

April 19, 2024

Mr. Dennis Renaud  
Director, Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Dear Director Renaud:

My name is James Tulsy and I am a resident of Boston, Massachusetts. I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

As a palliative care physician, I focus entirely on patient quality of life, and the quality of the patient health care experience. As a clinical leader at Dana-Farber, I seek to create patient-centered care models and infrastructure that makes this happen. I am convinced that a new stand-alone cancer inpatient hospital would improve patient experience, while expanding access and likely providing more cost-effective care.

This new hospital creates an opportunity to design a building and a care system uniquely suited to meet these goals across the trajectory of patient experience. By controlling both the outpatient and inpatient settings, we can far better ensure continuity of care. For example, at Dana-Farber (in our Department) we have many highly trained social workers who help patients cope and manage the trauma of living with cancer. They get to know their patients exceedingly well. When patients get admitted their stress levels increase and they want to suddenly receive their care from a whole new psychosocial team. In the proposed Dana-Farber cancer hospital, we would be able to provide seamless psychosocial care across settings.

In another example, our clinicians currently staff a twelve bed Intensive Palliative Care Unit at Brigham and Women's Hospital where we provide symptom focused care for Dana-Farber cancer patients with extraordinarily high levels of suffering. In a new hospital we would be able to design the rooms to meet the unique needs of these patients, set our own policies, and directly oversee the nursing staff to create a fully integrated experience.

Dana-Farber holds a special place in the heart of the Boston and greater Massachusetts community. I'll never forget when I visited eight years ago considering the position I ended up taking, my taxi driver asked me why I was in Boston, and when I told him he spent the rest of the ride telling me the difference Dana-Farber had made for him and his family. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

I know that we need more inpatient beds because I have had to take care of patients admitted to the hospital for up to three days (!) still lying in an emergency room gurney. And, as we have begun to forge a partnership between Dana-Farber and BIDMC I have come to learn that we share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Tulsky' with a stylized flourish at the end.

James A. Tulsky, MD  
Poorvu Jaffe Chair, Department of Psychosocial Oncology and Palliative Care  
Chief, Division of Palliative Medicine, Brigham and Women's Hospital  
Professor of Medicine, Harvard Medical School

**From:** [REDACTED]  
**To:** [DPH-DL - DoN Program](#)  
**Subject:** DPH hearing/Dana Farber/Testimony  
**Date:** Saturday, April 20, 2024 9:44:39 AM

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Good Morning:

I was fortunate to have the opportunity to provide my testimony at the DPH hearing Wednesday night (April 17th) addressing the determination of need regarding the proposed Dana Farber cancer hospital. In addition to my oral testimony, I am also providing the written version as well noted below:

*My name is Karen Howley LaCamera, and I am a resident of Sudbury, Massachusetts. I am here to state my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.*

*As a patient of Dana-Farber, I have experienced first-hand one of the world's most respected institute's that is devoted exclusively to cancer, balancing both innovative research and extraordinary patient care.*

*I am here today because their deep understanding of my cancer, personalized approach, compassionate care and more specifically, a pioneering trial, a result of their cutting edge research. After many rounds of traditional chemotherapy that were ineffective in treating my Stage 3 ovarian cancer, my care team enrolled me in a groundbreaking clinical trial that was ultimately successful and the reason why I'm here today.*

*With this new hospital, even more cancer patients will have access to a leading-edge cancer center whose discoveries and innovative approaches to care will make living with cancer less of a burden and living without cancer a greater possibility.*

*Cancer incidence is on the rise for many common cancers and in the coming year, we are expecting to hit a bleak milestone – the first time, new cases of cancer in the United States are expected to cross the 2-million mark. That is almost 5,500 cancer diagnoses a day. Given the increasing and alarming rate of cancer occurrence, a new, stand-alone cancer hospital in our region is essential to meet the growing need for more inpatient beds dedicated to cancer patients.*

*Our State needs to ensure all cancer patients may be treated by doctors and nurses whose singular focus is cancer. Given the deep commitment to fostering a culture of diversity, equity, and inclusion that both Dana-Farber and Beth Israel Deaconess Medical Center share, this new inpatient hospital will serve our region and continue to transform cancer treatment all over the world.*

*Thank you for your consideration and for the chance to expand access to patient-centered care in this exciting new proposal.*

With appreciation,  
Karen

Karen F. Howley LaCamera



April 11<sup>th</sup>, 2024

Dennis Renaud  
Director, Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Dear Mr. Renaud:

On behalf of the Massachusetts League of Community Health Centers (the Mass League), I am writing to express support for the Dana Farber Cancer Institute's (DFCI) proposed Inpatient Cancer Hospital.

The Mass League is a 501 (c)(3) membership organization supporting and representing the Commonwealth's 52 community health centers, which offer primary and preventive care to more than one million residents. The League provides a wide range of technical assistance to its health center members, including advocacy on health policy issues, support for workforce development, clinical care and technology initiatives, and guidance to state leaders and community-based organizations seeking to open health centers.

DFCI is one of the world's leading providers of cancer care and is committed to both expanding access to cancer care in our communities and closing health equity gaps in cancer treatment. In collaboration with Beth Israel Deaconess Medical Center (BIDMC), DFCI proposes to offer the entire continuum of cancer care in one 300-bed, freestanding hospital that will help meet the treatment needs associated with the rapidly rising rates of cancer in Massachusetts, which this year are projected to be 28% higher than 2020. Rates of cancer are also increasing across the U.S., with the CDC expecting cancer diagnoses to grow by 49% by 2050. Cancer is already the second-leading cause of death in the United States, with ~40% of Americans receiving a cancer diagnosis at some point during their lifetime.

Younger people are feeling the impact of cancer at increasingly alarming rates: Cancer incidence in people younger than 50 is increasing at double the rate compared to those older than 50. Rates of young-onset colorectal cancer have increased by 51% since 1994. In the United States, 11% of colon cancer diagnoses, and 18% of rectal cancer diagnoses occur in individuals under the age of 50, with colon cancer being the leading cause of death in men younger than 50. The third-most diagnosed form of cancer and the third-most common cause of cancer related death in both men and women in the United States, colon cancer incidence is expected to double by 2030. Increased capacity for treatment is urgently needed to address these growing threats.

While new strides in cancer treatment are being made each year, there are significant gaps in

equity relative to how cancer treatment is accessed. Consistent with the commitments of the many hospital providers we have partnered with, DCFI's proposed vision includes partnering with the community health centers we serve to ensure that historically underrepresented communities have access to high-quality care, education, early detection, and screening, who will benefit from a commitment to researching and identifying health disparities and their underlying causes in at-risk groups. DFCI has already demonstrated a commitment to reaching these populations through the operation of mobile mammography vans and access to clinical trials. Equity and cultural competence in the cancer treatment workforce is also of critical importance, and DFCI anticipates expanding their pipeline programs to diversify and grow the clinician workforce to ensure that the next generation of clinicians is equipped to provide culturally competent care.

Through the development of this new inpatient cancer hospital, DFCI and BIDMC will develop and implement a comprehensive model for the inpatient cancer experience, which will span the entire continuum of adult cancer care. The realization of their proposal will allow for greater, more equitable access to cancer treatment, particularly for historically underrepresented communities, which is needed now more than ever as rates of cancer increase. On behalf of the Mass League, I am again expressing our support for this proposed development.

Sincerely,

A handwritten signature in black ink, reading "Michael Curry". The signature is fluid and cursive, with the first name "Michael" and last name "Curry" clearly distinguishable.

Michael A. Curry, Esq.  
President & CEO

April 23, 2024

Dennis Renaud  
Director, Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street,  
Marlborough, MA 01752

Dear Director Renaud:

My name is Faith and I am a resident of Weymouth, Massachusetts. I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our community, now and for generations to come.

As a loved one, I have experienced care from Dana-Farber up close and personal. I believe that having a dedicated cancer hospital will bring that world-class, personal care that [I/MY LOVED ONE] receive[s] to more people in Massachusetts. With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Almost everyone in Massachusetts has a story about a loved one who received outstanding care at Dana-Farber. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Sincerely,

Faith

Faith Simon

A black rectangular redaction box covering the signature area.



The Commonwealth of Massachusetts  
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Mr. Dennis Renaud, Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street, Marlborough, MA 01752

RE: Determination of Need Application DFCI-23040915-HE

Dear Director Renaud,

I write to express my full support of Dana-Farber Cancer Institute's proposed adult cancer inpatient hospital. This new stand-alone cancer hospital, the only one of its kind in New England, is essential to ensuring that the Commonwealth can address a projected 28 percent increase this year in cancer incidence compared to 2020. It will ensure that my constituents can continue receiving the exceptional and compassionate cancer care they need and deserve. As new and innovative treatments for cancer are being developed, it is essential to invest in the care model and infrastructure that will enable cancer patients to access the most advanced care in the future. The proposed 300-bed hospital has been designed to assist the region in keeping up with these advancements.

The new hospital will also help Dana-Farber expand its Cancer Care Equity Program at Boston's community health centers to evaluate any cancer or hematology-related concerns, reducing the time it takes to diagnose cancer from a median of 32 days to 12 days. Dana-Farber also partners with several regional community hospitals, including St. Elizabeth's in Brighton. Through this unique model, patients can receive some of their care at their local community hospital, making care more accessible, culturally competent, and personalized. This new cancer center will allow them to continue these important programs for patients in our communities and have inpatient capacity for those patients who need higher acuity, specialized cancer care. Furthermore, the new hospital will remove barriers to treatment and assure that all patients have access to clinical trials and high-quality cancer care.

With a new cancer-only hospital, Dana-Farber can provide more access to care in the most cost-effective way possible. A new clinical collaboration between Dana-Farber and Beth Israel Deaconess Medical Center means that patients receive care from world-class, integrated, cross-disciplinary teams without the costly duplication of care and services. Today, BIDMC provides high-quality care at 23% lower cost than other large hospitals in Boston.

A new cancer hospital will also help reduce the utilization of emergency rooms, which are already at capacity. In a two-year pilot program, Dana-Farber's acute care outpatient clinic resulted in a 20 percent reduction in hospital admissions through the emergency room. The Dana-Farber Cancer Institute's proposed new stand-alone cancer hospital is essential to improving the health of the communities I represent and ensuring patients have access to comprehensive, high-quality, and affordable cancer care.

I thank you for your consideration and respectfully urge the Department to approve this application.

Sincerely,

A handwritten signature in blue ink that reads "Nick Collins".

Nick Collins  
State Senator

**From:** [REDACTED]  
**To:** [DPH-DL - DoN Program](#)  
**Subject:** Letter of Support - DFCI  
**Date:** Tuesday, April 23, 2024 4:05:11 PM

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Dear Director Renaud:

My name is Brittany Flaherty and I am a resident of South Hamilton, Massachusetts. I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our community, now and for generations to come.

I am currently an employee of Dana-Farber but I am also a former patient. I have experienced care from Dana-Farber up close and personal. I believe that having a dedicated cancer hospital will bring that world-class, personal care that I received to more people in Massachusetts. With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Almost everyone in Massachusetts has a story about a loved one who received outstanding care at Dana-Farber. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Thank you,

Brittany Flaherty



The Commonwealth of Massachusetts  
MASSACHUSETTS SENATE  
OFFICE OF THE MAJORITY WHIP

SENATOR MICHAEL F. RUSH  
MAJORITY WHIP  
Norfolk and Suffolk District

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Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street, Marlborough, MA 01752

4/23/2024

RE: Determination of Need Application DFCI-23040915-HE

Dear Determination of Need Program,

As a Massachusetts state senator representing the Norfolk and Suffolk district, I am proud to fully support Dana-Farber Cancer Institute's proposed adult cancer inpatient hospital. There is an acute need for more inpatient beds for cancer patients across the state. This new stand-alone cancer hospital, the only one of its kind in New England, is essential to ensuring that the Commonwealth can address a projected 28 percent increase this year in cancer incidence compared to 2020. It will ensure that my constituents can continue receiving the exceptional and compassionate cancer care they need and deserve. As new and innovative treatments for cancer are being developed, it is essential to invest in the care model and infrastructure that will enable cancer patients to access the most advanced care in the future. The proposed 300-bed hospital has been designed to assist the region in keeping up with these advancements.

The new hospital will also help Dana-Farber expand its Cancer Care Equity Program at Boston's community health centers to evaluate any cancer or hematology-related concerns, reducing the time it takes to diagnose cancer from a median of 32 days to 12 days and plans to expand new cancer screening programs in the future. Dana-Farber also partners with several regional community hospitals, including St. Elizabeth's in Brighton. Through this unique model, patients can receive some of their care at their local community hospital, making care more accessible, culturally competent, and personalized. This new cancer center will allow them to continue these important programs for patients in our communities and have inpatient capacity for those patients who need higher acuity, specialized cancer care from Dana-Farber. Furthermore, the new hospital will strengthen Dana-Farber's ability to design programs that remove barriers to treatment and assure that all patients have access to clinical trials and high-quality cancer care.

With a new cancer-only hospital, Dana-Farber can provide more access to care in the most cost-effective way possible. A new clinical collaboration between Dana-Farber and Beth Israel Deaconess Medical Center means that patients receive care from world-class, integrated, cross-disciplinary teams without the costly duplication of care and services. Today, BIDMC provides high-quality care at 23% lower cost than other large hospitals in Boston, and Dana-Farber's acuity-adjusted average commercial prices for inpatient care are substantially below those of higher-priced providers.

A new cancer hospital will also help reduce the utilization of emergency rooms, which are already at capacity. In a two-year pilot program, Dana-Farber's acute care outpatient clinic resulted in a 20 percent reduction in hospital admissions through the emergency room. Dana-Farber Cancer Institute's new stand-alone, inpatient hospital will help them remain at the cutting edge of cancer care and research and ensure that our Commonwealth has access to world-leading care when they need it most. The Dana-Farber proposed new cancer hospital is essential to improving the health of the communities I represent and ensuring patients have access to comprehensive, high-quality, and affordable cancer care. I thank you for your consideration and respectfully urge the Department to approve this application.

Sincerely,

A handwritten signature in black ink that reads "Mike Rush". The signature is fluid and cursive, with the first name "Mike" and last name "Rush" clearly legible.

**Mike Rush**  
**State Senator**  
**Norfolk and Suffolk District**