



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

**MAURA T. HEALEY**  
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November 17, 2023

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VIA Email: [Crystal.Bloom@huschblackwell.com](mailto:Crystal.Bloom@huschblackwell.com)

Final Action: Notice of Determination of Need – Beth Israel Lahey Health, Inc  
Substantial Capital Expenditure and Required Equipment DoN # BILH-22111512-RE

Dear Attorney Bloom,

At their meeting of November 8, 2023, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §51 and the regulations adopted thereunder, to approve the Determination of Need (DoN) application for a Substantial Capital Expenditure and Required Equipment filed by Beth Israel Lahey Health, Inc. at the Lahey Hospital and Medical Center, located at 41 Burlington Mall Road, Burlington, MA 01805, for the relocation and expansion of LHMC Burlington's Radiation Oncology Department from the campus's John G. Trump building to the first floor of the east side of main LHMC Burlington building which includes:

- o Increase the number of exam rooms from 8 to 11
- o Colocation of Radiation Oncology with Hematology Oncology Department as well as space for social work services, behavioral oncology and integrative wellness therapies;
- o Relocation of LINAC units to two previously poured LINAC vaults (two 1:1 replacement units);
- o Add walls and shielding need to the previously poured LINAC vaults and create a 3rd LINAC shell space by pouring footings for the walls;

- o Space to accommodate one replacement CT simulator;
- o Addition of one high dose radiation therapy (HDR) procedure room with one mobile CT unit dedicated to HDR.

This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Capital Expenditure and Required Equipment subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total capital expenditure for the Proposed Project is \$30,182,667.00 (June 2023 dollars) and the required CHI contribution is \$1,509,133.35.

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 include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Please notify the DoN Program at [DPH.DON@mass.gov](mailto:DPH.DON@mass.gov) of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

#### **Other Conditions to the DoN**

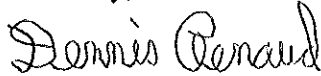
1. Of the total required CHI contribution of \$1,509,133.35
  - a. \$365,964.84 will be directed to the CHI Statewide Initiative
  - b. \$1,097,894.51 will be dedicated to local approaches to the DoN Health Priorities
  - c. \$45,274.00 will be designated as the administrative allowance
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$365,964.84 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
  - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
  - ii. 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

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,



Dennis Renaud  
Director Determination of Need Program

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality  
Rebecca Kaye, General Counsel's Office  
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification  
Judy Bernice, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Health Care Facility Licensure and Certification  
Samuel Louis, Office of Health Equity  
Jennica Allen, Division of Community Health Planning and Engagement  
Elizabeth Maffei, Division of Community Health Planning and Engagement  
Katelyn Teague, Division of Community Health Planning and Engagement  
Elizabeth Almanzor, Center for Health Information Analysis  
Katherine Mills, Health Policy Commission  
Sandra Wolitsky, Office of the Attorney General  
Tomaso Calicchio, Executive Office of Health and Human Services  
Hai Nguyen, Executive Office of Health and Human Services  
Karina Mejias, Executive Office of Health and Human Services  
Priscilla Portis, Executive Office of Health and Human Services