



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure and Certification  
67 Forest Street, Marlborough, MA 01752

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February 4, 2026

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BY EMAIL ONLY

**Re: Essential Services Finding**  
**Facility:** Brigham and Women's Hospital  
**Services:** Inpatient Burn Service  
**Ref. #:** 2341-X53

Dear Attorney Bloom:

On January 20, 2026, the Department of Public Health (the "Department") held a public hearing in response to the notification received from you on behalf of Brigham and Women's Hospital, Inc. regarding their proposed plans to discontinue operation of its inpatient burn service at Brigham and Women's Hospital (the "Hospital") in Boston, MA, effective March 25, 2026. As a result of its review, the Department has made a finding that the services provided by the Hospital are in fact necessary for preserving access and health status within the Hospital's service area.

Accordingly, pursuant to 105 CMR 130.122(F), the Hospital is required to prepare a plan that details how access to inpatient burn services will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days of receipt of this letter. The Hospital's plan must include the elements specified in 105 CMR 130.122(F) including the items listed below:

- (1) Information on utilization of the services prior to proposed closure, including patients admitted to this service's beds and patients admitted to the Hospital with a burn diagnoses (e.g. International Classification of Diseases 10<sup>th</sup> Edition Clinical Manual T20-T32);

- (2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites **do** or **do not** have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:
  - (a) Current utilization at these alternative sites;
  - (b) Type of services available at the alternative sites as compared to the level of complex services provided by the Hospital, including:
    - i. Summary of the specialized medical, mental health, surgical, nursing, respiratory, complex trauma, non-burn med/surg conditions, reconstructive supports, and rehabilitative expertise available at each alternate site;
  - (c) Type of medical diagnoses accepted, including:
    - i. Definition of each sites ability to manage varying levels of acuity, preparedness for ICU-level care, and high intensity wound management, and;
  - (d) Adequacy of space and resources at the alternative sites for conventional, contingency, crisis and catastrophic care<sup>1</sup>.
  - (e) Explanation of how emergency preparedness plans for burn care under surge situations have been updated to reflect this service delivery change.
- (3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;
- (4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;
- (5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service, including any shifts in outpatient care management; and
- (6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:
  - (a) The process that will be employed to effectively refer patients to other facilities or providers;
  - (b) The impact that this may have on the current occupancy rates at alternative delivery sites;
  - (c) The ability of the alternative delivery sites to meet the needs of these patients; and
  - (d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

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<sup>1</sup>American Burn Association, (2020) Actionable, Revised (v.3), and Amplified American Burn Association Triage Tables for Mass Casualties: A Civilian Defense Guideline

In addition to the regulatory elements listed above, and in light of the Department's review of comments on the proposed closure, your plan must also address the following:

- (1) **Competency of Staff:** During testimony presented at the virtual hearing on January 20, 2026, commenters expressed concern regarding the loss of a specially trained staff that was built over time and cannot be quickly recreated once the service has been closed. The plan which you are required to submit must address how the Hospital intends to maintain staff competency once the burn unit has closed.
- (2) **Burn Surge Capacity:** During testimony presented at the virtual hearing on January 20, 2026, commenters expressed concern regarding the effect the Hospital closing its inpatient burn service will have on burn coverage in the event MGH reaches capacity during an emergency. The plan which you are required to submit must address the role Brigham and Women's Hospital will play in such an emergency where the number of burn victims is great and MGH has reached capacity.

Under the provisions of 105 CMR 130.122(G), the plan the Hospital submits to the Department will be reviewed to determine if it appropriately assures access to the essential services in question following the plans to discontinue operation of inpatient burn services at Brigham and Women's Hospital.

Thank you for your continued cooperation in this process. If you have any questions, please contact Stephen Davis at [Stephen.Davis@mass.gov](mailto:Stephen.Davis@mass.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Step Davis", written in a cursive style.

Stephen Davis  
Division Director

cc: T. Smith, DPH  
J. Gagne, DPH  
M. Callahan, DPH  
T. McNamara, DPH