October 28, 2016

Monica Bharel, MD, MPH, Commissioner

Massachusetts Department of Public Health

250 Washington Street

Boston, MA 02108-4619

 Re: Proposed Amendments to Hospital Licensure Regulations

Dear Commissioner Bharel:

Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, and Baystate Noble Hospital (collectively, “the Baystate Hospitals”) are hospitals licensed by the Commonwealth of Massachusetts Department of Public Health (“DPH”) and affiliates of the Baystate Health integrated health system, headquartered in Springfield, Massachusetts and serving Western Massachusetts and Connecticut. I am writing to submit comments on behalf of the Baystate Hospitals on the proposed amendments to DPH’s hospital licensure regulations.

We have read and support the comments of the Massachusetts Health & Hospitals Association (“MHA”) on the proposed amendments.

With regard to the section of the regulations concerning Standards for the Operation of Invasive Cardiovascular Services (105 CMR 130.900-130.982), we share and reiterate the concerns expressed by MHA in its comments. Specifically, the provider community and DPH staff have invested significant time and effort to develop appropriate clinical and operational guidance regarding the licensure requirements for hospitals. We believe it is important that DPH continue to elicit clinical expertise and guidance from the provider community concerning this critical service, in the form of the Invasive Cardiac Services Advisory Committee (“ICSAC”). We agree that the ICSAC’s input to establish standard workload minimums and to determine whether additional cardiac surgery and PCI services is essential to maintaining the safety and quality of these services and is in the best interests of patients in the Commonwealth, and that the ICSAC should be convened and its guidance solicited prior to the regulations being finalized. Alternatively, DPH should adhere to its recent guidance concerning invasive cardiac services, including the Circular Letter of July 14, 2014, DHCQ 14-617, as well as the Primary Percutaneous Coronary Intervention (PPCI) Project Guidelines (approved by the ICSAC 9/14/14), until such time as DPH updates its policies concerning invasive cardiac services in consultation with the ICSAC. We are concerned that to not maintain these policies, while removing underlying regulations, could jeopardize the quality of cardiac care for the citizens of the Commonwealth.

We appreciate the opportunity to submit comments on the proposed amendments.

Sincerely,

Nancy Shendell-Falik, RN, MA

President, Baystate Medical Center

Senior Vice President of Hospital Operations, Baystate Health