



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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BY EMAIL ONLY

**Re: Essential Services Finding**  
**Facility:** HealthAlliance – Clinton Hospital, Leominster Campus  
**Services:** Maternity Inpatient Services  
**Ref. #:** VWPE-012

Dear Attorney Levine:

On July 24, 2023, the Department of Public Health (the "Department") held a public hearing in response to UMass Memorial HealthAlliance-Clinton Hospital, Inc.'s notice regarding the proposed plans to discontinue Maternity Inpatient Services at its Leominster Campus (the "Hospital") in Leominster, MA, effective September 23, 2023. This includes nineteen (19) licensed antepartum, labor and delivery, and postpartum beds, twenty-one (21) well-infant nursery beds and an operating room. 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 assuring access to maternity inpatient services for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days after receipt of this letter. The Hospital's plan must include the elements specified in 105 CMR 130.122(F) as listed below:

- (1) Information on utilization of the services prior to proposed closure;
- (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;
  - (c) Type of medical diagnoses accepted; and
  - (d) Adequacy of space and resources at the alternative sites.
- (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; 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.

In addition to the specific elements listed above, 10 CMR 130.122(F) requires the submitted plan describe how the Hospital will assure access to the necessary service. Pursuant to the regulation and in light of the Department's review of written and oral public comments submitted to the Department at the hearing on July 24, 2023, on the proposed closure, the Department has determined the plan must also address the following:

- (1) **Transportation:** The required plan must address publicly presented concerns regarding the availability of public transit, the expense of ambulances, the effects of winter weather, and the ability of patients without means for private transportation to have access to prenatal care and hospital care for labor and delivery after the elimination of inpatient maternity services at the Hospital. In addition to addressing the above publicly presented concerns, the required plan must also include information on how the Hospital will, after the elimination of services, account for residents in the Hospital's service area whose preferred language is not English and require interpreter services to utilize alternative means of transportation.

- (2) **Transportation Times:** Based on the concern expressed regarding transportation times to alternate care facilities outside of the Hospital's service area, the required plan must include information on steps the Hospital will take to mitigate the effect that prolonged transportation times may have on poor outcomes for mothers and babies. Additionally, the plan must include information on how the Hospital will meet the need for enhanced training of first responders and emergency medical service personnel to address the potential for more out of hospital deliveries during transit.
- (3) **Ambulance Service Availability:** Based on the concern expressed regarding the effect the closure of inpatient maternity services will have on local ambulance services with a limited number of ambulances available to dispatch, the required plan must include information on steps taken by the Hospital to reach out to those towns whose ambulance services will experience longer transport times to discuss the impact of the closure, and measures the Hospital will take to mitigate transport times to alternative care sites and the return of ambulances to service in their towns of origin, and how the Hospital will monitor and work to mitigate the impact on local ambulance services upon the service being discontinued.
- (4) **Medical Control:** Based on the concern expressed regarding the ability to provide safe care during the transfer of pregnant or laboring persons using emergency medical services, the required plan must include a plan for the affiliate hospital medical director to audit and provide feedback to the ambulance services for 100% of the runs where a pregnant person is transferred.
- (5) **Transfer During Labor:** Based on the concern expressed regarding limitations on transferring a woman in active labor, the required plan must include information on how the Hospital will ensure compliance with applicable EMTALA regulations.
- (6) **Emergency Department Volume:** Based on the concern expressed regarding the effect the closure of inpatient maternity services at the Hospital will have on Emergency Departments at alternative care sites, the required plan must include information on current utilization at the Hospital's Emergency Department and the capacity of the Emergency Departments at alternative care sites to handle the additional volume of prenatal patients presenting for emergent care.
- (7) **Cultural and Linguistic Needs:** Based on the concern expressed regarding potential language barriers at other care sites, the required plan must include information regarding the Hospital's plans to ensure the health needs of culturally and linguistically diverse patients and communities of color will be met when referring them to alternate facilities.
- (8) **Equity & Inclusion:** Based on testimony submitted to the Department and presented at the hearing on July 24, 2023, concern was expressed regarding the closure of inpatient maternity services at the Hospital having a disproportionate effect on marginalized communities, including but not limited to rural communities, Black communities, and Hispanic/Latino communities. The required plan must

specifically address the issues raised and include details on what will be done to ensure transition plans are in place for marginalized patients. Additionally, the plan must include details on what will be done to ensure marginalized communities are aware of, and have access to, social support services in their area.

- (9) **Engagement with Community Groups:** Based on the concern expressed that the Hospital failed to appropriately communicate with the local community to assess the impact of eliminating these services on patients and families in need, and possible alternatives to the elimination of inpatient maternity services at UMass Memorial HealthAlliance – Clinton Hospital, the required plan must address (1) how the Hospital intends to initiate ongoing engagement with the local community to ensure they are aware of the impact of the discontinuance of these services, (2) solicit their input on the development and implementation of a plan to ensure access in the future, and (3) provide ongoing updates on available services, transportation options, and other pertinent updates based on the impact of the closure.
- (10) **Continuing Cutbacks:** Based on the concern expressed regarding continuing elimination of care and reduction in services at the Hospital, the required plan must include specific details on continued access to the remaining services at UMass Memorial HealthAlliance – Clinton Hospital. Specifically, the Department requests assurances the Hospital will maintain clinical space in Leominster for patients to receive prenatal and postpartum care.
- (11) **OB/GYN Physicians:** Based on the concern expressed regarding the availability of obstetric and gynecologic physicians, nurse practitioners, and certified nurse midwives at the Hospital as a result of discontinuing Maternity Inpatient Services, the required plan must include information on how the Hospital will ensure continued access to routine, preventative, diagnostic and interventional gynecologic care for patients.
- (12) **Staffing:** Based on the concern expressed regarding measures taken by the Hospital to adequately staff inpatient maternity services, the required plan must include specific information on the steps taken by the Hospital to recruit staff leading up to the decision to close inpatient maternity services, and how the Hospital will ensure sufficient staffing remains available until the service closure date of September 23, 2023 provided in the Hospital's June 26, 2023 letter to the Department. Additionally, the plan must include how the Hospital will evaluate competency of staff expected to remain with the Hospital after the proposed closure of the services; the ability of remaining staff to meet the needs of patients who present at the Hospital in labor or in need of care to address pregnancy or postpartum related issues; and what will be on to ensure trained and competent staff will be available at all times to respond to the needs of such patients in the future.
- (13) **Alternative Solutions:** Based on comments submitted, by local officials and members of the legislative delegation, interest was expressed regarding the

potential for an alternative to closing inpatient maternity services at the Hospital to ensure continuing access to care for pregnant persons. The required plan must detail the alternative solutions that were considered prior to the decision to close services and include information on why the Hospital determined these alternatives would not succeed. Additionally, the Department requests information on what resources are needed to maintain the inpatient maternal newborn services and avoid closure.

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 Maternity Inpatient Services at HealthAlliance – Clinton Hospital, Leominster Campus.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Step Davis". The signature is fluid and cursive, with the first name "Step" and last name "Davis" clearly distinguishable.

Stephen Davis  
Division Director

cc: E. Kelley, DPH  
J. Bernice, DPH  
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