**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: Clinic Licensure Regulations(105 CMR 140.000)

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 (70) percent 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 among providers and payers and commends the Department of Public Health’s (DPH) efforts to modernize and reform its regulations.

Below you will find our suggested amendments to the proposed regulation. We believe our suggestions will enhance the clinic licensure process and assist DPH in accomplishing its mission of enhancing access to high quality health care services, while ensuring value for the consumer by offering the best quality care in the most affordable manner.

**140.020: Definitions**

*“Urgent Care”*

The proposed amendments add a new definition for “urgent care,” which does not exist in the current clinic licensure regulations, and require urgent care centers that do not qualify for the physician practice exemption to be licensed as clinics.

Steward suggests that DPH also require Medicaid participation as part of the urgent care licensure process. Urgent care clinics should serve all members of their community.

Additionally, Steward suggests that any changes to the urgent care definition and licensure process be coordinated with the final amendments to the Mobile Integrated Health (MIH) regulation.

**140.305: Emergency Transfer**

Steward requests that DPH clarify the language contained in this section requiring each clinic to have a written policy addressing the procedures for calling 911 for patients who are deemed to need emergency treatment. DPH should also require urgent care clinics to develop policies that maximize care coordination with local hospitals for the transfer of patients who require emergency services and who have a primary care physician.

**140.451: Host Sites for Mobile Services**

Steward suggests that host sites for mobile services be limited to health care facilities where patients and providers are aligned through a downside risk contract. Such limitation will incentivize providers to enter into risk-bearing contracts that shift away from fee for service and focus on population health management.

Additionally, DPH should clarify that the MIH program is not bound by this section of the regulation.

**140.560: Mental Health Outreach Programs**

The current regulations require mental health outreach programs to meet all requirements as set forth in the MassHealth regulations at 130 CMR 429.440: Mental Health Center Services. The proposed amendments eliminate this requirement, meaning that mental health outreach programs that do not participate in MassHealth, do not need to meet the requirements in 130 CMR 429.440.

Steward suggests that DPH require mental health outreach programs to accept Medicaid patients and that the clinics, at a minimum and assuming patient consent, coordinate with the patient’s primary care provider to the maximum extent possible. If the patient does not have a primary care provider then the Mental Health Outreach Program should work with the patient to assist them in finding a local primary source of care.

Thank you for the opportunity to comment on the proposed regulations. 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