

Minutes from the Health Information and Analysis Oversight Council Meeting June 17, 2026

Council members present: Mr. Brent Benson; Ms. Cara Libman, designee of Commissioner Mike Caljouw, Division of Insurance; Mr. Lou Chitkushev; Ms. Fay Donohue; Ms. Victoria Gudaitis, designee of Secretary Matthew Gorzkowicz, Executive Office for Administration and Finance; Ms. Eliza Lake, designee of Secretary Kiame Mahaniah, Executive Office of Health and Human Services; Ms. Adrianna McIntyre; Mr. Alan Sager; Ms. Lois Johnson, designee of Executive Director David Seltz, Health Policy Commission; Ms. Amie Shei; and Ms. Jean Yang.

Ms. Donohue called the meeting to order at 2:01 p.m.

I. Approval of Prior Meeting Minutes [VOTE]

Ms. Donohue opened the meeting by acknowledging that this was Mr. Andrew Jackmauh's first meeting as CHIA's executive director.

She then called for an approval of the March 25, 2026, meeting minutes. Mr. Sager asked for clarification on the status of the action item related to website tracking which was briefly discussed. Ms. Libman asked for an amendment to the meeting minutes to correct what authority the Division of Insurance has over self-insured plans related to pharmacy benefit manager (PBM) data collection.

Council members then took a roll call vote to approve the minutes. Council members voted to approve the revised minutes, with Ms. Yang abstaining.

II. Election of Officers [VOTE]

Next Ms. Donohue explained that once a year the Oversight Council must elect a chair and vice chair, who will serve one-year terms effective immediately. Ms. Donohue and Ms. Lake were each nominated to hold the positions of chair and vice chair again, respectively, and were unanimously approved.

III. Executive Director's Report

Mr. Jackmauh then began his executive director's report. He explained that when he was interviewing for the role of executive director, the appointing authorities requested he share his thoughts on what CHIA's priorities should be for the first 6 months. Mr. Jackmauh thought it would be valuable for the Council to hear what he was envisioning. First, he shared a non-exhaustive list of CHIA's workload, including data collections, publications, and cross-agency support. Mr. Jackmauh then walked Council members through his 3 main priorities: secure and streamlined data operations, trusted partnerships and engagement, and focused, forward-looking analytics. After explaining his thoughts on each item, Council members discussed these goals. Ms. Yang asked if artificial intelligence (AI) could be used by CHIA to assist with its data analytics. Mr. Jackmauh answered that CHIA is still exploring how best to utilize AI in its work, but noted that CHIA's reputation relies on trustworthiness, so the agency needs to explore its usage in a way that does not erode the integrity of the analysis. Council members also discussed the role of the Healey/Driscoll Administration's Health Care Affordability Working Group, the Legislature, and other groups, in shaping CHIA's identification of emerging issues. Mr. Jackmauh and the Council agreed that CHIA does not work in isolation, and its analytic priorities will often be shaped by externalities.

Next, Mr. Jackmauh proceeded to provide an update on the current legislative session, noting that CHIA or Chapter 12C is referenced in over 100 bills that are pending before the Legislature. He explained that the legislation is largely grouped into the areas of primary care, health care workforce, pharmacy benefit

management, and the closure of hospitals. Ms. Libman asked if there is any AI-related legislation pending before the Legislature that involves CHIA. Mr. Jackmauh answered that he did not think so, but CHIA would confirm. Mr. Sager raised the issue of CHIA's role in identifying financially distressed hospitals in Massachusetts. Council members discussed and briefly walked through the concerns around CHIA performing such work. Ms. Donohue asked that fuller legislative updates continue to be shared in each meeting.

Next, he shared a brief update on the developments of the FY 2027 budget and CHIA's recent collection of PBM data. Mr. Sager clarified how PBMs determine which formularies to submit to CHIA. Ms. Caitlin Sullivan, Deputy Executive Director of Health Informatics and Reporting, answered that CHIA asked PBMs to submit the most common formularies and then attribute how many members they apply to. After the first year of data collection, CHIA can refine the data collection requirements as needed. Ms. McIntyre asked if CHIA is only requiring formulary data from PBMs covering Massachusetts residents with private insurance, and Ms. Sullivan answered yes. In concluding the executive director's report, Mr. Jackmauh briefly updated Council members on recent CHIA publications focusing on primary care and behavioral health.

IV. CHIA Agency Website Redesign

Next on the agenda was an overview of CHIA's agency website redesign. Ms. Lani Harac, Director of Communications and Content Strategy, was introduced to the Council and provided an overview of CHIA's efforts to design and launch its agency website. She briefly walked through various screenshots of how the website will look and explained the goals CHIA was hoping to achieve. Ms. Shei asked if the website would be available in languages other than English. Ms. Harac answered that translation was not available yet but that CHIA could explore that option going forward. Mr. Benson asked if the website met accessibility standards, which Ms. Harac shared that it does. Mr. Sager inquired about a particular section of the website and what data related to access issues would be included. Ms. Harac answered that the organization of the website content is still driven by CHIA's analytic teams and agency reporting but that the goal is to make the website easier to navigate. Council members were supportive of the plan and thanked CHIA for engaging with stakeholders on how it would look and function.

V. Strategic Discussion of CHIA's Work

The final item on the agenda was a detailed strategic discussion of CHIA's work. Mr. Jackmauh explained to Council members that this would be the first of many conversations, and that a more specific timeline would be developed and shared later. He first provided some background on CHIA's current strategic plan, noting that it was developed in 2023 as part of a 3-year framework. Given that 3 years have passed and there is new leadership at CHIA it was a natural time to establish priorities for the next phase.

Mr. Jackmauh shared a brief overview of the current strategic plan, which includes CHIA's mission statement as well as listed agency values, priority areas, and goals. Council members robustly discussed and debated whether the priority areas and goals were still relevant to the Massachusetts health care landscape and if any changes were needed. Mr. Sager proposed that CHIA include the concepts of equity, affordability, and transparency in its strategic plan. Ms. Lake discussed the nuance of including "equitable" in the mission statement as well as part of CHIA's priority areas, given that as a concept it is embedded in all areas. Ms. Shei added that equity needs to be used as cross-cutting concept not just an item in its own category. The linkages between affordability and equity were also discussed. Mr. Sager noted that equitable health care access cannot be attained without affordability and that equity and affordability are inextricably linked. Ms. Lake also argued that access and affordability should be separate items in CHIA's listed goals. Mr. Sager suggested, with Ms. Shei's agreement, that equity and affordability should be reflected in CHIA's mission statement. To help guide the discussion, Mr. Jackmauh proposed

that Council members think through challenges that the health care system could face in the future to brainstorm the types of data or information that may be needed to address those situations.

The Council walked through a large variety of challenges that could face the greater health care landscape and what role CHIA could possibly play in assisting policymakers, especially around data or information needs.

Council members discussed how often the stated problems around affordability, access, and cost were tied together. Mr. Sager noted that any shift that moved a provider from primary care, such as retirement or location change can impact thousands of patients who need care. The estimated 300,000 individuals who are expected to lose health care could be joined by thousands of individuals who are under-insured or cannot find a provider. Additionally, the health care system has relied on more money to function, but international challenges, economic recessions, among other issues could lead to downstream effects across the health care system. Specifically, CHIA could develop methods to track revenue by payer and subsequent spending to know more about what might be vital in guiding emergency responses in event of a crisis. The Council noted the merits of looking far in the future on what may occur in addition to events that are immediately imminent. Ms. Shei added that collecting more rural health data would be valuable. Council members also pushed for collecting data around hospital services that are cut or diminished in addition to data around full hospital closures, which would be indicative of financial instability. Ms. Yang pointed out the value in studying how less wealthy countries manage their health care systems, in order to develop better methods around avoiding duplication and provide better system coordination. Mr. Sager added 3 items that he thought would be valuable, including evaluating long term care, especially with the closure of more nursing homes; spending waste in the health care system; and the fact that the United States has extreme income inequality so how will the system provide for those unable to pay. Ms. McIntyre also brought up AI, and the impact its use will have on rising health care costs.

The discussion then circled back to CHIA's strategic plan and mission statement, considering identified policy challenges and impending data needs. Ms. Donohue suggested that CHIA rework its mission statement to make it more concise and include affordability. In concluding the discussion, Mr. Jackmauh stated that the goal is to create a strategic plan that can be flexible enough to adjust if the need arises. CHIA will continue to brainstorm ideas and will share additional thoughts and next steps with Council members at a future meeting.

Ms. Donohue concluded the meeting by noting that updates on dental claims data collection and analysis will be shared at the next meeting, and thanked Mr. Jackmauh for providing a fuller legislative update. She also noted that increased discussion around the role of artificial intelligence in health care and at CHIA would be useful.

VI. Closing

With no other business to discuss, the meeting concluded at 3:57 p.m.