**Testimony of Amy Moore, Vice President of External Relations, Ascentria Care Alliance
Regarding Proposed Amendment to 801 CMR 4.02
Submitted to the Massachusetts Department of Public Health**

Thank you for the opportunity to offer testimony on the Department of Public Health’s proposed amendment to 801 CMR 4.02, which would increase the architectural plan review fee for licensed health care facilities in Massachusetts from $8.25 to $10.50 per $1,000 of construction costs.

My name is Amy Moore, and I serve as Vice President of External Relations for Ascentria Care Alliance. Ascentria is a Massachusetts-based nonprofit organization dedicated to providing equitable, accessible, and high-quality care and support services across the Commonwealth — with a particular focus on vulnerable and underserved populations.

We respectfully urge the Department to reconsider this proposed fee increase, as it would create new financial barriers for nonprofit, community-based, and safety-net providers — many of whom are already stretched thin while serving high-need populations across Massachusetts.

**Disproportionate Impact on Community-Based and Safety-Net Providers**

Massachusetts has long led the way in expanding access to care and improving public health infrastructure. However, many providers — particularly in rural communities, lower-income urban areas, and among historically marginalized populations — operate under severe financial constraints.

The proposed 27% increase in plan review fees would impose a significant new cost burden. For example, a $10 million renovation or facility expansion — a typical figure for many capital projects — would face an additional $22,500 in plan review fees. These are funds that could otherwise be used to hire additional staff, improve accessibility, expand behavioral health services, or make vital safety upgrades.

These are not cosmetic or elective projects. They are essential improvements to meet evolving standards for patient care, infection control, and ADA compliance. A fee increase of this magnitude may result in delays, scaling back of needed upgrades, or even cancellation of essential projects — all of which run counter to the state’s goals for health equity and quality care.

**A Balanced, Equitable Approach Is Needed**

We understand and support the Department’s responsibility to ensure that regulatory and inspection services are adequately funded. However, any fee increase should be accompanied by a transparent fiscal and equity impact analysis, a review of how fee levels relate to actual administrative costs, and input from the community-based providers most affected.

Massachusetts has made remarkable progress in promoting health access and equity. We ask the Department to ensure that regulatory changes do not inadvertently undermine the very infrastructure that supports our shared vision for accessible, community-based, person-centered care.

Thank you again for the opportunity to provide comments on this important issue.

Sincerely,

Amy Moore
Vice President of External Relations
Ascentria Care Alliance