

Policy and Regulation

Center for Healthcare Economics and Policy

The pace of change in healthcare is unlike that of any other industry. Policies and regulations are constantly being proposed, implemented, and later amended to address issues of access, cost and quality. The Center for Healthcare Economics and Policy brings experience and expertise to estimate the impacts of current policy and proposed changes on a complex and evolving healthcare system. Our team provides comprehensive analyses of proposed expansions and transactions in regulatory review processes, assessing the current and future impact on patient choice, access, pricing, and competitiveness.

Our Services

The Center's Policy and Regulation work spans proposed policies and regulations in the US and internationally. The Center's economists use an integrated approach that combines detailed qualitative knowledge of policy context and advanced modeling techniques to estimate **quantitative impacts of proposed changes in policy**.

Our capabilities include advanced predictive modeling to evaluate current and future outcomes and sustainability of the system.

The Center's **comprehensive economic assessments** analyze potential acquisitions, transactions and proposed major investments across the healthcare delivery spectrum. Our economic analyses in Certificate of Public Advantage and other regulatory processes include detailed evaluation of a proposed transaction and its impact including proposed conditions or regulation of pricing, investments, or contracting.

Our approaches examine both intended and unintended consequences of policy and regulatory changes to provide comprehensive insights for decision-makers.

Our team has evaluated proposed or actual regulatory and policy impacts at multiple levels of the healthcare industry (e.g., on hospitals, insurers, physicians) and government (local, state, national or international) for private sector as well as government clients.



Comprehensive Economic Assessments

The Center team provides detailed economic analyses estimating current and future impacts of proposed provider expansions and investments on access, health needs, prices, services, and competition as a component of Certificate/Determination of Need and other regulatory processes. Our recent economic assessments have evaluated healthcare industry competition and market conditions and develop projections of future market states with and without proposed investments or transactions such as acquisitions and divestitures, competition, pricing, contracting or entry. Our reports have been submitted as part of proceedings at the international, federal, and state levels. Relevant examples include:

- [Independent Cost Analysis](#)¹ for Dana Farber Cancer Institute (DFCI), serving as independent experts to assess the DFCI application filed before the state of Massachusetts' Department of Public Health for a Determination of Need
- Analysis of proposed [Connecticut Proton Therapy Center](#),² submitted to CT Office of Health Strategy on behalf of Yale New Haven Health Services and Hartford HealthCare in Certificate of Need Application
- Analysis in support of Ballad Health Certificate of Public Advantage
- Expert reports submitted to the Health Market Inquiry ("HMI") in South Africa, covering all aspects of healthcare delivery and funding in private healthcare sector, including pricing, competition, regulation, entry, divestitures, competition and evaluation of key issues and policies, as well as comparative assessment of healthcare funding and delivery systems across the world

Quantifying Policy Impacts

Our analyses are rooted in rich and locally-relevant healthcare data, deep understanding of policy details, and econometric and simulation techniques that concisely capture essential policy features and responses. Our recent policy analysis work has ranged from evaluating fully specified proposed changes to Medicare payment policy or Medicaid coverage to modeling fundamental realignments of healthcare delivery or payment, including:

- Simulating the impact of proposed [site-neutral payment policies](#)³ on hospital balance sheets and identifying downstream impacts on access to care for communities
- Assessing the impact of Medicaid redetermination policies on enrollment by demographic groups
- Projecting rates and market impacts resulting from state-rate setting policies tying commercial rates to Medicare
- Modeling healthcare reform policy changes to expand health insurance coverage at the state or national level via Medicare (Medicare for All, public option)
- Evaluating the impact of changes in covered services on utilization, cost, and payer (e.g., Medicare) budgets



¹ FTI Consulting, "Independent Cost Analysis for Dana-Farber Cancer Institute Determination of Need," January 10, 2025, <https://www.mass.gov/doc/independent-cost-analysis-report-pdf-dana-farber-cancer-institute-inc-expenditure/download>.

² FTI Consulting, "Acquisition of Equipment Utilizing Technology That Has Not Previously Been Utilized in the State and a Computed Tomography ('CT') Simulator Certificate of Need Completeness Letter," March 13, 2020, <https://www.ftichep.com/wp-content/uploads/2025/12/FTI-Center-Exhibit-C-Completeness-Letter-1-Response.pdf>.

³ FTI Consulting, "The Harmful Impact of 'Site-Neutral' Policies on Community Hospitals," February 2026, https://strengthenhealthcare.org/wp-content/uploads/2026/02/Medicare_Site-Neutral_2026.2.04-1.pdf

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