

April 26, 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 Jeanine Rundquist, and I am a resident of Beverly, 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 have worked at Dana-Farber Cancer Institute for just over two years but have been a registered nurse for 29 years. I am not an oncology nurse. My expertise lies in nursing professional development and nursing quality/safety. Having worked in a variety of organizations, in several states, I assure you the clinical outcomes achieved at Dana-Farber are impressive. The coordination of care is nearly seamless, and the addition of our own free-standing oncology hospital will only improve that coordination. I met a gentleman last week, who's wife was treated here, and he said it was the best healthcare experience they had ever had. I believe this to be true. While I have not personally needed care at Dana-Farber, if I ever did, I would feel confident in the care provided.

As an educator who is responsible for training our new nursing staff, I welcome the opportunity to expand our new graduate nurse residency program, which recently received Accreditation with Distinction from the Practice Transition Accreditation Program (PTAP) through American Nurses Credentialing Center. Access to 300 inpatient beds to train the future oncology workforce is a dream come true.

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 assure that the best care in the world will be available in our region.

Jeanine Rundquist DNP, RN, NEA-BC  
Executive Director, Center for Clinical and Professional Development at Dana-Farber





**ALICE H. PEISCH**  
**REPRESENTATIVE**  
14TH NORFOLK DISTRICT  
WELLESLEY • WESTON • LINCOLN

*The Commonwealth of Massachusetts*  
*House of Representatives*  
*State House, Boston 02133-1054*

ASSISTANT MAJORITY LEADER

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April 25, 2024

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

RE: Determination of Need Application DFCI-23040915-HE

Dear Determination of Need Program,

As the Massachusetts State Representative for the 14th Norfolk District which includes Wellesley, Weston, and Lincoln, and a current patient of Dana-Farber Cancer Institute, I write in connection with the above-referenced application.

I have been treated primarily at the Chestnut Hill Location and have had multiple hospitalizations at the Brigham and Women's Hospital. Dana-Farber has provided me with exceptional care for the past three years.

Since I am not a medical professional, I am not in a position to fully understand the merits of the application before you. However, based on the quality of care I have received from all the medical professionals associated with Dana-Farber, I have great faith that the application is designed to meet the needs of current and future Dana-Farber patients in the best way possible.

I strongly encourage you to keep the best interest of the Dana-Farber patients top of mind when you review this application and apply the standards required by state law and regulation.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'AHP'.

**ALICE HANLON PEISCH**  
Assistant Majority Leader  
State Representative  
14<sup>th</sup> Norfolk District



Laurie H. Glimcher, M.D.  
President and CEO, Dana-Farber Cancer Institute

Director, Dana-Farber / Harvard Cancer Center

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April 26, 2024

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:

As the President and CEO of Dana-Farber Cancer Institute, I am excited to share the benefits of our proposal to build a state-of-the-art, 300-bed hospital at One Joslin Place, neighboring our future clinical collaborators – the Beth Israel Deaconess Medical Center (BIDMC). This hospital will be dedicated to cancer care and stand at the heart of the full continuum of care envisioned with BIDMC.

This is a critical time in cancer care and we need to keep pace with the alarming increase in cancer rates. Every state in the nation is expected to see double digit growth in cancer incidence, and in Massachusetts, cancer incidence is projected to be nearly 28 percent higher this year than 2020. With our proposed 300-bed hospital, we can continue providing much needed care in the community today, and into the future.

There is also an acute need for more inpatient beds. Every day, more patients need beds than are available, creating delays in admission and situations where our cancer patients spend hours, and sometimes days in an emergency room waiting for a bed.

Today, we are seeing more young adults with cancer and more elderly patients requiring cancer care and support. We are also seeing exciting treatments like CAR-T, but these treatments require space.



With this hospital, we can keep tackling these concerning trends, engaging in innovative research to defy cancer world-wide, and advancing health equity, here at home.

Gaps in equity, and particularly in oncology, are real and troubling. Erasing disparities and expanding access to care is an obligation that we take seriously. We can and must do more.

Dana-Farber has innovative partnerships with community healthcare organizations, working closely with them to ensure that historically underserved communities can access high-quality care, education, early detection and screening programs, and clinical trials. This new collaboration with BIDMC creates opportunities to expand these programs and reach additional underserved communities.

We are active in local communities and work closely with Community Health Centers to ensure that patients in historically underserved communities have access to our high-quality care, education, early detection and screening programs, and access to clinical trials.

I am particularly proud of the work we have done to expand access to clinical trials. For cancer patients, clinical trials are often the only or last treatment option in their cancer care journey. At Dana-Farber on any given day we have over 1,100 active clinical trials running.

Nationally, underrepresentation of patients of color in clinical trials has been well documented. Studies have shown that while 40% of Americans identify as Black, Indigenous, and People of Color (BIPOC), 80-90% of participants in clinical trials are white. Dana-Farber is working hard to increase recruitment of patients from historically marginalized communities in Dana-Farber clinical trials of new cancer therapies.

Due to our efforts, enrollment of underserved communities has almost doubled in the last few years at Dana-Farber as we have intentionally developed strategies and collaborations to increase representation in our clinical trials. We are proud of this work and recognize we have more to do.

We are also committed to training the next generation of culturally competent clinicians. We do this with intentionality and are expanding pipeline programs to diversify our clinician workforce.

Dana-Farber has strong and proven experience in caring for patients in multiple community-based settings in a way that addresses longstanding disparities and inequities. We are continuing research on health disparities to help identify at-risk groups and understand the mechanisms that underlie these disparities and develop strategies to address them. We think our future cancer hospital and collaboration with BIDMC gives us an opportunity to expand our access and equity work and programs.

The future hospital will lead to better access and health outcomes, in a way that lowers costs. The hospital and our clinical collaboration mean that our patients can receive world-class care without costly duplication of care and services.

Today, BIDMC provides high quality care at 23% lower cost than other large hospitals in Boston. Dana-Farber's acuity-adjusted average commercial prices for inpatient care are substantially below other providers. This collaboration with BIDMC will maintain or reduce health care costs as patients seeking cancer care shift from Brigham and Women's Hospital, a higher-cost provider, to Dana-Farber and Beth Israel Deaconess, lower-cost providers. This collaboration will also keep people out of the hospital whenever possible — starting with screening in the community and partnering with hospitals across the state so people can get affordable and convenient care.

At Dana-Farber, patients are always at the heart of all that we do. They turn to us because they want to be in the best possible hands for the best possible care when they need it most. Their trust in us is sacrosanct. A dedicated inpatient hospital is absolutely vital to providing the environment that our patients need and deserve, and I urge support for our project.

Sincerely,

A handwritten signature in black ink, reading "Laurie H. Glimcher". The signature is fluid and cursive, with the first name "Laurie" being more prominent than the last name "Glimcher".

Laurie H. Glimcher, MD  
President and CEO



*The Commonwealth of Massachusetts*

HOUSE OF REPRESENTATIVES  
STATE HOUSE, BOSTON 02133-1008

RONALD MARIANO

*Speaker*

Room 356

OFFICE PHONE

(617) 722-2500

April 26, 2024

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

Dear Mr. Renaud,

I am writing to offer my support for the Dana-Farber Cancer Institute's proposal to build a dedicated adult inpatient cancer hospital to be owned, licensed, and operated by Dana Farber, with surgical and other subspecialty care to be provided by the Beth Israel Deaconess Medical Center.

The Massachusetts health care system has long served as a driving force behind cutting edge innovations, treatments, and cures. To remain a global leader in health care, it is critical that we not only allow for, but also encourage, responsible innovations and developments within the health care sector that will save lives. Dana-Farber's proposal for a new, dedicated adult inpatient cancer hospital is a perfect example of the kind of development that we must embrace, especially given its singular focus on treating and ultimately curing cancer.

Each of us, in one way or another, has experienced the devastating impact that cancer can have, which is why we know how important it is to have strong partners like the Dana-Farber Cancer Institute. This new hospital will ensure that more cancer patients in Massachusetts are being treated by a team of medical professionals who are solely focused on cancer, which has been shown by independent studies to produce better outcomes for patients.

I am also encouraged by the strong commitment that Dana Farber and Beth Israel have made to ensuring that this new cancer center provides care in the most cost-effective way possible, as well as their commitment to closing health equity gaps in vulnerable communities.

In conclusion, I would once again like to reiterate my support for this proposal for the stated reasons above. I am confident that positive developments like this will save lives and help to ensure that Massachusetts can continue to serve as a global leader in health care.

Sincerely,

A handwritten signature in black ink that reads "Ronald J. Mariano". The signature is written in a cursive, flowing style with a large initial "R".

House Speaker Ronald J. Mariano  
State Representative, 3rd Norfolk District



April 26, 2024

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 serve as Senior Vice President, Human Resources and Chief People Officer at Dana-Farber Cancer Institute, a position I have proudly held since 2021. I am writing to express my support of the proposed future cancer hospital.

Dana-Farber currently has a diverse workforce comprised of more than 7,100 full and part-time staff – including more than 1,000 nurse, nurse practitioners, clinical specialists and nurse scientists and 556 MD, PhDs, and MD/PhDs.

With more than 95,000 unique patients in the last fiscal year, we also provided hundreds of thousands of infusion visits and infusion treatments and with more than 384,000 outpatient MD visits every year.

To do this important work, we need and rely on a strong and committed workforce. Our patient surveys and other patient communications confirm that we have created an environment that is supportive and inclusive for our patients and families when they are most vulnerable. Indeed, we are exceedingly proud of the ongoing commitment and dedication of our workforce and pledge to maintain a strong and diverse workforce to serve our patients—wherever they are from.

We also continue to have a highly engaged workforce, at a time when most national healthcare organizations have seen a decline in overall workforce engagement. We know staff engagement has a direct impact on patient experience and are committed to investing in the tools, support, and staffing to support our workforce.

We expect there to be approximately 2,400 new jobs when the new hospital is fully operational – jobs at all levels including administrative, clinical, nursing, support services, radiation oncology,

imaging, lab services, pharmacy, management/supervisor, etc. These new jobs will allow us to expand the diversity of our workforce – a commitment that is of primary importance to us – and enhance our existing programs to serve more people and communities in meaningful ways to prepare them for careers in healthcare.

Much of this work is done through our Office of Workforce Development that offers programs and pathways to careers in healthcare along with intensive and comprehensive, educational, employment, and mentoring experiences leading to employment opportunities at Dana-Farber. In collaboration with other Dana-Farber departments, the Office of Workforce Development offers professional growth opportunities for local youth and adults, with the intention of ensuring a future healthcare workforce of well-prepared, highly skilled and diverse candidates.

Dana-Farber's Office of Workforce Development works to ensure that youth and adults from underserved and underrepresented Boston neighborhoods have the access, skills, and resources necessary to pursue a healthcare career. We do this work in collaboration with many community-based organizations and we look forward to expanding this work.

As part of our growth and the new jobs I mentioned, we anticipate hiring more than 700 oncology nurses in the future hospital. We are building a simulation training center and partnering with several colleges of nursing and community colleges to build the pipeline of nurses that will be needed.

As a teaching affiliate of Harvard Medical School, Dana-Farber professional staff are deeply engaged in providing medical education, clinical training, and pre-doctoral and post-doctoral research training for future generations of clinicians and researchers. With this new cancer hospital, we will expand opportunities for this important work, as well.

In summary, in everything we do, we strive to ensure all people can reach their full potential and no one is disadvantaged because of who they are. As we look to further this work and our impact in the community, I urge you to approve Dana-Farber's proposed 300 bed, adult inpatient cancer hospital.

Sincerely,



Heidi Conway  
Senior Vice President, Human Resources and Chief People Officer  
Dana-Farber Cancer Institute

April 24, 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 Caesar Palladino Sodre and I am a resident of Natick, 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.

Many of my Sardinian shepherders ancestors lived to become centenarians. I fashioned myself to be like them; foreseeing a long, healthy, and prosperous life. I engaged in many sports, including scuba diving, mountain climbing, weightlifting and more. I was the epitome of health and strength. In spite all of this, I was struck by cancer.

It is difficult to convey the devastating emotional effect from receiving a cancer diagnosis. It literally tears the soul apart. To me, it felt like being cornered by a rabid tiger. It was sheer terror. After the prostate cancer diagnosis, I tried to go to Dana Farber, but my health insurance would not allow it. So I went elsewhere.

The first doctor told me I had waited too long to seek help. My only hope would be a drastic surgery with very severe and permanent side effects. I went for a second opinion. It was even worse. The second doctor told me, and I quote: "There is no cure. The disease will torment you for the rest of your life and will surely kill you." I felt totally hopeless. Instead of despairing, I changed my health insurance and went to Dana Farber

Dana-Farber Cancer Institute, a towering pillar of hope, was there to rescue my tortured soul. I was told the cancer could be cured with potentially very mild side effects. The whole treatment was a breeze, and the final result nothing short of phenomenal. The level of treatment, care and compassion Dana Farber provided was unparalleled. All cancer patients deserve to be treated by doctors and nurses whose sole focus is cancer. A new cancer hospital would be life changing for patients like me because everyone deserves the magic of a second lease on life.

Dana Farber's mission is to alleviate human suffering. I am living proof. One cannot imagine a more noble mission. I compel you with utmost urgency to grant permission for Dana Farber to expand their capacity to treat more cancer patients. I strongly entreat you to allow the wind to blow ever stronger under the wings of Dana Farber— the arch enemy of cancer.

Caesar Palladino Sodre

[REDACTED]

[REDACTED]



# Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES  
STATE HOUSE, BOSTON, MA 02133-1054

**ANN-MARGARET FERRANTE**  
REPRESENTATIVE  
5TH ESSEX DISTRICT  
ESSEX, GLOUCESTER,  
MANCHESTER BY-THE-SEA,  
ROCKPORT

VICE CHAIR  
House Committee on  
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April 26, 2024

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

Dear Determination of Need Program,

As a Massachusetts state representative and current patient of Dana-Farber Cancer Institute, I am proud to lend my support to its proposed adult inpatient hospital.

Since being diagnosed with pancreatic cancer in 2021, I have been working with a highly skilled group of medical professionals at Dana-Farber, led by Dr. Jeffrey Meyerhardt, and I have the utmost confidence in their care. I can say with certainty that if I did not have access to Dana-Farber's care and if it weren't for God's grace, I would not be here today. While I am a legislator, I am also a patient - and I can't stress that enough in terms of how important I think this proposed hospital is.

Data clearly shows that dedicated cancer hospitals save more lives from cancer. At Dana-Farber's proposed inpatient hospital, patients will be surrounded by professionals whose sole focus is cancer, helping to detect symptoms sooner and improve health care outcomes. This stand-alone hospital will help Dana-Farber enhance patient care, expand access, and advance equity, all with the potential to reduce health care costs in the Commonwealth. It's a true win-win for both the Commonwealth and patients.

I can personally attest to the need for this kind of focused care. I undergo chemotherapy every other week for my cancer. On the occasions that I present with complications from my treatment and I am required to go to the traditional emergency room, I often feel like a square peg that's unable to fit into a circle hole. At a time when my immune system is compromised because of the chemotherapy, I am put into a general waiting population in the emergency room, where individuals may be present with conditions that I am going to be more susceptible to, such as respiratory viruses. Although Brigham and Women's Hospital, through their current relationship with Dana-Farber, does a great job of trying to place me where I may not be as exposed, I often still find myself in proximity to others with contagious respiratory viruses, worrying about what I am being exposed to in that general population setting.

Other times when I have gone to the ER, I have gotten lost in the process of admission from Brigham and Women's to Dana-Farber and would find myself in a corridor with an escort who wasn't sure where I was supposed to be, because I wasn't showing up correctly in their system. I've also had the experience of being told that I was being admitted for a high fever, given fluids, only to then be forced to call friends and relatives for a ride home at 3:00am because the bed that was reserved for me in the ER was needed for somebody with a more immediate need. In a situation like this, I am fortunate to have a network of caring friends and family. I can't imagine being in those circumstances if I were someone who did not have those resources, didn't speak the language, or any number of other complicating factors.

I have the utmost respect for the doctors, nurses, and other staff in emergency rooms such as Brigham and Women's and I do not wish to seem like I am disparaging them. I wouldn't want to be anywhere else in the event of a cardiac emergency or other non-cancer related emergency. However, having an emergency room that is associated with a dedicated cancer hospital would streamline the process, getting me to my cancer team more quickly. I could be treated more effectively, with my team understanding that I am presenting with side effects due to my chemotherapy. I could rest easier knowing that I was not among a population that put me at risk of being exposed to viruses that could have life-threatening implications to someone with my compromised immune system. My enthusiasm for this proposal is reflective of the peace of mind that a cancer hospital could give to me and other patients.

Our region needs and deserves a dedicated cancer hospital that meets the needs of patients like me, now and for years into the future, especially with the alarming increase in cancer cases among a younger population. There is no better place to build the future of cancer care than here in Massachusetts.

Thank you for your consideration. Please do not hesitate to contact me if you require anything further.

With enthusiasm and high hopes,



Ann-Margaret Ferrante  
State Representative, 5<sup>th</sup> Essex