



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Maura T. Healey
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Lieutenant Governor

Kiame Mahaniah, MD, MBA
Secretary

Robert Goldstein, MD, PhD
Commissioner

March 6, 2026

Crystal Bloom
Partner
Husch Blackwell
One Congress Street, Suite 3102
Boston, MA 02114

Via email: Crystal.Bloom@huschblackwell.com

Notice of Final Action: Mass General Brigham Ambulatory Surgery - Cambridge
DoN # MGB-C-25070908-AS

Dear Attorney Bloom,

At their meeting of February 11, 2026, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c. 111, §51 and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by Mass General Brigham Ambulatory Surgery - Cambridge, LLC, to establish an Ambulatory Surgery Center, located at 799 Concord Ave, Cambridge, Massachusetts 02138. This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions at 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Change in Service subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to the Other Conditions listed below. The Total Value for the Proposed Project is \$7,349,450.00 (September 2025 dollars) and the required Community-based Health Initiatives (CHI) contribution is \$367,472.50.

In compliance with the provisions of 105 CMR 100.310(A)(2) and (11), the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

Continuing for a period of five years after the Proposed Project is complete, as part of the annual report addressing assertions with respect to all factors as required by 105 CMR 100.310(A)(12), the Holder shall provide the measures listed in Appendix 1, as well as voluntary reporting as agreed to by the Applicant during the February 11, 2026 Public Health Council meeting.

Please notify the DoN Program at DPH.DON@mass.gov of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

Other Conditions to the DoN

- a. **Factor 6:** CHI Contribution Of the total required CHI contribution of \$367,472.50
 - i. \$35,277.36 will be directed to the CHI Statewide Initiative.
 - ii. \$317,495.24 will be dedicated to local approaches to the DoN Health Priorities.
 - iii. \$14,698.90 will be designated as the administrative fee.

- b. To comply with the Holder's obligation to contribute to the CHI Statewide Initiative, the Holder must submit a check for \$35,277.36 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) **within 30 days** from the date of the Notice of Approval.
 - i. Payments should be made out to:
Health Resources in Action, Inc. (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116 Attn: MACHHAF c/o Bora Toro
DoN project: # MGB-C-25070908-AS

Please send a PDF image of the check or **confirmation of payment** to DONCHI@Mass.gov and dongrants@hria.org. If you should have any questions or concerns regarding the payment, please contact the CHI team at DONCHI@Mass.gov.

2. **Factor 1(b):** In addition to MGB Cambridge ASC's obligation to participate in MassHealth, pursuant to 105 CMR 100.310(11), the Holder must certify annually that all physicians and health professionals who practice at the facility are enrolled as participating providers of MassHealth to support equitable access to all clinicians at the facility regardless of payer.

3. **Factor 1(b):** The Department requires the new facility to maintain or increase the percentage of MassHealth patients within its Payer Mix as compared with the Applicant's AMCs. If, during the pendency of the DoN, the Department determines that the MassHealth payer mix of the Holder is not meeting this standard or showing a material decrease over the course of the reporting period, the Holder shall submit a plan to the Department detailing its plan to increase its MassHealth payer mix. The plan shall be submitted no later than six months after such time as the Department notifies the Holder that such a plan is required. The Holder shall provide, with its annual report to the Department, a report on implementation of said plan to demonstrate measurable progress resulting from its efforts to increase its MassHealth payer mix.

4. **Factor 1(f) and Factor 2:** The Holder will report on Endoscopy Volume by procedure for MGB

Cambridge ASC, MGH Main Campus, and BWH. Annual reporting should demonstrate a shift of ASC eligible procedures from the AMC's to MGB Cambridge ASC. The DoN program shall review the data received in accordance with Condition 4 to determine whether one or more of the following Referral Indicators is present:

- a. A material increase in total volume of the outpatient endoscopy at MGH Main Campus and BWH; and/or
- b. A material decrease in total volume of endoscopy at MGB Cambridge ASC.

If the DoN Program finds any one or more of the Referral Indicators, the matter shall be referred to the Public Health Council (PHC) for review to determine whether the Holder is in violation of one or more of the conditions and thus out of compliance with the terms of this Notice of DoN.

Upon referral to the PHC based upon any one or more of the Referral Indicators, the Holder shall have an opportunity to show cause why the PHC shall not find one or more of the Referral Indicators.

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,

A handwritten signature in black ink, appearing to read 'Teryl Smith', is written over a light blue rectangular background.

Teryl Smith RN, MPH
Bureau Director, Health Care Safety & Quality

cc:

Jaclyn Gagné, Esq., Chief Deputy General Counsel Health Care Licensure
Susannah Arterian Esq, Deputy General Counsel
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
Judy Bernice, Division of Health Care Facility Licensure and Certification
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