



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Governor

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Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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February 13, 2025

Cassandra Paolillo
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, MA 02111

Via email: CLPaolillo@mintz.com

Dear Attorney Paolillo,

At their meeting of February 12, 2025, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by West Bridgewater MA Endoscopy ASC, LLC for the substantial change in service and transfer of site for an ambulatory surgery center ("ASC") to add two (2) procedure rooms ("ORs") and associated clinical and administrative spaces, to be located at 3 Washington Place, Easton, MA ("Proposed Project"). This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application. The approved capital expenditure for the Proposed Project \$10,371,384.00 (October 2024 dollars). The Community Health Initiatives ("CHI") contribution is \$518,569.20.

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.

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.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum, on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all of the factors.

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, please 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

1. The total required CHI contribution of \$518,569.20 will be directed to the Massachusetts Statewide CHHAF and will be paid by West Bridgewater MA Endoscopy ASC, LLC in two installments of \$259,284.60. 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 #: CEC-24082115-AS
2. The first payment of \$259,284.60 will be due to HRIA **within 30 days** from the date of the Notice of Approval. The second installment is due to HRIA within 1 year of the Notice of Approval date. Please send a PDF image of the check or **confirmation of payment** to DONCHI@Mass.gov and dongrants@hria.org
3. In addition to West Bridgewater Endoscopy'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. In order to support equitable access to services, the Holder will report on annual efforts to promote health equity, including at Manet Community Health Center in Taunton and Brockton Neighborhood Center, and efforts to advance the provision of culturally and linguistically appropriate services at the ASC. The annual report will discuss specific programs in place, efforts to improve linkages to referral partners, including timeframe of implementation, patients served, and impact.
4. The Holder shall report on endoscopy volumes stratified by age, by race and ethnicity, and by payer mix.

5. The Holder shall report on wait times for scheduling surgical procedures differentiating between screening and diagnostic procedures. The Holder shall provide a description of how wait time is calculated.

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,

Dennis Renaud

Dennis Renaud
Director, Determination of Need Program

cc:

Teryl Smith, Director, Bureau of Health Care Safety and Quality
Jaclyn K. Gagné, Chief Deputy General Counsel, Health Care Licensure
Joshua O. Boeh-Ocansey, Jr., Counsel
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
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