**Steward Health Care System LLC** 500 Boylston Street Boston, Massachusetts 02116

T: 617-419-4700 F: 617-419-4800 www.steward.org

October 28, 2016

*Via Electronic Submission*

Commissioner Monica Bharel, MD, MPH

Massachusetts Department of Public Health

250 Washington Street, 2nd Floor

Boston, MA 02108

Re: Hospital LicensureRegulations (105 CMR 130.000)

Dear Commissioner Bharel:

Steward Health Care System LLC (Steward) is New England’s largest integrated community-based system, encompassing ten (10) hospital campuses and over 2,700 physicians and specialists, as well as nurses, home health, behavioral health, and allied services professionals. All of Steward’s hospitals are disproportionate share hospitals. Approximately seventy percent (70%) of all Steward patients have coverage through public payers, a significant number of whom are covered by Medicaid. We are very proud of our innovative model of health care delivery and proud to serve as a leading source of both health care and employment across our many communities.

Steward strongly supports regulations that promote innovative health care solutions and competition. We commend the Department of Public Health’s (DPH) efforts to eliminate outdated or unnecessary requirements and to clarify requirements for licensure, focused on strengthening consumer protection.

In particular, Steward supports the proposed changes to the cardiac catheterization licensure process. DPH’s proposed change to this section enhances access and increases competition, which will maximize high quality of care and lower costs by expanding patient choice.

Below you will find our suggested amendments to the proposed regulation.

**130.122: Beds Out of Service and Discontinuation of Services**

The proposed amendments require notification to DPH 120 days before the closure of any services. In the case of hospital closures, we support this revised process, which includes notifying several parties thirty (30) days in advance of notifying DPH of the service closure date and adding new parties that must be notified of the closure.

However, we are concerned about this notification requirement for non-hospital closure situations (i.e. the closure of any essential health services). The additional thirty (30) day notification and expansion of stakeholders that must be notified decrease provider flexibility to respond to changes in the marketplace, including changes to federal and state regulatory rules. This is particularly true for providers who participate in APMs or ACOs and who must continually evaluate their services to comply with federal rules and methodologies that require real-time adjustments and changes to meet such rules and patient care needs. To this end, we propose a two-track process for closure notification:

1. Hospital closures will follow the 120 day process as outlined in the proposed amendments.
2. Service closures will follow the current ninety (90) day process as outlined in the existing regulation.

We believe that this two-track process will meet the need for public disclosure while still giving providers the flexibility they need to respond to the rapidly evolving market.

**130.325 (F) (1) (c): Requirement that Personnel be Vaccinated Against Influenza Virus**

As a health system with ten hospital campuses, the prevention of nosocomial (hospital-acquired) influenza is of critical importance to delivering safe, quality care to our patients.  The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) and the Health Care Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.  Research shows that health care workers who receive the vaccine reduce the transmission of influenza, lower the rate of staff illness and influenza-related illness, and reduce the number of people at increased risk for influenza. Furthermore, higher vaccination levels among health care workers have been associated with lower risk of nosocomial influenza.

However, subsection (c) of Section F(1) of 130.325 creates a blanket exception for health care workers to refuse to be immunized, putting all patients and staff at increased risk of infection. We, therefore, recommend that subsection (c) of Section F(1) of 130.325 be deleted in its entirety, as well as all provisions referencing or enforcing this exception in the proposed regulation.

Thank you for your leadership in reforming the state’s licensure process. We appreciate your consideration of our comments, which are grounded in our belief that innovative approaches to existing regulatory frameworks are essential to achieve both value and better health care outcomes for all patients.

Sincerely,



David Morales

Chief Strategy Officer

cc:

Secretary Marylou Sudders

Executive Office of Health and Human Services

One Ashburton Place, 11th Floor

Boston, MA 02108