



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
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**MARYLOU SUDDERS**  
Secretary

**MARGRET R. COOKE**  
Acting Commissioner

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November 12, 2021

VIA electronic mail

Emily B. Kretchmer, Esq.  
Krokidas & Bluestein LLP  
600 Atlantic Avenue  
Boston, MA 02210

Email: [ekretchmer@kb-law.com](mailto:ekretchmer@kb-law.com)

Notice of Final Action: Beth Israel Lahey Health  
DoN Application #: BILH-19092415-RE

Dear Attorney Kretchmer,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.715, and 105 CMR 100.630, I hereby approve the application for Determination of Need (DoN) filed by Beth Israel Lahey Health (Applicant) to expand CT services by one CT unit at Beth Israel Hospital's West Campus located on the third floor radiology suite at 1 Deaconess Road, Boston, MA 02215. The capital expenditure for the Proposed Project is \$4,795,388; the Community Health Initiatives (CHI) contribution is \$239,769.40. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

This Notice of Final Action incorporates by reference the Amended Memorandum to the Commissioner reflecting certain suggested clarifications by the Applicant on page 10 that did not change the recommendation.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$23,017.86 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).

- a. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
- b. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Payment should be sent to:

Health Resources in Action, Inc., (HRiA)  
2 Boylston Street, 4th Floor  
Boston, MA 02116  
Attn: Ms. Bora Toro

Sincerely,



Margret Cooke, Esq.  
Acting Public Health Commissioner

cc: Elizabeth Kelley, Bureau of Health Care Safety and Quality  
Stephen Davis, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Division of Health Care Facility Licensure and Certification  
Rebecca Rodman, General Counsel's Office  
Samuel Louis, Office of Health Equity  
Mary Byrnes, Center for Health Information Analysis  
Katherine Mills, Health Policy Commission  
Eric Gold, Attorney General's Office  
Division of Community Health Planning and Engagement