



Massachusetts Department of Public Health

Public Health Council Meeting October 8, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the September 10 Public Health Council listing.

Public Health Lab Campus Renaming



Dr. Al DeMaria addresses the crowd



From left to right: Commissioner Dr. Robbie Goldstein, Former Commissioner Margret Cooke, Dr. Al DeMaria, Former Commissioner Dr. Monica Bharel, Former Commissioner Cheryl Bartlett, Former Commissioner David Mulligan

Indigenous Peoples Day

INTERNATIONAL DAY
OF THE WORLD'S
INDIGENOUS
PEOPLES



Breaktime Youth Facility

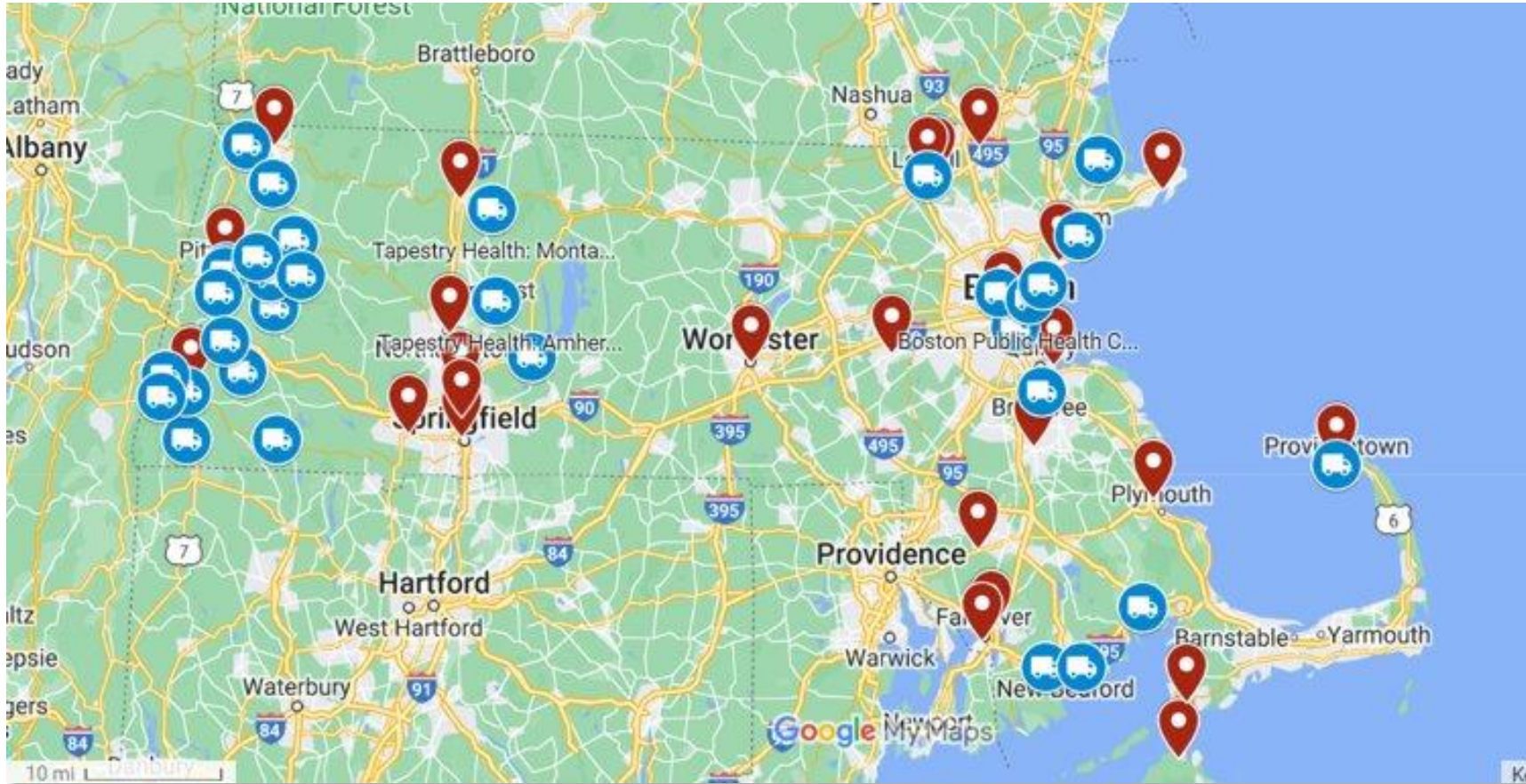


Commissioner Goldstein with DPH and Breaktime Staff visting construction of "The Hub"



Breaktime Ribbon Cutting Ceremony on September 18

Harm Reduction



[Link: Syringe Service Program Locator](#)

[Link: Harm Reduction Program Locator](#)

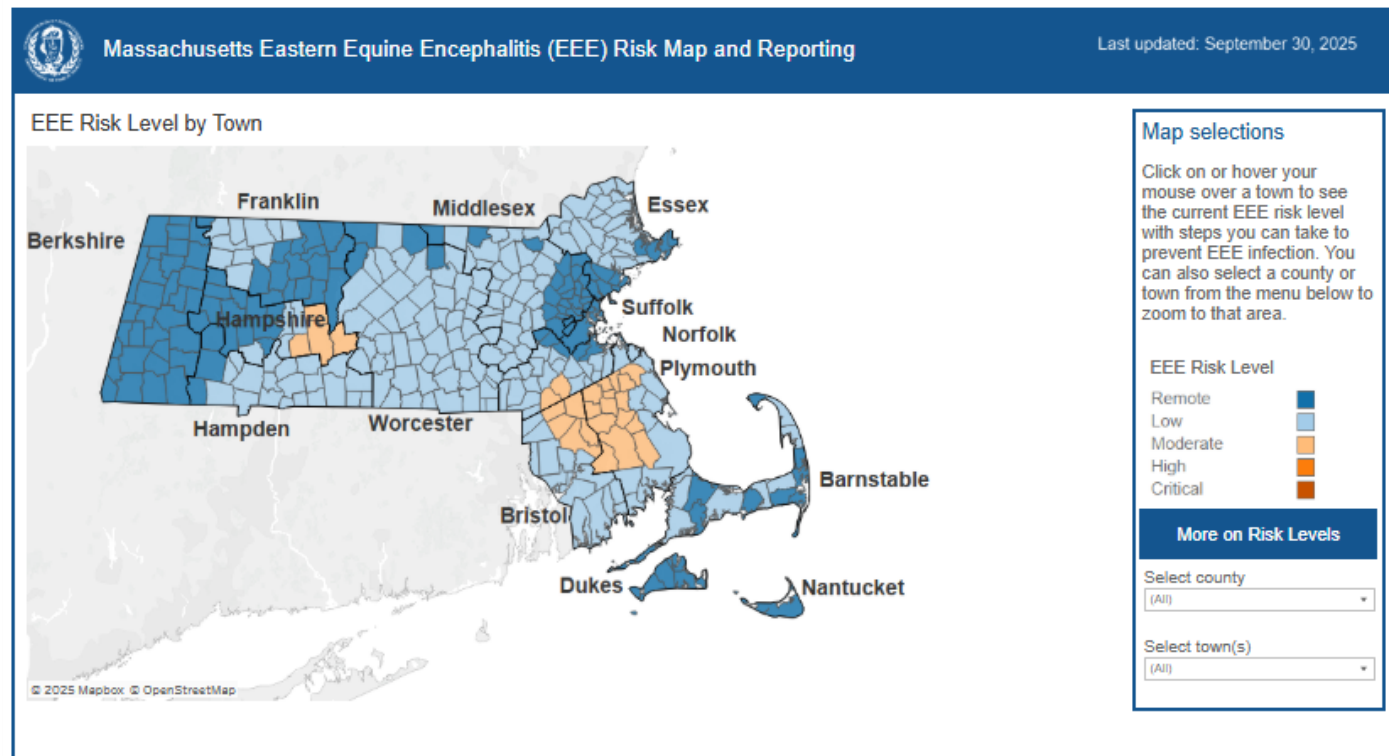
Mosquitoes and Ticks

Massachusetts arbovirus update

Find local risk levels for Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV) based on seasonal testing from June to October.

Risk maps

If you are having difficulty viewing the dashboard on a mobile or tablet device, you can try this [link to the online dashboard](#).



[Link: MA Arbovirus Update](#)

Respiratory Illness





Why get seasonal vaccines?

Vaccines are safe, effective, and help protect you and your family against new variants.

Learn more at
mass.gov/SeasonalVaccines

Dr. Robert Goldstein
Commissioner, Massachusetts
Department of Public Health

Massachusetts Department
of Public Health 

Northeast Public Health Collaborative

PRESS RELEASE

Several Northeastern states and America's largest city announce the Northeast Public Health Collaborative

Voluntary coalition includes Connecticut, Maine, Massachusetts, New Jersey, New York State, Pennsylvania, Rhode Island and New York City

FOR IMMEDIATE RELEASE:

9/18/2025

Department of Public Health

BOSTON — Several Northeastern states and America's largest city have been collaborating since early 2025 and today formally announced the Northeast Public Health Collaborative, a voluntary regional coalition of public health agencies and leaders, brought together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and promote and protect evidence-based public health.

[Link: Full Press Release](#)



Massachusetts Department of Public Health

Determination of Need:

*Emerson Endoscopy and Digestive Health Center, LLC
Substantial Change in Service – Ambulatory Surgery*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Emerson Endoscopy and Digestive Health Center, LLC

- Freestanding single-specialty endoscopy ambulatory surgery center (ASC) located in Concord, MA.
- DoN approval in February 2021 to construct its existing ASC, with two procedure rooms and six pre/post operative bays to provide endoscopy services.
- Joint venture between Emerson Hospital (75% ownership interest), and Physicians Endoscopy, LLC (25% ownership interest).

Proposed Project

- Add 1 Procedure Room to increase the total from 2 to 3.
- Add 3 Pre-Post Operative Bays to increase the total from 6 to 9.

Background Information

- Total Value of the proposed Substantial Change in Service is \$484,856.00
- The CHI contribution is \$24,242.80.
- No written comments
- No Ten Taxpayer Groups

Six Factors of a Determination of Need (DoN) Application

- **Factor 1** - Patient Need, Public Health Value and Operational Objectives
- **Factor 2** – Health Priorities
- **Factor 3** – Compliance
- **Factor 4** - Financial Feasibility and Reasonableness of Expenditures and Costs
- **Factor 5** - Relative Merit
- **Factor 6** - Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas:

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Transfer of Ownership to the following:

1. Closure of Nashoba Valley Medical Center (NVMC) and unmet need in the region
2. Increase in referrals from the Applicant's clinical affiliate Atrius Health
3. Population Projections in the Applicant's Service Area and Colorectal Cancer Screening Guidelines
4. Increasing Cancer Rates

Factor 1: Closure of Nashoba Valley Medical Center and Unmet Need in the Region

- Nashoba Valley Medical Center (NVMC) closure and the overlapping service area.
- In the year prior to its closure, NVMC performed 3,500 endoscopy procedures.
- The Applicant states that it expects 15% to 30% of NVMC's historical endoscopy procedure volume to shift to the Center.
- The Center has experienced a 15% increase in utilization from 435 cases in July 2024 to 501 cases in July 2025.
- As of July 2025, the Center is operating at 80% capacity.

Factor 1: Increase in Referrals from Atrius Health

- 45 cases per month at the Center are a result of the clinical affiliation between Emerson Hospital and Atrius Health
- The Applicant expects the number of cases per month at the Center that are the result of the clinical affiliation to increase to 75 in 2025

Factor 1: Population Projections and Colorectal Cancer Screening Guidelines

- By 2030 the combined projection for the 45 to 49 age group and the 50 to 74 age group is expected to be more than 39,000 residents in the top five towns in the Applicant's service area.
- A minimum of 3,900 residents will require CRC screening each year.
- Increased access aligns with efforts to achieve the 80% CRC screening goal in every community.

Factor 1: Increasing Cancer Rates

- The American Cancer Society estimated 44,000 new cancer cases in Massachusetts in 2025, with 2,770 of those cases being cancer of the colon and rectum.
- CRC, once the fourth leading cause of cancer death among men and women in the 1990s, is now the leading cause of cancer death in men younger than 50 and the second leading cause of cancer death in women younger than 50.
- By 2030, it is estimated that colon cancer will be the leading cause of cancer-related deaths in the 20 to 49 age group.

Factor 1: Projected Volume

	2027	2028	2029	2030	2031	% Change 2027-2031
Total Cases	5,564	6,564	7,564	8,564	9,314	67%

Factor 1: Public Health Value

Factor 1: b) Public health value, improved health outcomes and quality of life; assurances of health equity.

- Process improvement initiatives such as its participation in national quality programs.
- The Center's targeted focus on GI-related endoscopy services supports efficient scheduling practices to minimize delays, backlogs, and rescheduling.
- Benefits of performing GI-specific procedures in the ASC setting as compared to the hospital setting.

Factor 1: Health Equity

Public Health Value: Health Equity

- Language access
- Cultural Competency Training
- Payer Mix

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals and improved public health outcomes.

Factor 2: Cost Containment - Analysis

- Medicare reimbursement for procedures performed in the ASC setting is, on average, 50% the amount paid to HOPDs, and Medicaid and commercial payers also benefit from lower prices paid for procedures performed in the ASC setting.
- Shift in endoscopy cases from Emerson Hospital to the Center that has occurred since the Center's opening.

Factor 2: Improved Public Health Outcomes Analysis

- Improved patient adherence to screening recommendations, and higher screening rates.
- Improved patient experience.

Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program staff has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, the CPA concluded the following:

“Based upon my review of the relevant documents and analysis of the projected financial statements, I determined the project and continued operating surplus are reasonable and are based upon feasible financial assumptions. Accordingly, I determined that the Projections are feasible and sustainable and not likely to have a negative impact on the patient panel or result in a liquidation of assets of Emerson Endoscopy and Digestive Health Center, LLC.”

Factor 5 Relative Merit

When conducting an evaluation and articulating the relative merit determination, Applicants shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5 Relative Merit – Alternatives

Alternative #1: Renovate and re-license an endoscopy procedure room at Emerson Hospital.

Alternative #2: Expand the Center's hours of operation beyond Monday through Friday, 7:00a.m. to 5:00p.m.

Factor 6: Community Health Initiatives - Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.

Factor 6: Requirements

- Emerson Hospital will carry out the local CHI project associated with this DoN application.
- The Applicant will also contribute to the Statewide Community Health and Healthy Aging Fund.

Factor 6: Contribution

Total required CHI contribution = \$24,242.80

- \$2,375.79 will be directed to the CHI Statewide Initiative.
- \$21,382.15 will be dedicated to local approaches to the DoN Health Priorities.
- \$484.86 will be designated as the administrative fee.

Other Conditions

- Plan to increase MassHealth payer mix
- Reporting on Race, ethnicity, language, zip code of residence, and payer mix.
- Total routine endoscopy procedure volume at Emerson Hospital Endoscopy Department and at the Center (count and percent).

Outcome Measures

- Withdrawal Time
- Adenoma Detection Rate
- Post-Procedure Infection
- Patient Experience
- SDoH screening process

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

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Massachusetts Department of Public Health

Title V: Advancing Maternal and Child Health Together in Massachusetts

Elaine Fitzgerald Lewis, DrPH, MIA

Director, Bureau of Family Health and Nutrition

State Title V Maternal and Child Health Director

Agenda

- **Title V:** What it is and why it matters
- **Federal administration:** High-level impact on MA maternal and child health
- **Partner engagement:** Supporting resilient systems through Title V
- **Looking ahead:** MA Title V priorities for 2025–2030



What is Title V and why it matters

What is the Title V Maternal & Child Health Block Grant?

The Bureau of Family Health & Nutrition is the lead state agency for the Title V Maternal and Child Health Block Grant in Massachusetts.

Title V enables BFHN to develop, implement, and evaluate policies and programs for pregnant people, parents, infants, and children and youth—including those with special health needs—serving over 1 million families each year.



Title V by the numbers: Reach and impact across DPH

Category	Highlights
Staff supported	Over 75 staff funded in part or fully through Title V
DPH bureaus and offices engaged	6+ bureaus and offices receive Title V funding including BFHN, BCHAP, BCEH, OHE, OPH, and RVRS
Initiatives supported	20+ programs and initiatives receive partial or full Title V support
Funding leveraged	FY23: \$11.2M federal (level funded)
Systems-level investment	\$9.4M+ in federal funds for public health systems and infrastructure
Partnerships for match	40+ external partners contribute to match requirements (\$83.8M in required state match)
Children & families reached through Title V services	1.2 million+ children and families across MA reached

Title V requirements for states

States must:

- Match at least \$3 for every \$4 from federal government
- Allocate 30% of federal dollars for preventative/primary care for women and children
- Allocate 30% of federal dollars for services for children and youth with special health needs
- Allocate no more than 10% for administrative costs
- **Complete a needs assessment every 5 years**
- **Develop a state action plan to address our highest priorities**



Federal Administration: High-level impact on MA MCH

Title V state and federal relationship

Title V history:

- Since 1935, the Social Security Act has provided funding for the Title Maternal and Child Health (MCH) Services Block Grant.
- The grant has been administered by HRSA and DPH
- Funding allocation is based on a ratio:
 - (# of children in poverty in MA/# of children in poverty across US)

Current administration impact:

- Reductions in force at HRSA and CDC supporting MCH grants
- Updated guidance provided in alignment with executive orders
- No known changes to Title V funding



Maternal and child health programs at critical risk

President's budget proposes **eliminating funding** for key maternal health programs:

- **Maternal Mortality Review Committees** (MMRCs): State-based, multi-disciplinary committees that assess and report data on all deaths that occur during pregnancy and 1-year postpartum.
- **Perinatal Quality Collaboratives** (PQCs): State-based committees that address infant and maternal mortality.
- **Pregnancy Risk Assessment Monitoring System** (PRAMS): Helps influence maternal behaviors before, during, and after pregnancy.
- **Residential Treatment Program for Pregnant and Postpartum Women with Substance Use Disorder** (PPW SUD): Comprehensive family-centered services for pregnant and postpartum women with substance use disorders.
- **Healthy Start**: Reduces infant mortality and improves maternal and infant health in at-risk communities.
- **HRSA/MCHB**: Funding reductions not fully detailed, but impacted maternal health initiatives through broader HHS cuts

Immediate and long-term impact to MCH systems

- Dismantles core public health functions
- Erosion of workforce and expertise
- Damage to public trust and evidence-based initiatives
- Ripple effects on overall family health



State-level adaptation amid federal ambiguity

- **Leveraged existing Title V infrastructure** to maintain momentum
- **Strengthened cross-sector partnerships** to fill gaps in research and service delivery
- **Elevated community voices and data** to advocate for sustained maternal and child health investment
- **Reinforced commitment to equity**, despite shifting federal priorities



Partner Engagement: Supporting Resilient Systems through Title V

Thank you to all our colleagues across DPH for advancing Title V across MA

Bureau of Family Health & Nutrition

Alyssa Pochkar
Amy Benison
Aynsley Chaneco
Beth Bostic
Beth Buxton
Brooke LaMere
Christin Price
Christine Silva

Claudia Catalano
Cris Alonso
Debra Bercuvitz
Elaine Fitzgerald Lewis
Elaine Gabovitch
Emily White
Eve Wilder
Flora Berklein

Jeremiah Nesser
Julia Zubiago
Katja Gerhardt
Keryden Koeut-Futch
Kevin Boulay
Kripa Shakya
Kyle Levesque
Larisa Mendez-Penate

Maia Raynor
Mahsa Yazdy
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Megan Young
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Melissa Marlowe
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Judy Benitez-Clancy

Julia Lane
Justine Egan
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Keesha LaTulippe

Keisha Gamble
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Laura Penney-Edwards
Lindsey Sagasta
Lissette Gil-Sanchez

Lorraine Lacroix-Williamson
Máireád Day Lopes
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Nealia Khan

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Mary Vu
Patti Walker

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Brittany Christian
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Montana Lesichner

Office of Local & Regional Health

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Office of Healthcare Strategy & Planning

Chiara Moore
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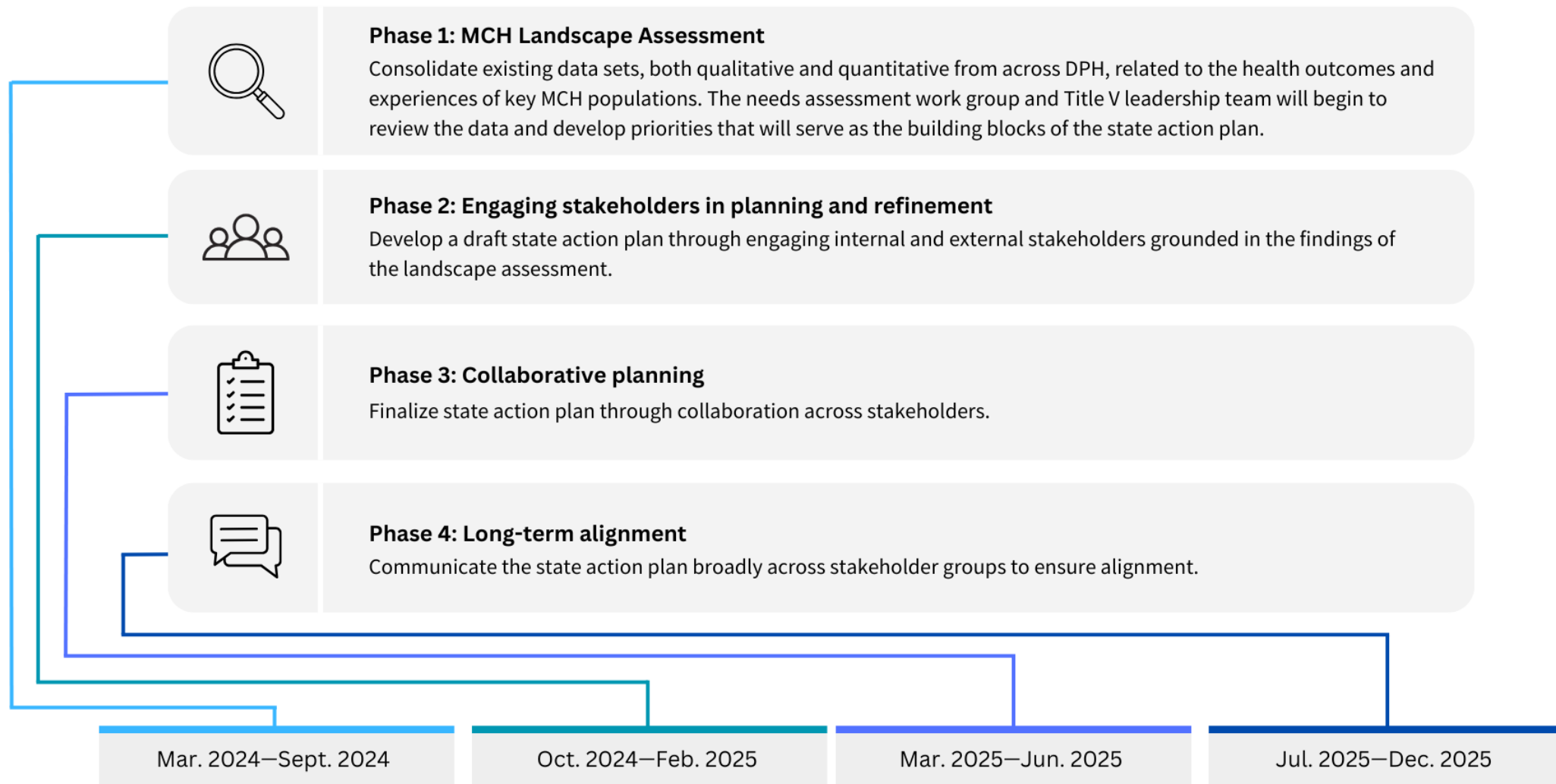
Bureau of Substance Use & Addiction Services

Abby Kim
Stacey Lynch

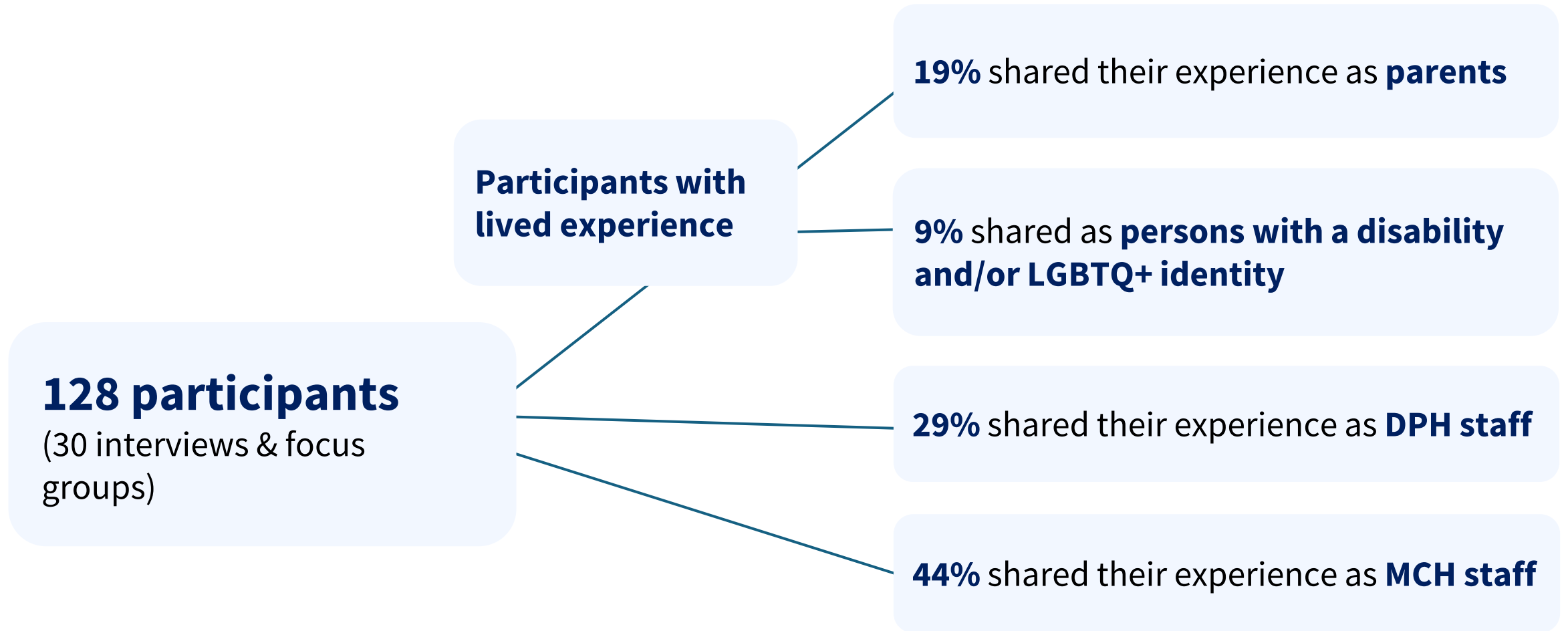
Office of Health Equity

Nandini Mallick
Oanh Bui

Massachusetts Title V 2025-2030 Needs Assessment



What partners did we engage for the Title V State Action Plan?



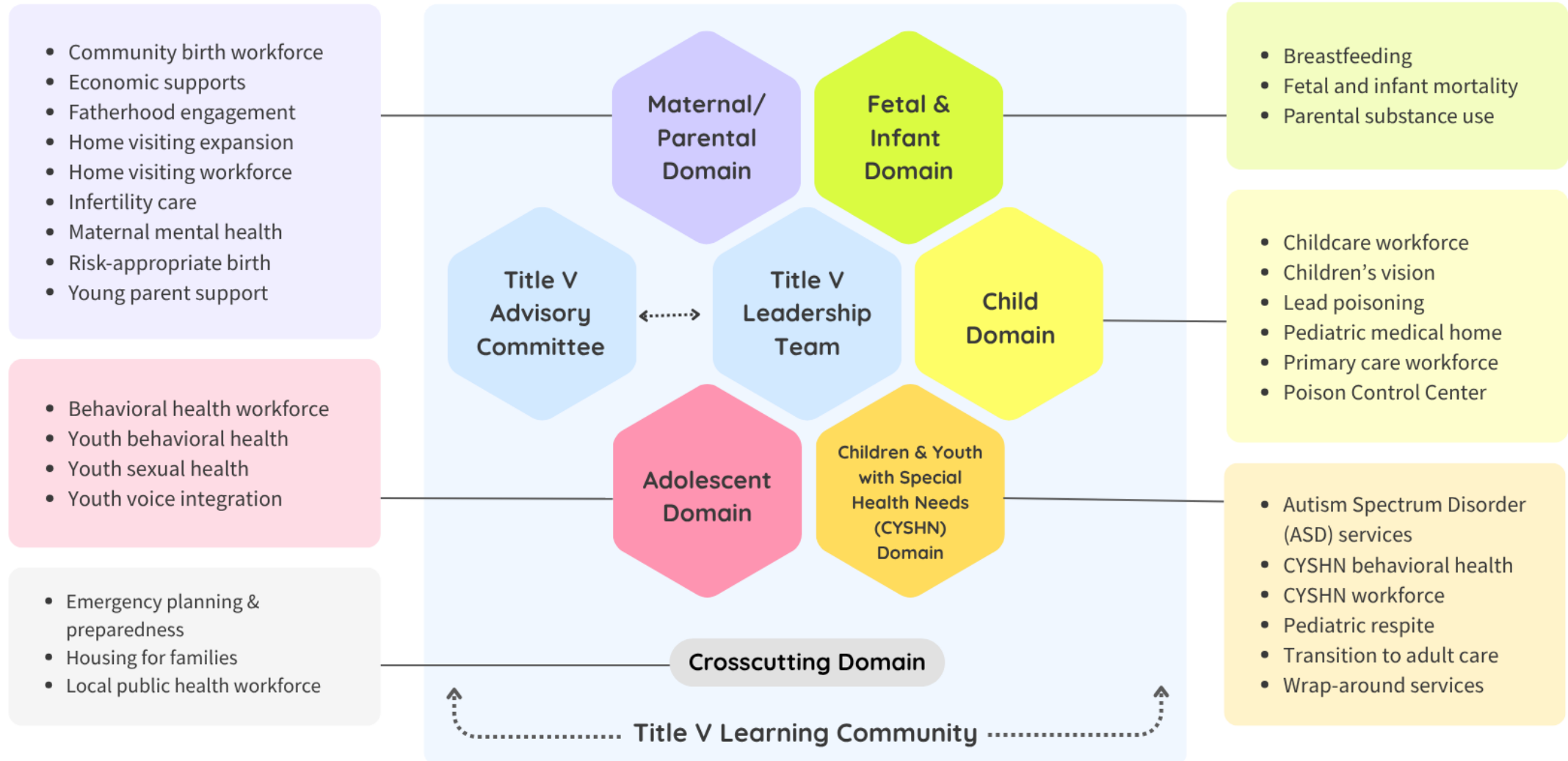
Operating conditions

- Alignment with state and agency commitments and priorities
- MCH landscape assessment - Consolidation of existing DPH data on health outcomes, including sources like:
 - Community Health Equity Survey (CHES)
 - Successful Teens: Relationship, Identity, and Values Education (STRIVE) program evaluation
 - Transforming Pediatrics for Early Childhood (TPEC)
 - Pediatric Mental Health Access (PMHA) grant
- Ensure plans are based on Title V values of racial equity and family engagement
- Create focused, action-oriented objectives and strategies
- Engage all offices/bureaus and the community in informing, developing, and implementing plans



Looking ahead (2025-2030): Title V Domain and Priorities

Massachusetts Title V State Action Plan Structure



Maternal/parental/reproductive health domain

How do we aim to address maternal health?

Help ensure all Massachusetts pregnant and birthing people, and their families live the healthiest life possible.



Maternal/parental/reproductive health domain: Focus areas

Focus areas:

1. Promote the implementation of risk-appropriate care for people who give birth
2. Expand home visiting to serve all towns and cities in MA
3. Promote health care provider assessment of need for contraceptive, preconception, and or infertility care
4. Improve access to maternal mental health services and supports
5. Expand knowledge of, access to, and uptake of economic supports and mobility opportunities for families in MA
6. Ensure Title V programs have strategies to improve fatherhood engagement
7. Expand engagement of parents under 26 to improve community health factor-related outcomes for families led by young caregivers

Fetal & infant health domain

How do we aim to address fetal & infant health?

Ensure all infants are born healthy and thrive in their first year of life and reduce and eliminate inequities in birth outcomes.



Fetal & infant health domain: Focus areas

Focus areas:

1. Improve system of care for infants whose families are affected by parental substance use
2. Improve healthy infant growth and development through breastfeeding
3. Reduce infant mortality and expand access to supports for families experiencing loss

Child health domain

How do we aim to address child health?

Optimize the healthy development of all children so they can flourish and reach their full potential through safe, stable, and nurturing relationships and environments.



Child health domain: Focus areas

Focus areas:

1. Improve the capacity of the pediatric medical home and the community system of supports to provide a high-quality and integrated continuum of family centered care.
2. Reduce gaps in incidence of children and infants who experience elevated blood lead levels or lead poisoning
3. Expand awareness and sustainability of the Regional Poison Control Center to assist in the prevention, diagnosis, and management of poisoning
4. Develop infrastructure to address gaps in children's vision outcomes

Adolescent health domain

How do we aim to address this domain?

Enhance strengths, skills, and supports to promote positive youth development and ensure youth are healthy and thriving.



Adolescent health domain: Focus areas

Focus areas:

1. Improve sexual and reproductive health and well-being for adolescents
2. Improve youth mental health and substance use outcomes
3. Strengthen systems for integrating youth voice into programming and implementing youth-led programming

Children & youth with special health needs (CYSHN) domain

How do we aim to address this domain?

Strengthen systems of care for children and youth with special health needs and their families.



CYSHN domain: Focus areas

Focus areas:

1. Build a comprehensive system for pediatric respite for caregivers and families with CYSHN and children with medical complexity
2. Shape a continuum of care for children with autism spectrum disorder and their families.
3. Support smooth transition from pediatric to adult health care
4. Improve access to mental health supports and services for CYSHN
5. Ensure comprehensive and wrap-around services for CYSHN and their families through a suite of interventions, including policy, technical assistance, referrals and enhanced care coordination

Crosscutting domain: MCH workforce

How do we aim to address the MCH workforce?

Strengthen the maternal and child health workforce to ensure families and communities are supported by high quality, diverse, culturally responsive providers across the maternal and child health ecosystem.



MCH workforce: Focus areas

Focus areas:

1. Community birth workforce
2. Childcare workforce
3. Behavioral health workforce
4. Primary care workforce
5. Home visiting workforce
6. CYSHN and caregiver workforce
7. Support increased training and capacity building for the local public health clinical workforce

Crosscutting domain: MCH emergency preparedness

How do we aim to address MCH emergency preparedness?

Strengthen state approach of including MCH needs with emergency preparedness and response efforts and embedding a preparedness lens within MCH programs.



MCH emergency preparedness: Focus areas

Focus areas:

1. Establish a MA Title V emergency planning and preparedness workgroup
2. Enhance an integrated approach in response to the housing crisis for special MCH populations

Bringing Us Home

Title V Success Story: Maternal Mortality & Morbidity Review

Improving the state's capacity to understand and address maternal mortality and morbidity was a Title V 2020-2025 priority for driving advancements and sustainable solutions:



Dedicated Title V funds to staff and contract with medical record abstractors to improve timeliness of case abstractions and preparation for MMMRC reviews



Advanced policy agendas that resulted in Governor Healey signed legislation that expanded MMMRC authority to require state agencies, health care facilities, and providers to produce records requested by the Committee.

MA General Law was amended to formally establish the MMMRC and provide the Committee with \$350,000/year in state funding.

87%

Expansion of MMMRT in FY24, 87% of pregnancy-associated deaths were reviewed within 2 years of the death—57% improvement from FY22 (14%) to FY23 (22%).

Title V Success Story: Maternal Mortality & Morbidity Review (continued)

The MMMRC has used its data to inform clinical and non-clinical recommendations including:

Clinical recommendations

- Promoting remote blood pressure monitoring
- Standardizing levels of maternal care through a regulatory process
- Increasing the number of birth centers through a regulatory process
- Implementing AIM bundles including a Mental Health Bundle

Non-clinical recommendations

- Promoting the use of doulas and creating a pathway for doula certification and reimbursement by MassHealth
- Promoting limitation of 51A use to exclude mothers who are on medication for substance use disorder if no other concerns are found
- Connecting remote blood pressure monitoring patients to Welcome Family, a nurse home visiting program for enhanced follow up in one pilot program

Annual Title V Federal Review Feedback



Grant & state action plan quality: Well-written, innovative, outcome-focused, and highly measurable; Title V needs assessment is comprehensive and exemplary. Strategies, objectives, and priorities are well-aligned in state action plan.



Federal alignment: Strong federal grant record with clear accountability and demonstrable results.



Collaboration: BFHN leads effective coordination across DPH bureaus and state agencies; partnership with MassHealth is impressive and provides seamless technical and programmatic alignment.



Leadership & workforce development: Title V provides consistent policy/program leadership; workforce development is a cross-cutting priority with multi-agency training and paid internships

Thank you for the opportunity to present this information today.

Elaine Fitzgerald Lewis, DrPH, MIA

Director, Bureau of Family Health and Nutrition
State Title V Maternal and Child Health Director



Massachusetts Department of Public Health

Next Meeting:
Wednesday, November 12, 2025