



Programs & Services Committee Agenda

City of Newton In City Council

Wednesday, April 22, 2026

7 PM
Room 211

The Programs & Services Committee will hold this meeting as a hybrid meeting on Wednesday, April 22, 2026 at 7 PM that the public may access in-person or virtually via Zoom. To attend this meeting via Zoom use this link: <https://newtonma-gov.zoom.us/j/83665055703> or call 1-646-558-8656 and use the following Meeting ID: 836 6505 5703.

Items Scheduled for Discussion:

- #26-26** **Requesting discussion and possible amendments on notification process for Tree Permit applications**
COUNCILORS MALAKIE, WRIGHT, BLOCK, FARRELL, LUCAS, OLIVER, LEARY AND GETZ requesting revision and amendments to Chapter 21 Article 3 Trees to apply abutter notification requirements to all permits and require notifications use a template provided by the Tree Warden that includes an explanation of the Tree Save Area and the right of abutters to have their trees protected.
- Action:** **Programs & Services Held 8-0 on 01/21/26**
- #109-26** **Requesting Resolution to endorse bills supporting access to primary care**
COUNCILORS LEARY, MICLEY, GREENBERG, FARRELL, and DAHMUBED requesting a Resolution to endorse H.2537, An Act relative to primary care access, S.867 An Act relative to primary care for you, and H.1370 An Act relative to Massachusetts primary care for you. The goal would be to improve investment and access to primary care and address rising, unsustainable health care costs (180 Days: 09/12/26).

Respectfully Submitted,
Josh Krintzman, Chair

The location of this meeting is accessible, and reasonable accommodation will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator at least two business days in advance of the meeting: ADACoordinator@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711

#26-26 amendments on notification process for Tree Permit applications

Sec. 21-81. Definitions.

Abutter Notice Letter: A letter, in a form provided by the Tree Warden, which includes the following: (1) an explanation of why the notice is being sent; (2) how to obtain more information about the Tree Preservation ordinance; (3) an explanation of the permit applicant's responsibility to submit and adhere to a Tree Protection Plan that includes Protected Trees on adjacent properties if construction or tree removal activity takes place within their Tree Save Area, (4) how to obtain more information about the Tree Permit for which an application is being filed.

Sec. 21-83. Permit application.

(a) Tree Permit Application

(1) Required Contents: An application for a tree permit shall be submitted to the Tree Warden in the form and manner specified by the Tree Warden and shall include the following:

- (A) A plan showing the shape and dimensions of the parcel of real property, together with the existing and proposed locations of structures and improvements, if any, and showing the limit of work;
- (B) A Tree Plan;
- (C) An affidavit, in a form provided by the Tree Warden, attesting that the applicant provided an *Abutter Notice Letter* ~~notice~~ to the owners of all abutting properties and all properties directly across the right of way prior to submitting the application along with a list of the addresses of all abutters notified; ~~and~~
- (D) *A copy of the Abutter Notice Letter that was provided; and*
- (E) A plan showing the location of existing and proposed underground or overhead utility services, existing and proposed roadways, bikeways, walkways and parking areas.

Scrivener's error correction:

Sec. 21-83. Permit application.

(c) Fee: The application for a tree permit shall be accompanied by a fee in the amount(s) listed below.

(1) The application fee for a tree permit, shall be \$150.

(2) There shall be no application fee for an exemption permit or for a tree permit for the removal of a dead or significantly compromised tree in accordance with section 21-83(e)(4).

A Resolution to endorse H.2537, An Act relative to primary care access, S.867 An Act relative to primary care for you, and H.1370 An Act relative to Massachusetts primary care for you

WHEREAS: One third of the Massachusetts Primary Care workforce is over 60 years old, and primary care clinicians are experiencing high rates of burnout, and primary care clinicians are retiring early, reducing their hours, or are leaving the profession altogether; and

WHEREAS: Inadequate Primary Care capacity contributes to both hospitals and emergency departments being both beyond capacity and understaffed; and

WHEREAS: Our current healthcare systems make accessing healthcare very inconvenient: and

WHEREAS: The cost of health insurance for families and business, as well as the cost of overall healthcare for the Commonwealth of MA, are prohibitively expensive and causing personal bankruptcy and enormous strain on businesses and taxpayers; and

WHEREAS: The high cost of healthcare, including copays and deductibles disincentivizes people from accessing Primary Care and establishing a relationship with a personal physician; and

WHEREAS: We continue to deliver healthcare inequitably and deliver fewer resources to the communities most in need of healthcare resources; and

WHEREAS: The 2021 National Academies of Sciences Engineering and Medicine issued a report in 2021 that declared that Primary Care is the only aspect of health care that delivers both better health and improved health equity; now therefore be it

RESOLVED: That the Newton City Council go on record supporting H.2537 An Act Relative to Primary Care Access legislation that doubles Primary Care Investment in Massachusetts, and increases health equity in the Commonwealth of Massachusetts, as well as S. 86/S.867 An Act Relative to Primary Care for you and be it further

RESOLVED: That a copy of this resolution be forwarded to Governor Maura Healey, Secretary of EOHHS Kiame Mahaniah, Senator Cindy Friedman, Representative John Lawn, Senate President Karen Spilka, and Speaker Ron Mariano.

Links to Health Care Access Bills

The following links will direct you to the State legislature website, where you can find all relevant information on the bills that item #109-26 intends to support, such as: docket language, petitioners, committee votes and motions, committee summaries, and suggested links to similar bills.

1) Bill S.867 - An Act Relative to Primary Care For You

<https://malegislature.gov/Bills/194/S867>

2) Bill H.2537 - An Act Relative to Primary Care Access

<https://malegislature.gov/Bills/194/H2537>

3) Bill H.1370 - An Act Relative to Massachusetts Primary Care for You

<https://malegislature.gov/Bills/194/H1370>



PC4YOU

#109-26

PRIMARY CARE FOR YOU
MASSACHUSETTS

Senate Bill S.750 - An Act Relative to Primary Care for You

PC4You doubles investment in primary care in Massachusetts, transforms the predominant payment model for primary care from fee-for-service to monthly prospective payment, and decreases health inequities to rebuild the foundation of the health care system and improve population health across the Commonwealth.



Better Health for Lower Cost



- **DOUBLE** state investments for Primary Care services
- **NO COPAYS OR DEDUCTIBLES** for Primary Care!

Healthcare for People - **NOT** Profit



Primary Care Transformation

Delivering the Services that Patients Need

Primary Care Practices are incentivized to invest in **THE TRANSFORMERS**



Health Equity

Implementing novel approaches to **DECREASE HEALTH INEQUITIES**

Delivering resources where they are needed most

Primary Care in **EVERY** Neighborhood, in **EVERY** Community

Problems PC4You Will Solve

HEALTH CARE IS WAY TOO EXPENSIVE for families, businesses, and MA

Patients have **INADEQUATE ACCESS TO PRIMARY CARE CARE**

HEALTH INEQUITIES are hurting our most vulnerable patients

PRIMARY CARE CLINICIANS ARE BURNED OUT and leaving medicine

Investing in Primary Care for a Healthier, More Equitable Future #10926

Primary Care Trust

- Government entity collects money from payers, administers monthly payments to Primary Care practices
- Eliminating the administrative burden of multiple payers and reduces overall cost

Double Primary Care Investment

- Double spending on Primary Care over a 3-year period
- Increasing investment from about 7% of total medical spend to about 14%

Prospective Monthly Payment

- Eliminating fee-for-service lets patients & clinicians decide if care is in person, video, phone, text, or at home
- Practices will invest in services that meet the needs of their patients and communities

High-Quality Primary Care

- Rewarding Primary Care quality using metrics that are supported by evidence and that matter to patients

What does PC4You mean for the...

"I don't have to worry how I am going to pay copays & deductibles for my care. I can see my doctor the same day that I am sick!"

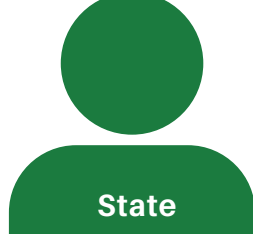
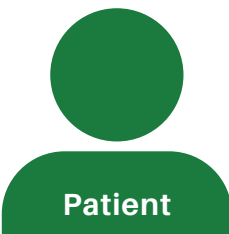
"Now I can lead a team that provides all the care my patients need without worrying if they can afford it and without thinking about how I am reimbursed."

"I will now have more time so I can offer consultations to the right patients in a more timely manner."

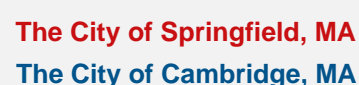
"Our Emergency Department will NOT be overflowing with patients that could be cared for in a Primary Care setting. This will help our staffing crisis in the hospital too."

"PC4You allows the Commonwealth to deliver more equitable care. By investing in Primary Care, we will bring health care costs down, finally!"

"We support doubling investment and prospective monthly payments for Primary Care. Our members will enjoy better health for a lower cost."



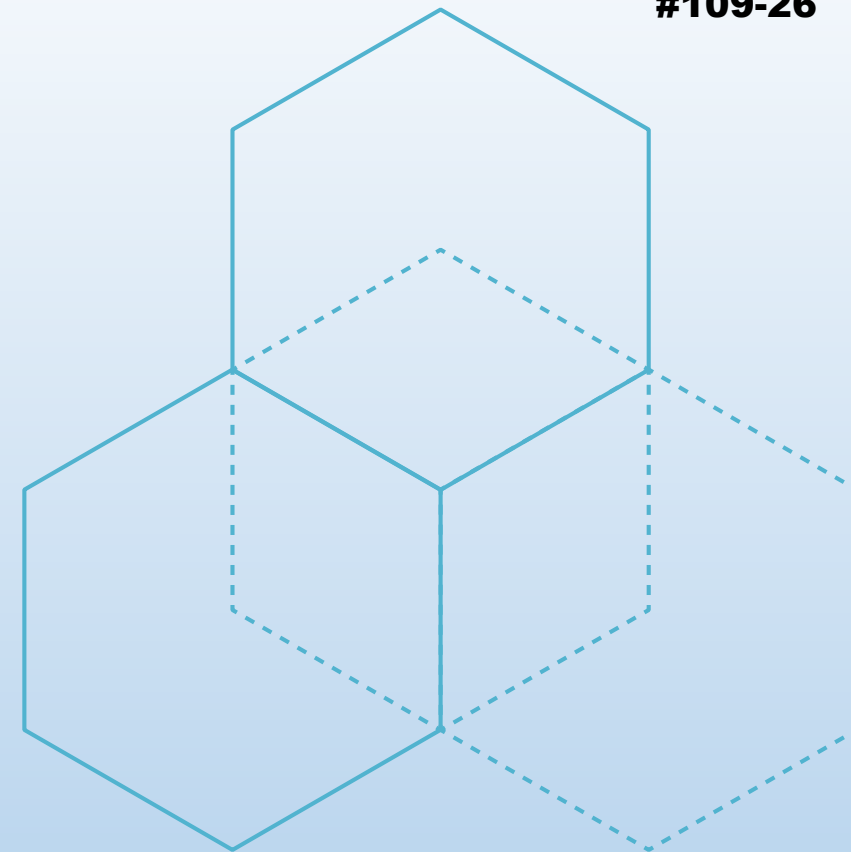
ENDORSEMENTS



Legislative Solutions for the Primary Care Crisis: Rejecting Incrementalism

Massachusetts Primary Care For You

PC4YOU.org



Wayne Altman, MD, FAAFP
Professor & Chair of Family Medicine, Tufts University SOM
Founder, MA Primary Care Alliance for Patients (MAPCAP)
President- Elect, Massachusetts Academy of Family Physicians
President, Family Practice Group, Sagov Center for Family Medicine



The Burning Platform(s)



1. Primary Care **access** is abysmal.
2. The **exorbitant cost of healthcare** is devastating to individuals, families, and businesses ¹
3. **Health Disparities**: life expectancy less than 2 miles away in Boston: 23 year difference
4. The exodus of PCPs to **DPC/Concierge** is following the BH model, furthering inequities ²
5. Inadequate **Primary Care Pipeline** ³

¹ Bodenheimer, 2005

² Shi et al., 2005

³ Bebinger et al., 2020

A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action

A Special Report on Primary Care Workforce, Access, and Spending Trends

January 2025



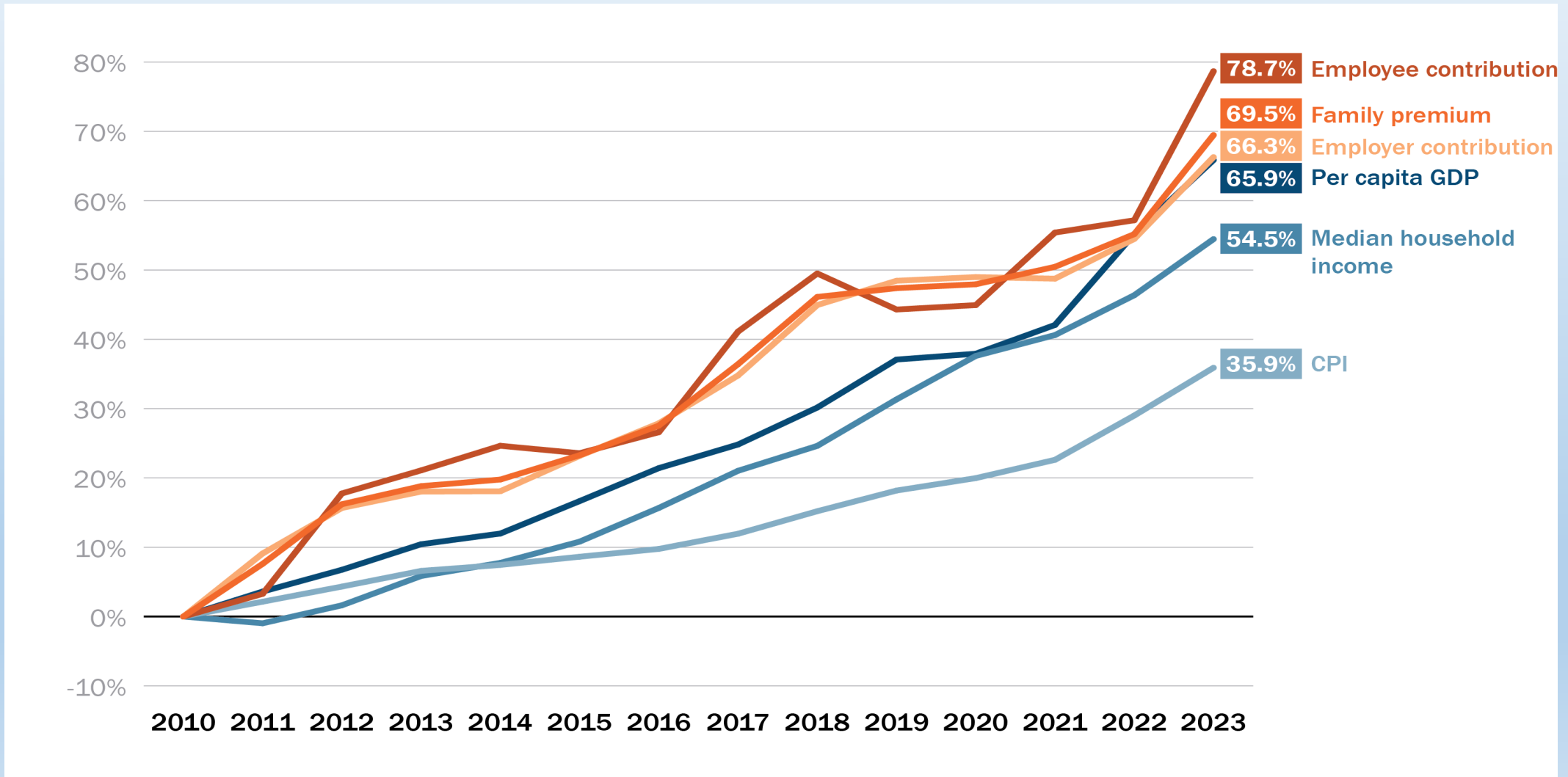
MASSACHUSETTS
HEALTH POLICY COMMISSION

The challenge: In Massachusetts, the growth in health care costs far exceeds increases in income or general inflation, resulting in less affordable and accessible care.

#109-26



Cumulative growth since 2010 of various health care and economic indicators in Massachusetts



Sources: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, American Community Survey, and Bureau of Labor Statistics

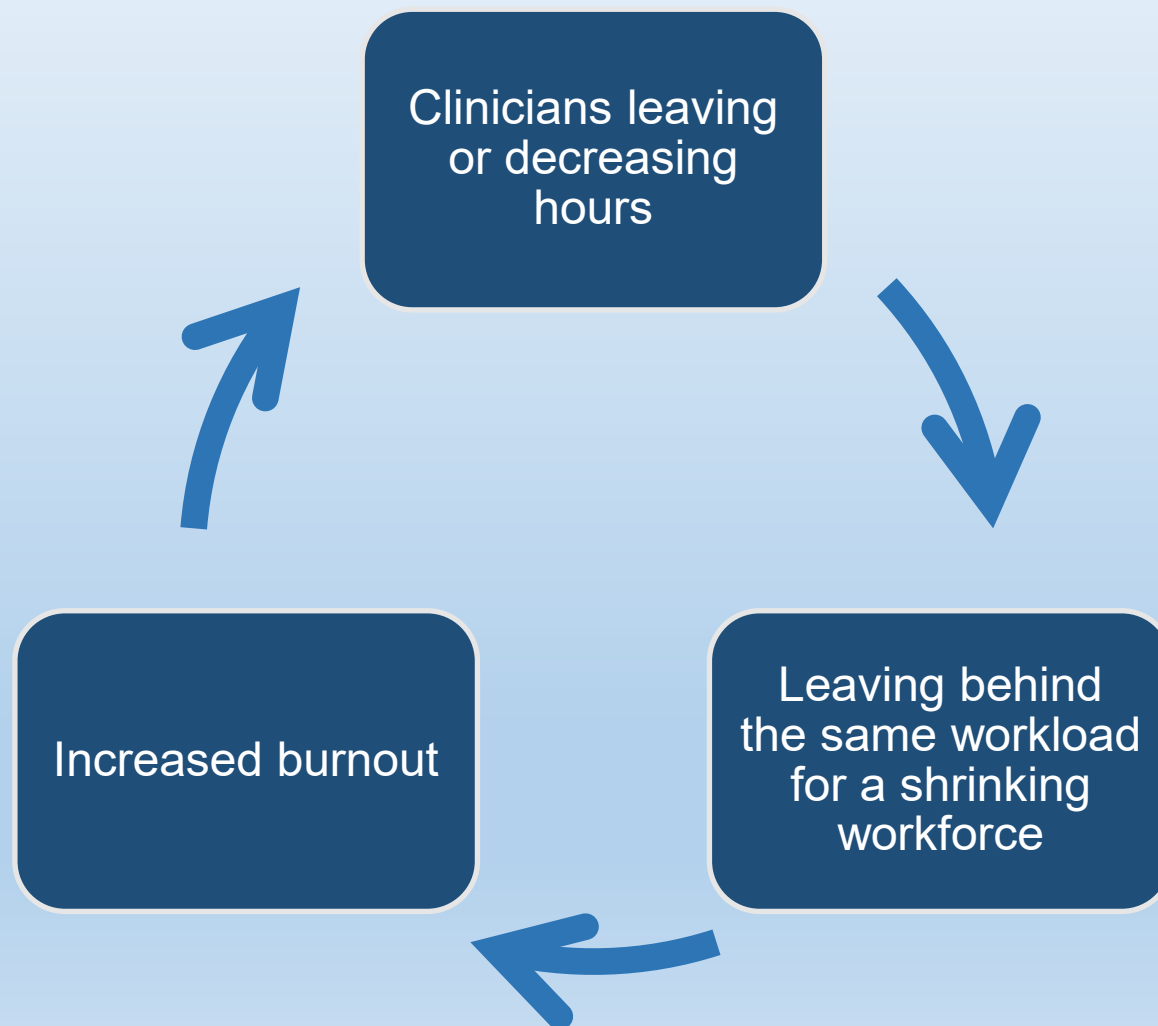
Primary Care Access Crisis

> 1/3 of the MA Primary Care Docs are over 60 ⁵

PCPs are...

- Retiring
- Retiring early
- Leaving the profession
- Decreasing their hours
- Shifting to DPC or Concierge

Primary Care Access Crisis



Primary Care Pipeline

- Match Day 2026: 3.9% of graduating med students chose FM
- Averaging 5% over the last four years

危机

Crisis

Danger

危

Opportunity

机

MA Primary Care for You (PC4YOU)

GOALS

1. Improve Population Health
2. Increase Health Equity
3. Decrease overall cost of healthcare

Primary Care Triple Superpower

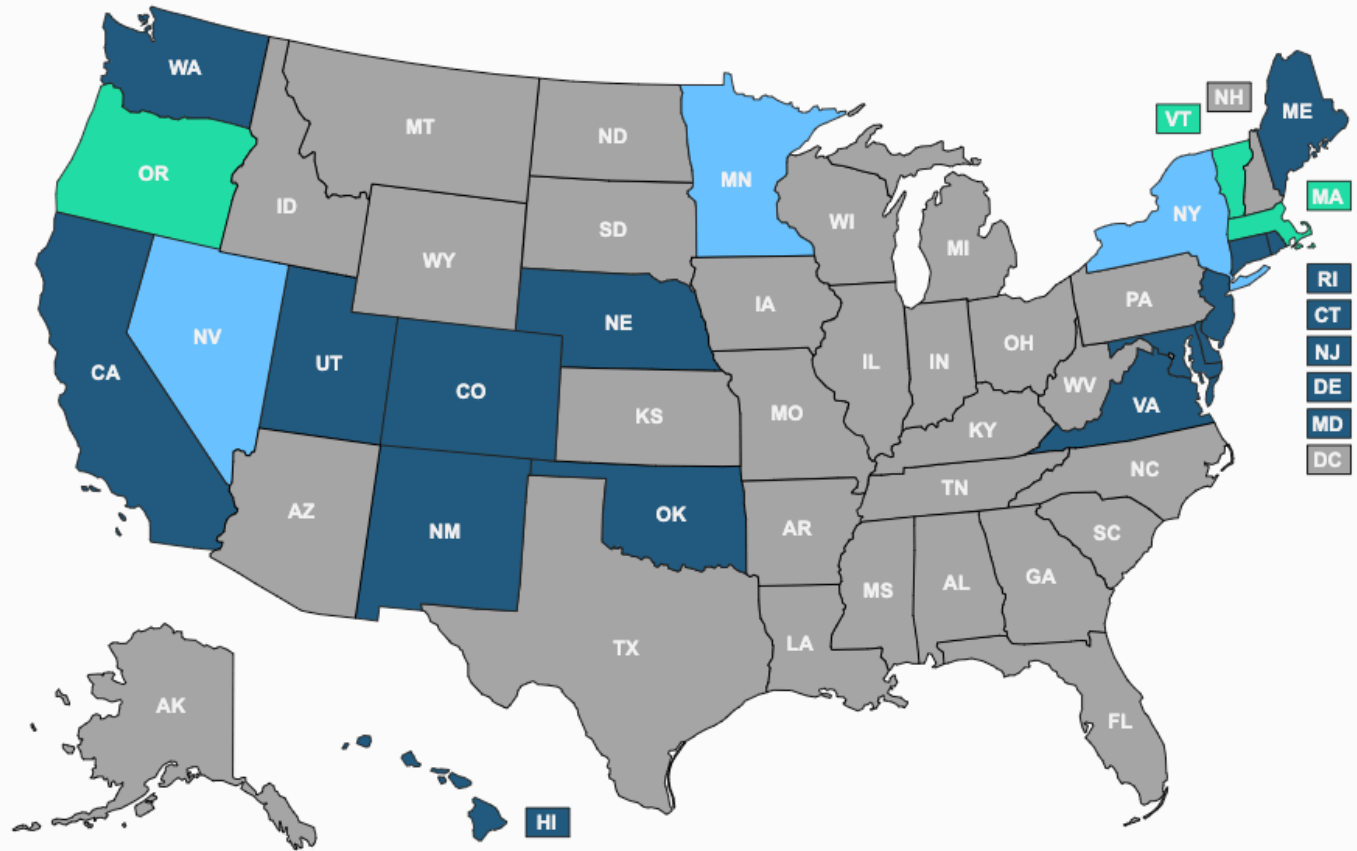
OBJECTIVES

1. Double Primary Care Investment
2. Create a Prospective Monthly Payment for Primary Care, instead of FFS
3. Remove copays and deductibles from PC
4. Financially incentivize PC Transformation
5. Extricate PC from Health Insurance
6. MA Primary Care Task Force

Primary Care Task Force

1. Executive Director of the **MA Health Policy Commission** (Co-chairs Committee)
2. Secretary of **HHS** (Co-chairs Committee) or designee
- 3,4. Chairs of Joint Committees on Healthcare Financing (from the **Senate and House**) or designees
5. Commissioner of Insurance
6. Assistant secretary for **MassHealth** or a designee
7. Executive director of **CHIA** or a designee
8. 1 Member from the Massachusetts Medical Society (**MMS**)
9. 1 member from the MA Primary Care Alliance for Patients (**MAPCAP**)
10. 1 member from the Mass Academy of Family Physicians (**MassAFP**)
11. 1 member from the MA Chapter of the American Academy of Pediatrics (**MC-AAP**)
12. 1 member from the MA Chapter of the American College of Physicians (**MA ACP**)
13. 1 member from the Massachusetts League of **Community Health Centers**
14. 1 member from Health Care For All Massachusetts (**HCFA**)
15. 1 member from Massachusetts Health Quality Partners (**MHQP**)
16. 1 member from Community Care Collaborative (**C3**)
17. 1 member from the Massachusetts Association of **Physician Assistants** (MAPA)
18. 1 member from the Massachusetts Coalition of **Nurse Practitioners** (MCNP)
19. 1 member from the Massachusetts Association of **Health Plans** (MAHP)
20. 1 member from Blue Cross Blue Shield of Massachusetts (**BCBSMA**)
21. 1 member from the Massachusetts Health and **Hospital** Association (MHA)
22. 1 member from Associated **Industries** of Massachusetts (AIM)
23. 1 member from **Retailers** Association of MA (RAM)
24. 1 member from a **rural** health care practice with expertise in primary care
25. 1 member from the MA chapter of the National Association of **Social Work** with expertise in BH in PC setting

State Primary Care Investment Initiatives



 Enacted  Pending  Combination

National Momentum

We are not alone

MA PC4You Primary Care Transformers

| | | | |
|------------------------------|--------------------------------|--------------------------|------------------------|
| Integrated behavioral health | Addiction treatment | Health coaches | Home care |
| Group visits | Population health | Community health workers | Patient advisory group |
| Medical interpreter services | Collaboration with pharmacists | Investments in SDoH | Telehealth |
| Extended availability | Medical scribes | Care management | Advanced Care Planning |
| Oral Health | Hosting Learners | Walk In Availability | Accessibility |



Create a Predictable Prospective Payment Model

Proposed Approach

Monthly Baseline Payment

Based on blend of historical spending per patient and market average



Monthly "Add On" Payment

ADJUSTED FOR

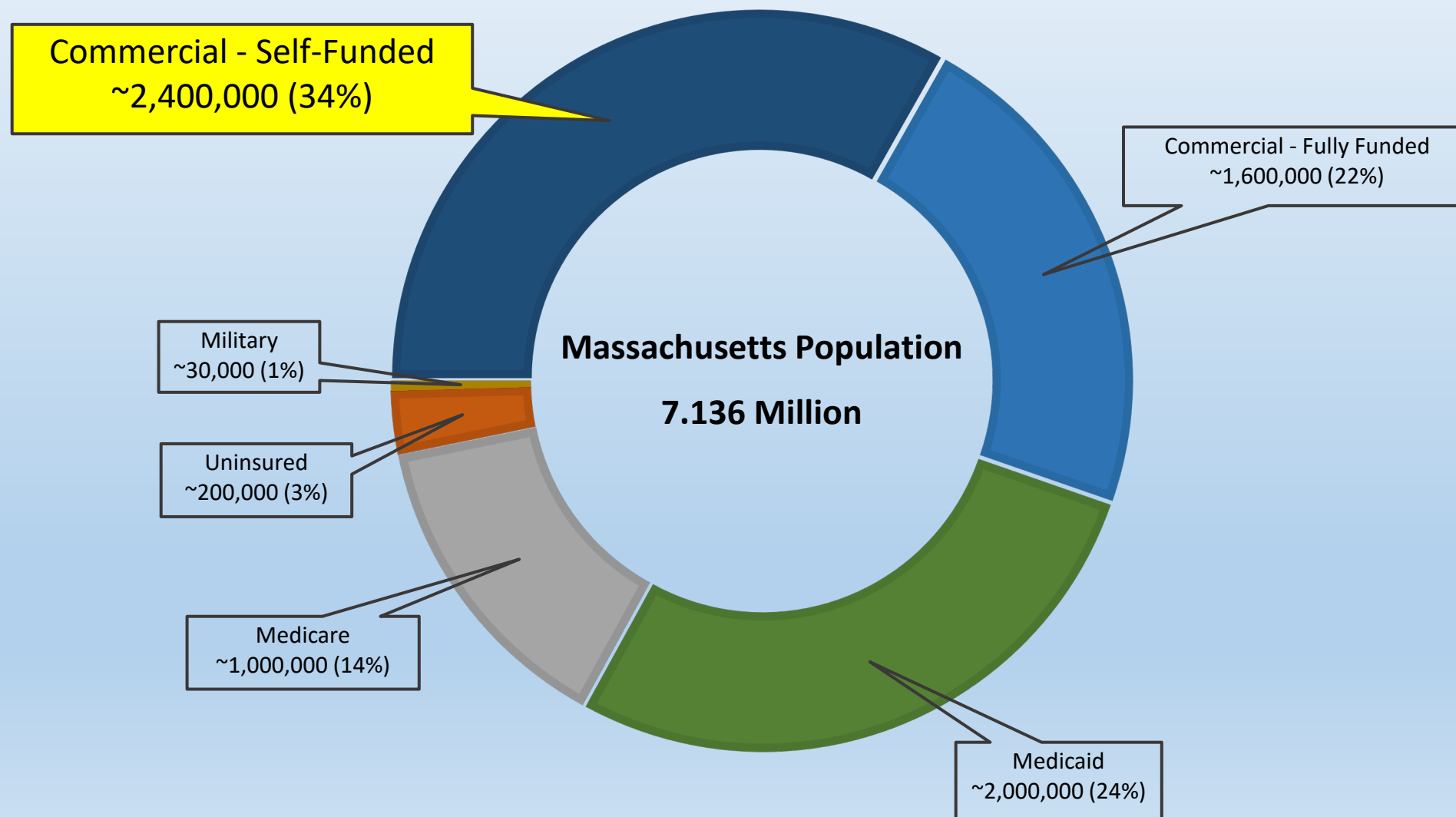
- Transformers Adopted**
- Quality of Care Provided**
- Medical and Social Risk of Patient Panel**



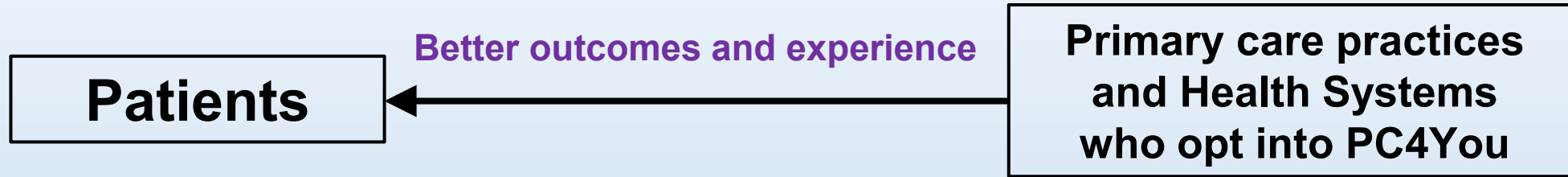
Total Monthly Prospective Payment

Health Insurance Coverage in MA

Data from Kaiser Family Foundation (2023)



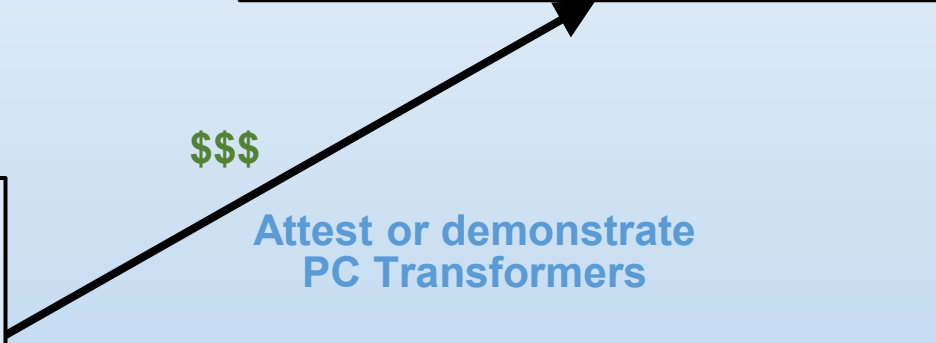
Massachusetts Primary Care Trust (administered by HPC) #109-26



**Massachusetts
Primary Care Stabilization Fund
(Commercial only/Optional)**

\$\$\$ ↑ Assessment

**Commercial insurers
Large Hospital Systems
Pharma
Urgent Care**



Use of assessments does not exclude ERISA plan participation.

Self-insured plans would choose this model as they would not want to pay twice for primary care.

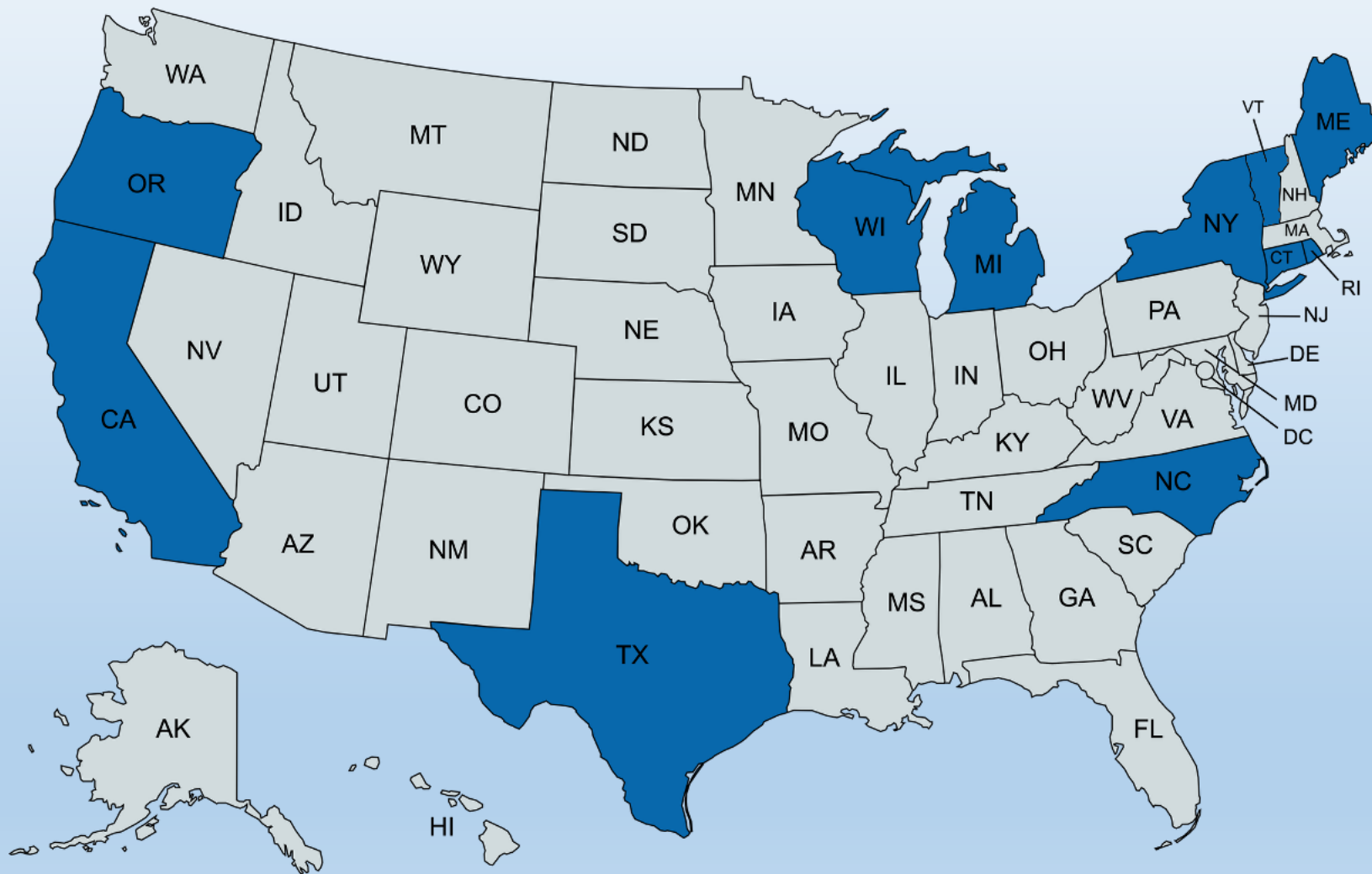
Albert Einstein

“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

Primary Care Health Policy Summit UC Davis October 2024

Fatal flaws with most proposals...
except Massachusetts PC4YOU



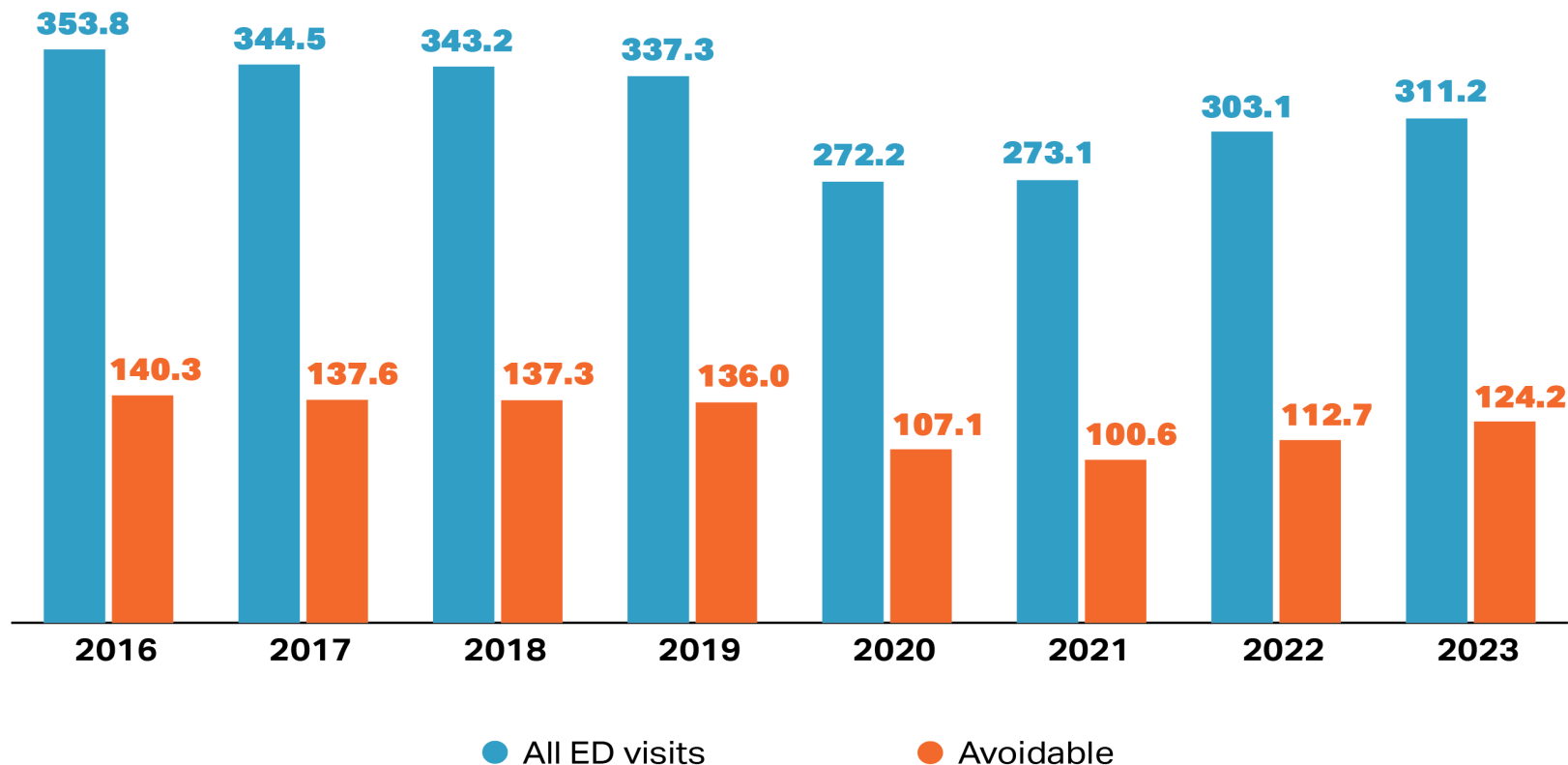


How do we pay for this?



Roughly 40% of emergency department visits continue to be for conditions that could have been treated in a primary care setting or prevented with timely primary care.

All ED visits and potentially avoidable ED visits per 1,000 residents, 2016-2023



➤ A 2023 survey of Massachusetts residents found that of those who had an ED visit for a nonemergency condition, **66.1% sought care in the ED because they were unable to get an appointment at a doctor's office or clinic as soon as needed.**¹

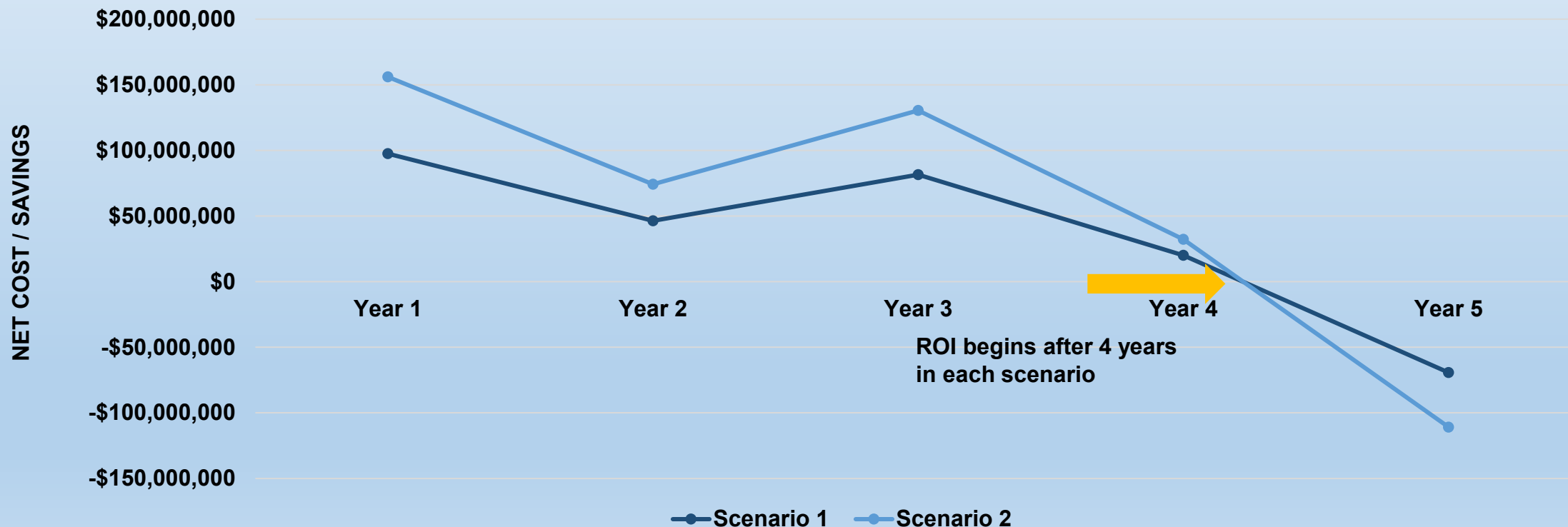
➤ There are **persistent disparities in potentially avoidable ED use.** As of 2023, 47.9% of Black non-Hispanic residents and 51.3% of Hispanic residents reported that their most recent ED visit was for a non-emergency condition, compared to 26.5% of White non-Hispanic residents.²

Notes: 'Avoidable ED visits are based on the Billings algorithm, which classifies an ED visit into the following categories: Emergent - ED care needed and not avoidable; Emergent - ED care needed but avoidable; Emergent - primary care treatable; and Non-emergent - primary care treatable. "Avoidable" is defined here as ED visits that were emergent - primary care treatable or non-emergent - primary care treatable. Behavioral health ED visits were identified based on a principal diagnosis related to mental health and/or substance use disorder using the Clinical Classifications Revised Software (CCSR) diagnostic classifications. To improve classification rate, diagnosis codes unclassified by the Billings algorithm were truncated and shortened codes were re-classified. Please see the technical appendix for additional details.

Sources: 'HPC analysis of Center for Health Information and Analysis Emergency Department Database, CY2016 – 2022; 1 Center for Health Information and Analysis, Findings from the 2023 Massachusetts Health Insurance Survey, 2024.; 2 Center for Health Information and Analysis. Primary Care in Massachusetts Databook. January 2023.

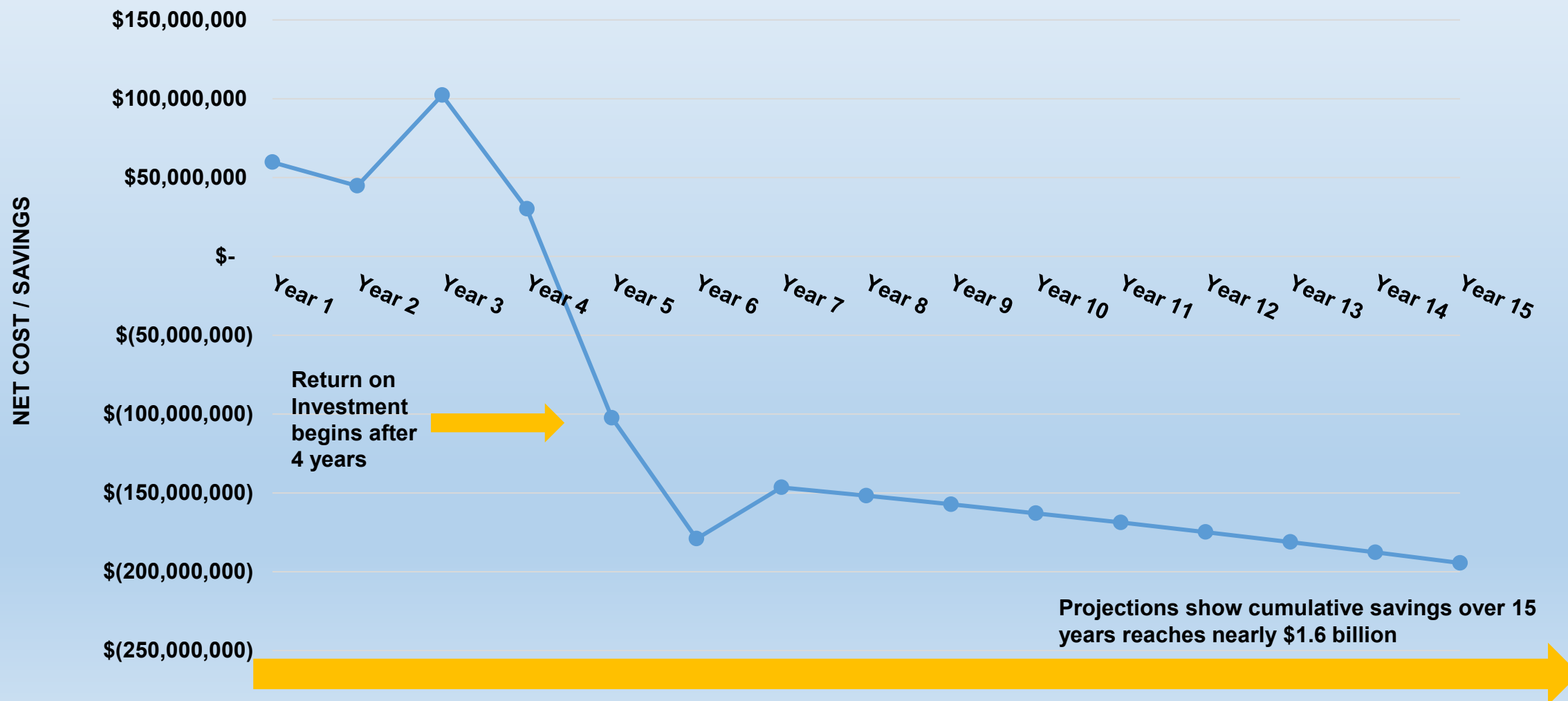
Achieving Return on Investment

Scenario 1 assumes the lowest participation. It had the lowest initial cost but also the lowest ROI. Scenario 2 assumes the highest participation. It had the highest initial cost and the highest ROI.



Projections over the Long Term

The graph below illustrates the assumptions on the previous slides to show what the potential cost savings could look like over 15 years.



30 Endorsements

- Massachusetts Medical Society (MMS)
- UMASS Memorial Health Care
- Mass League of Community Health Centers
- Community Care Cooperative (C3)
- American Academy of Family Physicians (AAFP)
- Mass Academy of Family Physicians (MassAFP)
- MA Chapter American Academy of Pediatrics (MC-AAP)
- MA Chapter American College of Physicians (MA ACP)
- Society of General Internal Medicine (SGIM)
- The Arc of Massachusetts
- Easter Seals of Massachusetts
- MA Society of Addiction Medicine (MASAM)
- NEMA (New England Medical Association)
- AFT Massachusetts (Teachers Union)
- Moms Rising
- Families USA
- Inst. for Healthcare Improvement (IHI)
- MA Assoc. for Mental Health (MAMH)
- Health Care For All (HCFA)
- MA Association of PAs (MAPA)
- MA Coalition of NPs (MCNP)
- Doctors Council: MGB PCP Union
- Committee of Interns and Residents
- Ask Nurses and Doctors (AND)
- Boston Community Pediatrics
- My Brothers Keeper (MBK) Cambridge
- Boston Public Health Commission
- Worcester Board of Health
- The City of Springfield, MA
- The City of Cambridge, MA

In her January 2025 state of the Commonwealth address, Governor Maura Healey called for reforms to strengthen primary care in Massachusetts.



Patients are **paying more** than ever for **premiums** and **out-of-pocket costs**. Often, it's hard just to get an appointment. It's really frustrating. It's also unacceptable. It has to change.

I am directing my Administration to **shift health care resources** to the front lines. And by that, I mean **primary care**.

We'll drive career training pipelines to **grow the workforce**. I want a whole army of **primary care providers** out there, so when you call for an appointment, you'll get one. You'll get the **affordable care** you need, where and when you need it.”

—Governor Maura Healey

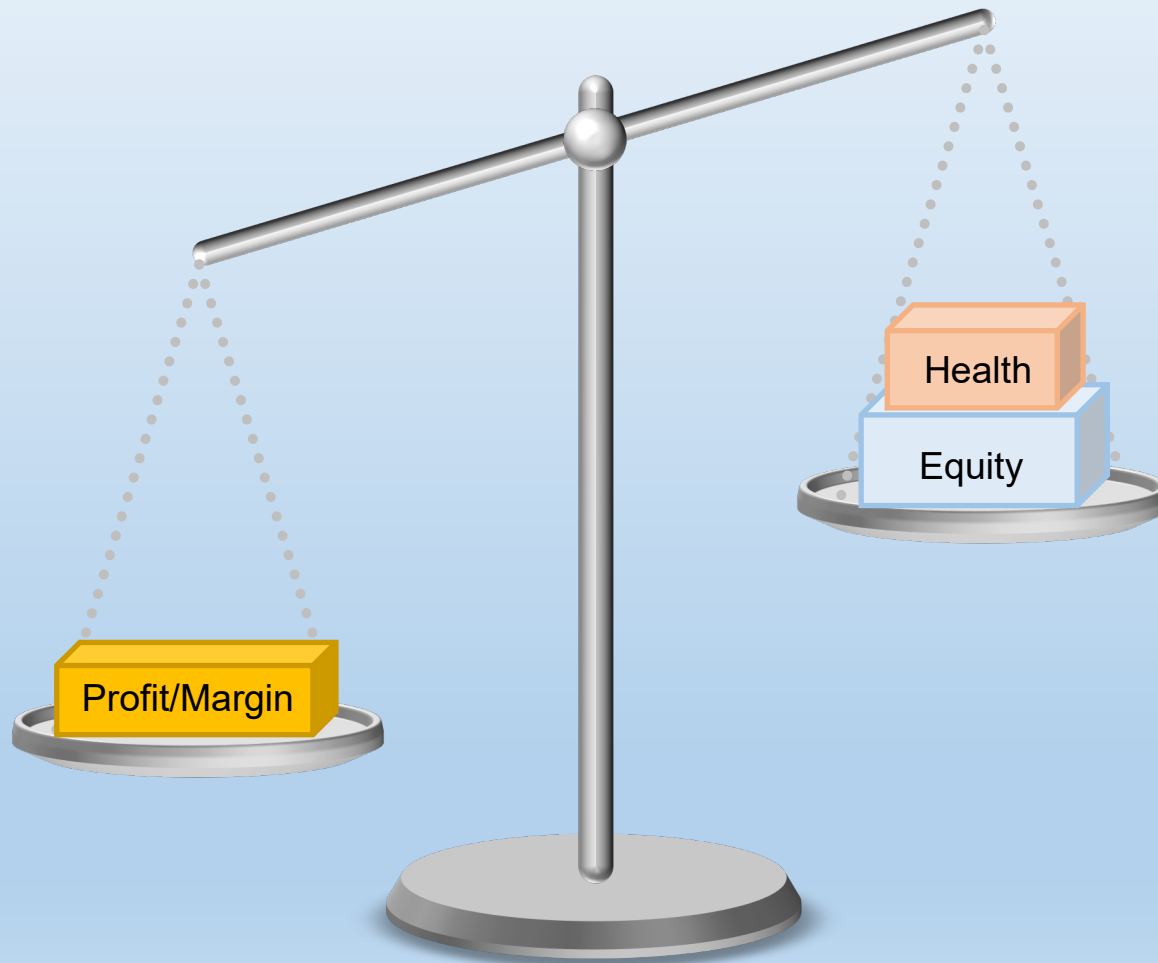
3 Primary Care Bills

All imperfect and incomplete

- H.1370 Representative Haggerty: PCSF
- S.867 Senator Friedman: CHCs and BH
- H.2537 Representative Schwartz: Medicaid GME

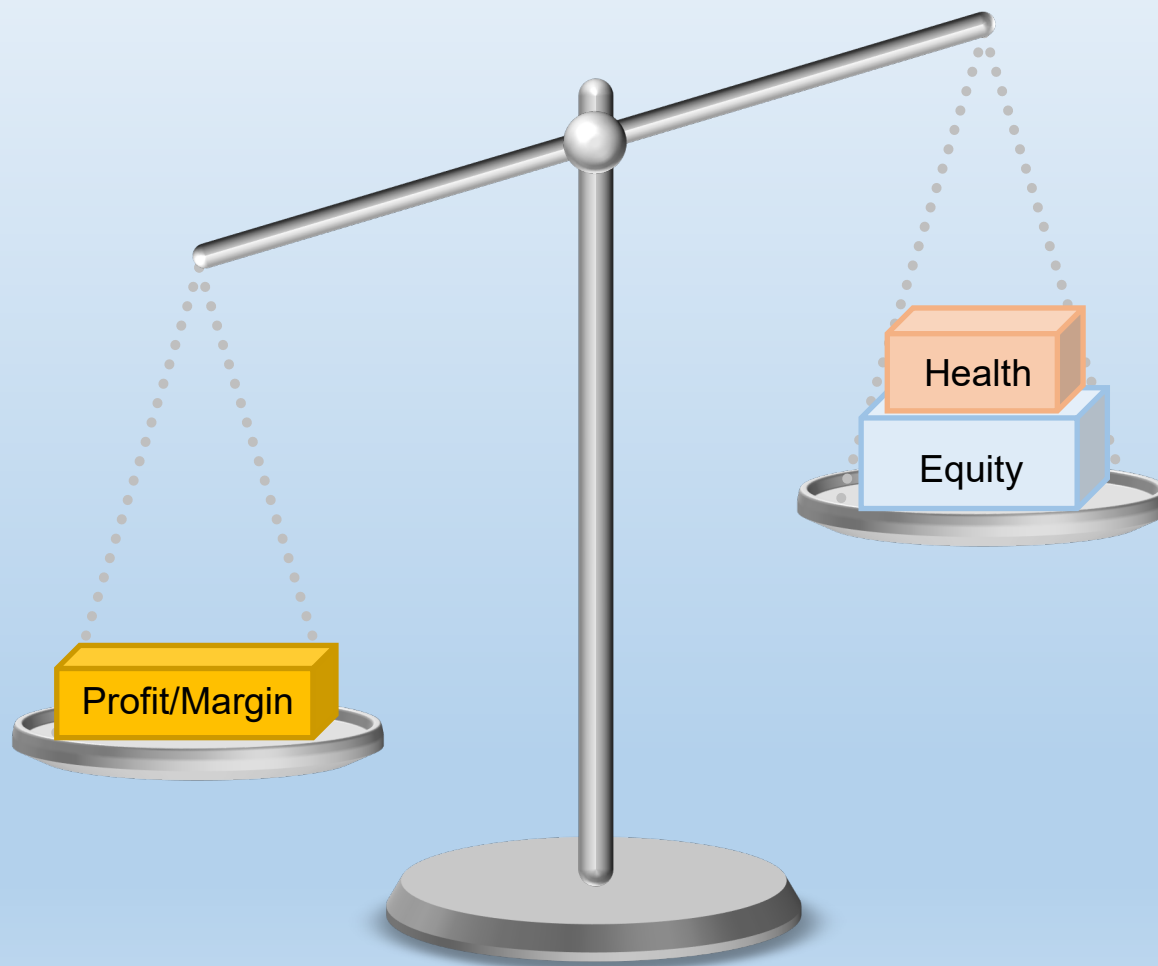
Current System

PGAYou



Current System

PC4You



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#109-26

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Questions?

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