

May 17, 2022

Elizabeth Kelley, MPH, MBA  
Director, Bureau of Health Care Safety and Quality  
Determination of Need Program  
Department of Public Health  
250 Washington Street  
Boston, MA 02108

Re: Determination of Need Application (BCH-22031810-TO) Registration of Ten Taxpayer Group ("TTG")

Dear Director Kelley:

We, the undersigned, write pursuant to the provisions of 105 CMR 100.100 to formerly register as a Ten Taxpayer Group relative to The Children's Medical Center Corporation determination of need application for a Transfer of Ownership of Franciscan Hospital for Children, Inc.

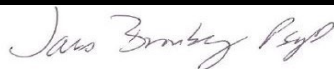
Our group (formally the "Massachusetts Children's Health Ten Taxpayer Group") are all residents of the Commonwealth of Massachusetts and pay taxes within the Commonwealth. We hereby request recognition as a Ten Taxpayer Group along with the rights associated with such a designation including notice concerning, participation in, and review of the above-captioned Determination of Need ("DoN") Application filed with and deemed complete by the Department of Public Health on May 5, 2022.

We have discussed the DoN with the Applicant. We are not acting as an agent for the Applicant or another party.


The taxpayer designated to receive all written correspondence relative to the above-captioned DoN Application on behalf of the Ten Taxpayer Group is Jonas Bromberg (contact information listed below).

Respectfully submitted by:

1) Name: Jonas Bromberg, Psy.D.      Address: [REDACTED]  
Email: [REDACTED]

Signature: 


2) Name: David R Demaso, MD      Address: [REDACTED]

Signature: 

3) Name: Patricia Pratt      Address: [REDACTED]

Signature: 

4) Name: Katie Curran, LICSW Address: [REDACTED]

Signature: 

5) Name: Eugene J. D'Angelo Address: [REDACTED]

Signature: Eugene J. D'Angelo, PhD

6) Name: Patricia Ibeziako, MD Address: [REDACTED]

Signature: P. Ibeziako

7) Name: Man Wai Ng, DDS, MPH Address: [REDACTED]

Signature: m-w-ng

8) Name: Ms. Erin Grham Address: [REDACTED]

Signature: 

9) Name: Shahzina S. Karim, MSW, LICSW, CCM Address: [REDACTED]

Signature: Shahzina S. Karim

10) Name: Gina Hartley, LMHC Address: [REDACTED]

Signature: 

11) Name: Robert J. Graham, MD Address: [REDACTED]

Signature: 