has been primarily an outpatient hospital and that there have been some challenges with providing specialty care in the region; however, he was confident in the strength of the system, as that there wouldn't be two competing hospitals. Mr.

Moran informed the Council that he appreciated the community member's concerns and is committed to working with them.

Dean Cox thanked Mr. Moran and the community members for their comments and noted he would like to address some of the community's specific request. Dean Cox commented on the need for assurance for accountability further expanding on the issue of board membership. The recommendation was that two community members be added to the board. Dean Cox noted that often times adding one or two additional members to the board is viewed as community involvement but it does not truly reflect the community. Dean Cox asked Mr. Moran to address the issue of adding only two board members rather than the number the community members asked for.

Mr. Moran responded by saying that they have already undergone the process to add three members to the board and that is in excess of the requirement that was proposed. He also explained that they currently have individuals on the board who represent the primary service areas. The two hospitals are approximately 10 miles apart and the services areas overlap, the Wing Board has been independent due to its affiliation with UMASS prior to its involvement with Baystate that board represents, whether coincidentally or not, a substantial part of the service area. They have not been responsible, until the completion of this merger, to the Mary Lane component however, they are from the service area and care deeply about it.

Dean Cox replied that the members of the community are stating that they don't believe there is adequate representation even as you identify who is on the board. He further stated that there is a request for additional individuals to join the board and that if the community states it is not represented well he is more inclined to believe their view of representation. He concluded by asking how we can reach a medium where the community is satisfied that they are well represented and that Mr. Moran reaches his membership.

Mr. Moran responded by saying that community has fear that there is not accountability with this process and that he has assured them that he is dedicated to remain in compliance with DPH. He went on to say that four or five members currently represent the service are and that they are planning to add three more.

Dean Cox then asked the Department's legal counsel if the community health assessment is an appropriate conversation for this DoN.

Ms. Rodman replied that it is not one of the factors for the DoN and that it cannot appropriately be a part of the Council's decision making process.

Dean Cox informs the interested parties that although it is not a factor in their decision making process, he respectfully hears their concerns regarding the community health assessment. Dean Cox then inquired about the Advisory Board. He asked DPH staff to confirm if the formation of an Advisory Board was recommended as a condition. He referenced page 7 of the staff summary and stated that he wanted to make sure there is symmetry between what the staff summary states and the community members' request for an Advisory Board.

Ms. Mann replied stating that what he was referring to on page 7 of the staff summary is a community benefits advisory council that currently exists. She then noted that the discussion about community benefits is not a factor of this particular DoN.

Dean Cox noted he would like to be respectful of what can be included in the deliberations. He commented on the community's claim that there is lack of communication and then asked legal counsel if this is appropriate to discuss in regards to the DoN.

Ms. Rodman responded that she doesn't believe that that is within the four factors that are being discussed. She noted that it is something that he can raise as relevant to his role but it is separate from the decision making process.

Dean Cox proposed that while it's not one of the factors that they can consider as part of the decision making process, it is something the local community has raised as being a major concern to them and while he has complete respect for the meetings and process that Mr. Moran and Baystate have already undertaken, he recommends that they look at how to increase the communication component.

Mr. Moran replied stating that they have a very active and strong community benefits advisory committee as well as a patient/family advisory committee and he has offered to have another forum to meet their needs. He stated he is happy to work with them on that.

Dean Cox informed Mr. Moran that he suggests he works with the community to increase communication. He then asked counsel if audit of changes was an appropriate topic to consider or to be included in the Council's recommendations.

Ms. Rodman informed Dean Cox that Baystate is required report back to the DoN Program staff in 18 months, specifically on the membership of the board but if you'd like to invite them along with the program staff to give a report to the Council on all of the issues that you've raised, that is certainly possible.

Dean Cox confirmed that the program staff will be reporting back to Council.

Ms. Rodman reminded Dean Cox that through the essential services closure process there is opportunity for the Department to receive reports. She also assured him that for the Council to have that accountability they can certainly bring the reports before the Council.

Dean Cox stated that he formally recommends that the status report be brought back before the Council.

Ms. Blondet asked for clarification on whether Baystate is required to come back to the program staff in 18 months.

Ms. Mann responded that one of the suggested recommendations is that the hospital report back to staff within 18 months to report on the improvements they've made on the local control aspect.

Commissioner Bharel clarified that with Dean Cox's recommendation, the hospital will come back to report not only to staff but also to the Council.

Ms. Blondet inquired on whether the timeline could perhaps be sooner as the current 18 months is close to the 2 year SEF.

Ms. Rodman stated that that is possible.

Commissioner Bharel inquired on whether that is Ms. Blondet's formal recommendation.

Ms. Blondet replied that her formal recommendation is that the 18 month time frame to report back is shortened to 12 months.

Ms. Rodman asked for clarification on whether she is requesting the report solely on board members.

Ms. Blondet explained that she is requesting a report not only on the 4 criteria previously mentioned but also on whether the community feels that communication and inclusion has increased as well as board updates.

Ms. Rodman suggested that the report should come from facility licensure staff since they are the ones involved in the closure process.

Ms. Doherty stated that it was mentioned that there didn't seem to be any MassHealth access issues.

Ms. Mann noted that the requirement under the regulations states that they must consult with MassHealth regarding access and they were informed by MassHealth that there were no access issues.

Ms. Doherty explains that that was not what community members have detailed. She further note that it raises concern to her as there have been access issues previously in other parts of the state. She then inquired what can be done to examine possible access issues.

Ms. Mann replied stating that in terms of the very narrow scope of the requirement we are required to rely on what MassHealth tells us. She then explained that she believes that Ms. Doherty may be referring to a systemic problem of access that may or may not be connected to Mary Lane, Wing, or Baystate.

Ms. Doherty explained that there appears to be systemic issues, noting the community members' accounts of transportation issues and inquired how many physicians, primary care providers, obstetricians etc. accept MassHealth as primary payment. She also asked about the payment ratio of MassHealth at the hospital.

Ms. Rodman noted that although she understands the concern, it is not something that can be examined under this purview.

Ms. Doherty stated that she thought of the four standards that the Council was to be involved in included Medicaid access.

Ms. Mann responded that the standard itself refers to a consultation having been done between the applicant and MassHealth with respect on whether this particular transaction will have an effect on access. She explained that it is not a conversation on overall access but is more about the impact on existing access due to the transaction.

Mr. Rigas noted that there have been a number of topics discussed and asked for a reminder on what the four items are that the Council is allowed to consider on the DoN.

Ms. Mann replied that the four factors are: provisions to ensure local control (control with respect to certain board decisions, ie. Borrowing), consultation with Medicaid on the impact of access due to transaction, compliance with applicable laws (making sure that none of the applicable parties is out of compliance with Medicaid, Medicare etc.), and ensuring Baystate is duly a licensed as a hospital.

Ms. Doherty asked for clarification and inquired if the Council can only be concerned with is whether the consultation with MassHealth was completed.

Ms. Mann replied in the affirmative.

Dr. Cunningham suggested an additional condition regarding transportation. The suggested condition is as follows: BHS agrees to provide \$50k a year for transportation to an agency mutually agreed upon between Baystate Wing and the Ware Coalition for transportation services until residents of the former Mary Lane PSA who are receiving services at Baystate Wing have travel times that are equivalent to those who are currently under Baystate Wing's present PSA as determined by the Department of Public Health.

Mr. Moran stated that he concerned because transportation is very complex issue and to put the accountability on the hospital to correct an issue that is far larger than the hospital is difficult. He further continued by saying that because they believe transportation is important he wanted to show his commitment and informed the Council that the Baystate board has \$30K available for various grants yet chose to use the full amount on transportation.

Dr. Cunningham explained that he didn't see this as a way to solve all of the problems but in some respect as a good faith partnership to move things along.

Mr. Moran answered that is more about efficiency and safety as well as finances. He stated that he has \$5-6 million operating gap to close right now and that if they were in a better position he'd be more willing to offer a token gesture but reminded the Council that he is committed to this issue.

Dr. Cunningham stated that the number was not concrete just and that it was only for those Mary Lane PSA that will be served at Baystate Wing.

Mr. Moran replied that he believes that this is a much broader issue than access to the hospital as Mr. Braman stated previously if affects training for jobs etc.

Dr. Bernstein responded to the comments Chief Coulombe made regarding quality of care and system of emergency care, in terms of the report he thinks it's important that the Council hear how Baystate is handling emergency needs of the community over the next year. Dr. Bernstein also inquired about what took place at the MassHealth consultation, especially in regards to the concern that many physicians who accept MassHealth are leaving the community.

Ms. Rodman stated that it is the Department that has the consultation with MassHealth.

Ms. Mann added that it is a narrow consultation with respect to the impact of the transaction.

Dr. Bernstein stated that it is the assumption that the community believes the impact of this transaction will make outflow of physicians who accept MassHealth worse.

Mr. Moran replied that they are trying to build primary care and there is no action they are taking to reduce that.

Dr. Bernstein informed Mr. Moran that he believes the community is requesting that all of the physicians accept MassHealth.

Mr. Moran responded saying that all physicians do accept MassHealth.

Dean Cox addressed the membership of the board and asked the community members if the 4-5 members that currently represent the community on the board plus the additional 3 that will be added, meet their concerns about representation.

Chief Coulombe spoke on behalf of the community and stated that their concern is that out 17 or 19 board members they question how many are Baystate employees, how many are vendors of Baystate that live in the catchment area, and finally how are they independent from Baystate influence and will do the right thing for the community.

Dean Cox ascertained that the concern is around membership and whether or not is adequately reflective of the individuals of the community. He then questioned how the Council would be able to balance what the claims of the community versus the claims of Baystate.

Dr. Mark Keroack, President and CEO of Baystate Health, came to the table.

Dr. Keroack stated that Baystate Wing Hospital was a member of the UMASS system until recently and had a self-perpetuating board; essentially, a governance committee would decide who in the primary service area would be the most appropriate people. He noted that those that are on the Wing Board currently have little to no connection with Baystate. He also noted that he, Mr. Moran and another gentleman are ex-officio members of the board. In terms of other board members, there is a person from West Brookfield, Belchertown, as well as someone who conducts major business activities in downtown Ware. Dr. Keroack noted that these individuals are in the Mary Lane PSA. Since it is a self-perpetuating board it would be the governance committee who would decide based on a number of

candidates who they are already vetting. He further explained he thinks it would entirely reasonable of this body to determine if they've done a good job in terms of representing the greater Ware community.

Dean Cox stated that he is hoping to determine if they have adequately provided representation from the members of the community and his question to the community is if this appropriate [Dr. Keroack's explanation] given the request they have made to the Council.

Chief Coulombe responded for the group saying that is not appropriate and stated that if they felt fulfilled and felt that they had an avenue of communication they would have never brought the issue before the Council.

Dean Cox then asks legal counsel if there is a mechanism or way to address this issue of board membership.

Ms. Rodman stated that the authority we currently have here is very narrowly looking at local control for some very narrow issues the board is controlled with.

Dean Cox asked how is local control defined.

Ms. Rodman stated that it is defined as individuals residing or working in the primary service area or health systems area who have responsibility for the following decisions:

- (1) approval of borrowings in excess of \$500,000;
- (2) additions or conversions which constitute substantial changes in service;
- (3) approval of capital and operating budgets; and
- (4) approval of the filing of an application for determination of need;

Dean Cox stated that as a hospital system he recommends that they communicate more efficiently with the community and ensure that they have a board that the community believes reflects them.

Dr. Bernstein mentioned that looking at the condition; it states that at least two additional members be added to the board and that the board reflects the demographic of the area. Dr. Bernstein went on to say that he believes the Council should receive evidence that would that this was done.

Commissioner Bharel asked if Mr. Moran would like to respond.

Mr. Moran replied that he clearly heard the suggestion.

Commissioner Bharel asked if there were any further questions or comments from the Council. Seeing that there were none, the Commissioner called for a motion to accept the staff recommendation for approval of Baystate Wing Hospital has filed a request for Change of Ownership of Baystate Mary Lane Hospital in Ware, through which Baystate Mary Lane Hospital and its satellite will merge with and into Baystate Wing Hospital taking into account the request for the hospital to report to the Council within 12 months.

Mr. Brindisi made the motion, Ms. Doherty seconded the motion. All present members approved.

Commissioner Bharel indicated that the next meeting will be held September 14, 2016, and requested a motion to adjourn.

Dr. Cunningham made a motion to adjourn; Ms. Doherty seconded the motion. All approved.

The meeting adjourned at 3:41 PM.
