Lawrence General Hospital

Determination of Need Emergency Application (pursuant to 105 CMR 100.740)

Immediate Transfer of Ownership for Continuity of Care Of

Holy Family Hospital- Methuen and Haverhill Campuses Submission Date: September 10, 2024

Seeking Immediate Effective Date: October 1, 2024

Submitted by

Lawrence General Hospital

1 General Street, Lawrence MA01841

September 11, 2024 Dennis Renaud, Director

Determination of Need Program Department of Public health 250 Washington Street

Boston, MA 02511

Re: Lawrence General Hospital Emergency DoN Application for the Transfer of Ownership of Holy Family Hospital, both the Methuen and Haverhill campuses.

Dear Director Renaud:

Lawrence General Hospital, as the applicant, is respectfully requesting that the Department of Public Health immediately approve transfer of ownership of the Facility Holy Family Hospital to LG Newcorp Inc (d/b/a Holy Family Hospital)- ***effective October 1, 2024.***

Due to the bankruptcy of Steward Health Care, Lawrence General has been working diligently with the state and other providers to prevent the immediate closure of Holy Family Hospital due to the insolvency of Steward healthcare. Lawrence General is seeking to acquire Holy Family to prevent the closure of essential services Including emergency room care, primary care, and behavioral health services to patients in the Merrimack Valley.

However, because the sale of the Steward hospitals must be finalized by October 1, 2024, Lawrence General was provided exactly thirty-two (32) days to begin the overall operational and clinical transition of a hospital to a new owner. Due to the shortened timeline, the parties were not able to timely file this Notice under the regulatory time frames and are seeking approval through a delegated review as an emergency application. While a transfer of ownership specifically requires the filing of an application related to factors one through four, we are seeking specific waivers for the reasons outlined below.

LG Newcorp Inc (a wholly owned subsidiary of Lawrence General Hospital) entered into an Asset Purchase Agreement (APA) with Steward Holy Family Hospital on August 29, 2024, pursuant to which LG Newcorp Inc will replace Steward Holy Family Hospital as the corporate entity intending to operate the hospital campuses and take ownership of the land (Methuen campus located at 70 East Street, Methuen, MA 01844; Haverhill campus located at 140 Lincoln Avenue, Haverhill, MA 01830). LG Newcorp, Inc is also entering into

an agreement with the Archdiocese of Boston to preserve the name "Holy Family Hospital" for a short transition period to allow a seamless transaction period. Upon the closing, Lawrence General Hospital and LG Newcorp will remain two separate hospitals, with ongoing review by the Executive Office of Health and Human Services to ensure continued coordination of services in the Merrimack Valley. This transaction will also include the employment of certain Steward Medical Group physicians by LGH or LG Newcorp, Inc to ensure ongoing continuation of services.

Please note that as this is an emergency application, there is no filing fee required for this application.

We appreciate your immediate attention to this request. Please feel free to contact me at (978) 946-8366 or via email at [anuj.goel@lawrencegeneral.org](mailto:anuj.goel@lawrencegeneral.org) if you have any questions or require additional information.

Sincerely,

[signature on file]

Anuj K Goel, Esq.

General Counsel

cc:

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 Version: 11-8-17

Massachusetts Department of Public Health  
Determination of Need  
Application Form

Application Type: Emergency Application

Application Date: 09/11/2024 7:25 am

Applicant Name: Lawrence General Hospital, on behalf of LG Newcorp Inc

Mailing Address: 1 General Street

City: Lawrence State: Massachusetts Zip Code: 00841

Contact Person: Anuj Goel

Title: General Counsel

Mailing Address: 1 General Street

City: Lawrence State: Massachusetts Zip Code: 01841

Phone: 9789468366 Ext: none

Email: anuj.goel@lawrencegeneral.org

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: Holy Family Hospital

Facility Address: 70 East Street, Methuen, MA 01844/ 140 Lincoln Avenue, Haverhill, MA 01830

City: Methuen State: Massachusetts Zip Code: 01844

Facility type: Hospital CMS Number: 220080

**1. About the Applicant**

1.1 Type of organization (of the Applicant): for profit

1.2 Applicant’s Business Type: Corporation

1.3 What is the acronym used by the Applicant’s Organization: HFH

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? Yes

1.5.a If yes, what is the legal name of that entity? Steward Medicaid ACO

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission? Yes

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? Yes

1.7.a If Yes, has Material Change Notice been filed? Yes

1.7.b If yes, provide the date of filing.: 09/10/2024

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D § 9 and is thus, pursuant to M.G.L. c. 6D § 10 required to file a performance improvement plan with CHIA? No

1.9 Complete the Affiliated Parties Form

**2. Project Description**

2.1 Provide a brief description of the scope of the project.: Prevent the Immediate Closure of Holy Family Hospital

2.2 and 2.3 Complete the Change in Service Form

**3. Delegated Review**

3.1 Do you assert that this Application is eligible for Delegated Review? Yes

3.2 If yes, under what section? Emergency Application

**4. Conservation Project**

4.1 Are you submitting this Application as a Conservation Project? No

**5. DoN-Required Services and DoN-Required Equipment**

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? No

**6. Transfer of Ownership**

6.1 Is this an application filed pursuant to 105 CMR 100.735? No

**7. Ambulatory Surgery**

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? No

**8. Transfer of Site**

8.1 Is this an application filed pursuant to 105 CMR 100.745? No

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? No

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? Yes

11.2 Is the emergency situation due to a government declaration? No

11.3 If No, Please describe the destruction/substantial damage to the Applicant's Health Care Facility and its impact upon public health.: See attached Narrative for details

**12. Total Value and Filing Fee**

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

**Your project application is for**: Emergency Application

12.1 Total Value of This project: $28,000,000.00

12.2 Total CHI commitment expressed in dollars: (calculated) $0.00

12.3 Filing Fee: (calculated): $0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project: $0.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, if any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars. $0.00

**13. Factors**

Required Information and supporting documentation consistent with 105 CMR 100.210

Some factors will not appear depending upon the type of license you are applying for. Text fields will expand to fit your response.

**Documentation Check List**

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: [DPH.DON@state.ma.us](mailto:DPH.DON@state.ma.us)

Copy of Notice of Intent: not checked

Certification from an independent Certified Public Accountant: not checked

Notification of Material Change: checked

Articles of Organization / Trust Agreement: checked

**Documentation Ready for Filing**

When document is complete click on “document is ready to file”. This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the “document is ready to file” box. Edit document then lock file and submit

Keep a copy for your records. Click on the “Save” button at the bottom of the page.

To submit the application electronically, click on the “E-mail submission to Determination of Need” button.

This document is ready to file? yes Date/time Stamp: 09/11/2024 7:25 am

E-mail submission to Determination of Need

**Application Number: HFH-24090820-EA**

**Use this number on all communications regarding this application.**

#### Project Description

Lawrence General Hospital (LGH), based in Lawrence, Massachusetts, is a private, non­ profit community hospital that provides patient-centered, compassionate, and quality health care for the whole family to those in the Merrimack Valley and southern New Hampshire. For 150 years, the dedicated doctors, nurses, and staff of the hospital have been committed to improving the health of the people and communities it serves. Its physicians and caregivers are dedicated to treating all patients, regardless of their race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity, socioeconomic status, veteran status, disability, and other characteristics that make our patients and employees unique. Every member of the Lawrence General team is committed to providing a high level of care and supporting education and research to improve the health of our local community. Lawrence General is committed to identifying, educating, preventing, and addressing issues that may hinder residents from leading healthy lives or accessing the social services they may require.

Holy Family Hospital (HFH) is a 320-bed acute care community hospital with two campuses in Methuen and Haverhill. Both locations provide comprehensive inpatient, outpatient, and 24/7 emergency service to the greater Merrimack Valley, southern New Hampshire, and the New Hampshire Seacoast. Together, the two campuses offer specialized services in orthopedics, cancer care, wound care, cardiac and vascular care, d1abetes management, neurology, behavioral health, weight control, general surgery, maternity, and emergency care.

On May 5, 2024, Steward and 166 of its affiliates, including the affiliates that operate Holy Family Haverhill and Holy Family Methuen, filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Southern District of Texas. The record in the bankruptcy proceeding establishes that Steward is financially unable to support the further operation of Holy Family Haverhill and Holy Family Methuen and that, unless the facilities are transitioned to a new operator by September 30, 2024, Steward will close the facilities.

On August 29, 2024, LG Newcorp Inc (a wholly owned subsidiary of Lawrence General Hospital) entered into an Asset Purchase Agreement (APA) with Steward Holy Family Hospital on August 29, 2024, pursuant to which LG Newcorp Inc will replace Steward Holy Family Hospital as the corporate entity intending to operate the hospital campuses and take ownership of the land (Methuen campus located at 70 East Street, Methuen, MA 01844; Haverhill campus located at 140 Lincoln Avenue, Haverhill, MA 01830). Due to the

protracted nature of the Bankruptcy proceedings, neither LGH (through LG Newcorp) nor Holy Family Hospital was able to meet the various regulatory timelines and procedures required in filing a formal determination of need application. In addition, Steward was provided with state financial assistance to support the operations of the hospital through September 30, 2024. As a result of these abbreviated time frames and the lack of available resources to continue funding the Steward operations of Holy Family Hospital, there is a public health emergency in the Merrimack Valley should the hospital be forced to close due to the bankruptcy process that Steward is facing. To that end, it is critical that the Commissioner through the authority of the determination of need emergency application (105 CMR 100.740) provide for an immediate delegated review to approve the transfer of ownership of Holy Family Hospital to the LGH subsidiary organization of LG Newcorp Inc.

LGH has further entered into a Memorandum of Agreement with the Commonwealth of Massachusetts to provide financial assistance with the transition and operations of Holy Family Hospital. This financial assistance was provided to allow for support while the ongoing operational, financial, and clinical services are transferred over to LGH control. It is important to note that under the bankruptcy process, Steward required all bidders to adhere to strict non-disclosure agreements that prevented any discussion with staff from the hospitals as well as any vendors or entities that have assisted with the ongoing maintenance of the hospital. In addition, all data and information from the hospital was maintained at the corporate office, so there has been limited data available from the Steward contracted attorneys in the development of a traditional determination of need. For these reasons, LGH is seeking waivers from certain information as outlined below.

There is clear and present danger that the Hospitals will be effectively destroyed by way of closure unless timely transitioned to a new operator. Further, the condition of these Hospitals continues to deteriorate significantly with each passing day, as the physicians and non-physician staff necessary to maintain the existing services leave for other opportunities. These Hospitals provide Essential Health Services to Haverhill, Methuen, and surrounding communities. Members of the community have been clear in public statements that their closure would be devastating. At the least, closure of these Hospitals will substantially impact public health and would mean that patients will need to travel farther and wait longer to access lifesaving emergency medical care, would further strain overburdened emergency departments at regional hospitals, and exacerbate the existing inpatient capacity crisis in the Middlesex Valley.

**Narrative**

To address the Emergency Situation described above, the Applicant proposes (a) to transfer ownership of Holy Family Hospital Haverhill and Methuen to LG Newcorp Inc (d/b/a Holy Family Hospital) (the "Proposed Project" or "Acquisition"). The Proposed Project would be conducted pursuant to the terms of the Asset Purchase Agreement (the "Purchase Agreement") subject to satisfaction of certain closing conditions and receipt of all requisite governmental approvals.

The Applicant intends to maintain the services in operation as of the closing, subject to the condition of the Hospitals and availability of adequate physician and non-physician staffing. However, given the continuing deterioration at the facilities, it may not be feasible to do so in every case.

Under the terms of the Purchase Agreement, the Applicant will pay a total of

$28,000,001.00 to acquire the assets necessary to assume operations of the Hospitals, including the purchase of real property in Methuen and Haverhill. In addition, we are preparing to make capital improvements in the Hospitals over time, funded by state financial assistance. The Applicant will submit future applications for Determination of Need, if so required under the regulations, in connection with such projects.

With regard to the patient's needs, public health value and operational objectives, the primary purpose of this project is to ensure continued access to high quality community­ based health care services in the Merrimack Valley. The Project will strengthen the ability of both LGH and HFH to allow the hospitals to align and streamline inpatient and outpatient services, thereby ensuring local access to top tier health care. Both hospitals have faced considerable financial and operational challenges operating within the same service area. Through this acquisition, the hospitals will be able to operate as a true regional health care service to ensure the ability to maintain critical services (e.g., emergency department) while also strategically reviewing ways to promote efficiencies and innovation within critical hospital based ancillary services.

LGH has experienced difficulty accessing the capital market as a stand-alone community hospital. When confronted with financial challenges, stand-alone community hospitals face difficult operating and service delivery decisions which can lead to the curtailment or closure of local services. HFH has experienced significant challenges with its corporate structure that did not provide any financial assistance both operationally and clinically to

manage the HFH services and infrastructure. Through this acquisition, both LGH and HFH expects to benefit from a regional approach by developing economies of scale, greater access to capital through state financial assistance, development of service lines that were not available to HFH previously (such as the 340B pharmacy program), and the diversification of risk that exists with a larger portfolio of operations. Steward previously had often sent many critical and high acuity patients to Boston or other locations outside of the Merrimack Valley, through this acquisition the parties will be able to allow the community served by overall system to stay close to home for their medical care.

Access to local care is extremely important to low-income patients, including those insured by government payors because these patients may not have the financial resources or access to transportation to travel to Boston or elsewhere for services. This acquisition will allow more care to remain in the local community and enable currently unmet needs for more convenient, high quality, specialty care to be addressed in the community.

Through the state assistance, LGH will also be able to provide HFH with the resources to make necessary improvements to its real property that was not previously provided and, in some cases, allowed critical building areas to deteriorate (e.g., roofing and imaging services). This acquisition will allow the opportunity to make important technological investments and enhancements to serve the overall Merrimack Valley in a true coordinated regional manner.

LGH also plans to utilize its experience and full operational team to strengthen the ongoing services within HFH. The goal of this acquisition is to ensure that HFH is able to provide the same level of services that are currently in operation as of the acquisition. As LGH and its team have only been able to start reviewing service and supply lines within HFH as of August 29, 2024, we are not able to provide further detail at this time related to strategic plans for both hospitals. However, through a newly formed regional collaborative with the Executive Office and Health and Human Services (EOHHS), LGH along with HFH and other local providers, the hospitals will be receiving substantial state assistance on the reorganization of healthcare delivery services in the Merrimack Valley. This will include ensriing a robust access for our patients and communities for primary care, urgent care, and behavioral health services.

The acquisition is not anticipated to have an adverse impact on competition in the Massachusetts health care market based on price, total medical expense, provider costs, or other recognized measures of health care spending. The Holy Family Hospitals, similar

to Lawrence General, has been designated by the Center for Health Information and Analysis as a "high public payer hospital," having received more than 63% of its gross patient service revenue in fiscal year 2022 from government payors and free care. By keeping care at LGH and HFH, patients in the community will be able to receive convenient, high-quality care and the combined regional system will be able to keep total medical expenses low.

A goal of the combined LGH/HFH system will be to improve access to ambulatory services for patients and referring providers within the Merrimack Valley. The ability to keep health care at the appropriate organization means that the total medical expense for those patients will be reduced.

Additionally, through the regional collaborative to be convened by EOHHS, the strategic plan is to ensure better management of patient care across a continuum of inpatient, acute care to post-acute, and ambulatory care by keeping patients within the overall provider networks within the Merrimack Valley. When care goes outside of the Merrimack Valley, the care becomes fragmented, communication becomes difficult and slow, and utilization is often increased unnecessarily.

When confronted with financial challenges, stand-alone community hospitals face difficult operating and service delivery decisions which can lead to the curtailment or closure of local services. Through the state financial assistance, LGH is seeking to capitalize on developing a true regional system of care. Through this acquisition, the facilities will also coordinate on financial resources, management and administrative resources, and community-based expertise to help both hospitals continue as a financially sustainable regionally based community resource providing a full spectrum of inpatient and outpatient services - a critical factor in delivering high quality, local care in the Merrimack Valley. By preserving patient access to critical services, the acquisition directly addresses a fundamental public health need to make high-quality care accessible in the local community.

This acquisition will also allow both hospitals to better manage and coordinate patient care across the region. Both hospitals are currently using different versions of Meditech platforms as well as different IT systems that have created challenges in accessing and coordinating patient care.

Through the acquisition, LGH and HFH will be able to achieve positive outcomes in terms of sustained access to community-based care, expanded access to specialty care, opportunities for more integrated care with enhanced care coordination and

continuity of care, as well as additional opportunities for HFH patients to participate in research. Access to sustainable, integrated, community-based care, including comprehensive specialty care, is expected to lead to high-quality care, improved population health, and better patient experience.

LGH currently is an active participant in the MassHealth Clinical Quality Incentive and Health Equity Incentive programs. We are also actively working with The Joint Commission to achieve our Health Equity Certification. These quality improvement initiatives cover a number of domains, including patient experience and care coordination, as well as safety outcomes, behavioral health, and equity improvements around race, ethnicity, language and disability status, sexual orientation, and gender identity. Bringing HFH into the LGH quality improvement programs, will allow both systems to continue to assess and improve on these quality metrics for the entire Merrimack Valley. Through the acquisition we will be able to better enhance health care access, quality, coordination of care, continuity, and financial stability for both hospitals.

In 2022, LGH partnered with the Greater Lawrence Family Health Center (GLFHC) to complete its triennial Community Health Needs Assessment (CHNA) and Implementation Strategy (IS). GLFHC clinical and operational leaders have long served on the hospital's Community Benefits Advisory Committee (CBAC) and been active participants in identifying, prioritizing and collaborating with the hospital and other community-based organizations to address top health needs such as care access, behavioral health, substance use disorder, diabetes, and social determinants of health (housing, food, transportation, etc.).

Following the plans to submit a bid through the bankruptcy process, LGH has consulted with the following agencies regarding the acquisition and strategic planning:

* Executive Office of Health and Human Services;
* Massachusetts Office of Attorney General;
* Department of Public Health;
* MassHealth: Office of the Medicaid Director;
* Health Policy Commission; and
* Department of Mental Health.

LGH engages community residents in multiple ways to provide low-barrier, no-cost health education, screenings, navigation services, and tools to promote safety and wellness. A dedicated Community Engagement Program Manager works with a team of LGH staff volunteers and per diem Community Health Screeners to outreach residents where they work, live, play, and pray across the hospital's service area and have an active, ongoing presence at local community festivals, health and resource fairs, public libraries, hair salons, barbershops, churches, and community center.

From a health priorities perspective, the proposed project, if completed expeditiously, would allow the Applicant to assume operation of the Hospitals so as to prevent their closure and preserve access to vital services. Timely approval of this Application is critical in order to avoid further deterioration of the Hospitals' facilities, which could result in reduction of services or closure that would measurably harm public health. For example, closure of the emergency department at either Hospital would mean that those in need of emergency medical care would have to travel farther, resulting in measurably worse outcomes and serious harm to patients. Reduction in or closure of other services would likewise result in measurable harm to patient access and health outcomes in the affected communities.

Under this acquisition, LGH and HFH are not intending to expand services. Our focus is to preserve and strengthen cost effective, local care in the Merrimack Valley service area. This acquisition will ensure that LGH's and HFH's patients and communities that we jointly serve continue to receive their health care locally, as well as allow an improved care coordination between HFH and LGH, along with local providers of primary and behavioral health care.

Our goal is that by enabling residents to continue to receive their care locally in the Merrimack Valley, total medical expenses will remain lower because patients will not need to seek care outside of their local community. In addition, the goal of this acquisition, along with the state financial assistance, will provide both LGH and HFH with the long-term financial stability necessary to move forward with initiatives to contribute to the Commonwealth's goals of cost containment, improved quality, and greater access to cost saving initiatives through regional collaborations. Furthermore, the improved management of patient care, along the full continuum of care, including tertiary and community level inpatient care, ambulatory and post-acute care, will be enhanced by providing patients greater coordination of care within the regional collaborative that EOHHS will be convening for all providers in the Merrimack Valley.

When care goes out of the Merrimack Valley, the care becomes fragmented, communication becomes difficult, information can be lost, and utilization is often increased unnecessarily (e.g., duplication of tests). Closer affiliation between LGH, HFH, and local community based providers will allow for better communication and more coordinated care. This is better for the patients and better for the financial success of the region by reducing unnecessary emergency department usage, readmissions, and the overall cost of care.

Without developing a true system of care, LGH and HFH by itself would have needed to consider reductions in services, access, capital investment, and other constraints resulting from insufficient funds. Through the acquisition, a new coordinated system of care will improve access to necessary medical care and have a positive overall impact on the health of the Merrimack Valley. Our overall goal is to improve health outcomes by retaining services and providers as well as strengthening high-quality, comprehensive services in the Merrimack Valley.

LGH has a long history of incorporating social services and community-based care as part of our overall delivery system transformation objectives. LGH is actively working with The Greater Lawrence Family Health Center and other local providers to thoroughly assess the requirements of LGH's and HFH's patient panel and establish robust connections with social services organizations. Through a new Joint Community Health Needs Assessment that will be completed in 2025, LGH and HFH will be adopting strategies to address social determinants of health as part of our overall regional system transformation.

The state financial assistance through the agreement in principle provides the level of financing that will be used to complete the acquisition of the real estate as well as the operations of Holy Family Hospital. To that end, and due to the limited time frame to assume operational control of Holy Family Hospital, we are requesting the state to approve this emergency application filing.

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: [blank]

Original Application Date: 9/11/2024

Applicant Name: Lawrence General Hospital, on behalf of LG Newcorp, Inc

Application Type: Emergency Application, Transfer of Ownership

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made, if applicable.
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
    1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
    2. The Proposed Project is exempt from zoning by-laws or ordinances.

|  |
| --- |
| **Corporation: Lawrence General Hospital**  Attach a copy of Articles of Organization/Incorporation, as amended  Abha Agrawal, MD <Signature on File> 9/9/2024  CEO for Corporation: Signature: Date:  Rosemarie Day <Signature on File> 9/9/2024  Board Chair for Corporation Name: Signature: Date: |

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**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 09/09/2024

Application Number: [blank]

**Applicant Information**

Applicant Name: Lawrence General Hospital, on behalf of LG Newcorp, Inc

Contact Person: Anuj Goel

Title: General Counsel

Phone: 9789468366

E-mail: [anuj.goel@lawrencegeneral.org](mailto:anuj.goel@lawrencegeneral.org)

**Affiliated Parties**

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

| **Add/ Del Rows** | **Name (Last)** | **Name (First)** | **Mailing Address** | **City** | **State** | **Affiliation** | **Position with affiliated entity (or with Applicant)** | **Stock, shares, or partnership** | **Percent Equity (numbers only)** | **Convictions or violations** | **List other health care facilities affiliated with** | **Business relationship with Applicant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Day | Rosemarie | 33 Grant Street | Somerville | MA | Trustee | Chair |  | 0% | No | Lawrence General Hospital | No |
| +/- | Sweeney | Laurel | 10 Lincoln Street | Merrimack | MA | Trustee | Treasurer |  | 0% | No | Lawrence General Hospital | No |
| +/- | Rivera | Dan | 1 Thomas Road | Lawrence | MA | Trustee | Vice-Chair |  | 0% | No | Lawrence General Hospital | No |
| +/- | Powers | Carol | 95 Haverhill Street | Rowley | MA | Trustee | Secretary |  | 0% | No | Lawrence General Hospital | No |
| +/- | Cruz | Jose | 10 Ashbury Street | Salem | NH | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Glenn | Lane | 2 Cabot Court | Amesbury | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Haddad | Eduardo | 240 Raleigh Tavern Lane | North Andover | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Johnson | Mark | 24 Greybirth Road | Andover | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Martinez-Dominguez | Vilma | 305 Essex Street | Lawrence | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Montanez | Juan | 555 12 Street, NW | Washington | DC | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Newsome | Glenn | 14 Appleton Lane | Andover | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Paley-Nadel | Marianne | 111 Suffolk Road | Chestnut Hill | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Quiles | Shalimar | 9 Glenwood Drive | Lawrence | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Santagati | Richard | 13 Muirfield Circle | Andover | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |
| +/- | Shannon | Joyce | 4 Kerri Ann Circle | Methuen | MA | Trustee | Member |  | 0% | No | Lawrence General Hospital | No |

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