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5 THE CHILDREN'S MEDICAL CENTER CORPORATION

6 d/b/a BOSTON CHILDREN'S HOSPITAL

7 300 LONGWOOD AVENUE, BOSTON, MA 02115

8 APPLICATION FOR DETERMINATION OF NEED

9 NUMBER: BCH-20171411-HE

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14 PUBLIC AUDIO HEARING CONDUCTED BY THE

15 MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, before

16 Robin Picariello, Registered Merit Reporter and

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Notary Public in and for the Commonwealth of

18 Massachusetts, via telephone, taken on Thursday,

19 December 9, 2021, commencing at 6:03 p.m.

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1 (Audio Hearing Begins)

2 LARA SZENT-GYORGYI: Boston Children's

3 Hospital who we will refer to as the applicant or

4 BCH moving forward. Upon receipt of the

5 application, DoN staff reviewed the application,

6 and after finding it to be in compliant with the

7 DoN statute and regulation for filing, assigned it

8 a filing date of August 10th, 2021.

9 The enabling statute for the DoN

10 program requires that any person or government

11 agency intending to undertake a substantial

12 capital expenditure must apply in the DoN

13 regulations, must apply for a DoN approval before

14 engaging in such a project.

15 The DoN application is for a

16 substantial capital expenditure, ambulatory

17surgery center and DoN required equipment project

18 located at 300 Longwood Avenue, Boston,

19 Massachusetts 02115, which will include renovation

20 and equipping of Boston Children's Hospital's

21 existing facility in Waltham, that will contain

22 the following: expansion of clinical areas,

23 including existing infusion, sleep disorders,

24 radiology, behavioral health services, including

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1 the establishment of a medical-psychiatric partial

2 hospitalization program.

3 Land acquisition, construction,

4 fit-out, and equipping of a facility for pediatric

5 medical use in Needham to include eight operating

6 rooms dedicated to ambulatory surgery services,

7 one interventional radiology suite, 30 surgery

8 preparation recovery bays, as well as hospital

9 outpatient space to include phlebotomy, physical

10 and occupational therapy, ophthalmology, and

11 diagnostic radiology, including one magnetic

12 resonance imaging or MRI system.

13 Leasing construction, fit-out, and

14 equipping of space within a building in Weymouth

15 to accommodate diagnostic and therapeutic hospital

16 services including audiology, speech therapy,

17 vision function testing, phlebotomy,

18 echocardiography, and radiology, including one

19 MRI.

20 The total value of the proposed

21 project based on the maximum capital expenditure

22 is $434,691,000.

23 In accordance with the statute and

24 regulations governing the DoN process, the DoN

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1 program is analyzing BCH's application for

2 compliance with a set of standards and criteria,

3 including, but not limited to, a justification of

4 the need for the project, its planning process,

5 financial achievability, environmental impact and

6 the reasonableness of its cost and expenditures.

7 These are the key criteria which the DoN program

8 will apply this analysis of this application.

9 This public hearing is an effort to

10 gather information and to hear the opinions of

11 interested parties about the proposed project. It

12 is not intended to be a question and answer

13 session. No questions will be permitted. The DoN

14 program will take all relevant information into

15 account in preparing its recommendations in the

16 Massachusetts Public Health Council.

17 This decision on whether to approve

18 the DoN for the proposed project will be made at

19 one of its upcoming public meetings. We will

20 accept written comments on this application for

21 ten days following this hearing through December

22 19th, 2021.

23 As this is a virtual hearing, the

24 logistics are different from in-person hearings.

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1 I will review our process for today. We ask for

2 your patience if and when we encounter any

3 difficulties. We will work to resolve any

4 problems we experience.

5 Our plan for today is as follows: we

6 are using a moderated conference call line, so our

7 moderator Dexter will manage the queue before

8 speaking. This meeting is being recorded and

9 transcribed.

10 As indicated in the notice for the

11 meeting, press Star 1 if you would like to

12 testify, this will put you in the queue. You will

13 not be told where you are in the queue, nor will

14 you get much notice that you are about to testify.

15 When it is your turn to testify, you

16 will be told you are now the speaker and you will

17 experience a short silence and will then become

18 the speaker. If you have muted your phone, you

19 may need to unmute.

20 Please begin by stating your name

21 clearly and slowly and your affiliation of town

22 and residence. Please speak clearly so our

23 transcriber can record everything accurately.

24 Because we expect several speakers,

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1 we will limit everyone to three minutes. I will

2 be timing people, and when you have about 30

3 seconds left, you will hear a chime. And when

4 your three minutes is through, I will say, Time's

5 up, and the moderator will mute you and give the

6 floor to the next speaker. You may experience a

7 slight pause between speakers.

8 If testimony is lengthy, we suggest

9 you present a three-minute summary of those

10 remarks and submit a full text of your comments in

11 writing. If you have written copy of your

12 remarks, regardless of length, please feel free to

13 submit it to the Department by e-mail or via

14 postal service. E-mail address is

15 DPH.DON@state.ma.us. Mail will get to us more

16 quickly if it is sent to Determination of Need,

17 Massachusetts Department of Public Health at 67

18 Forest Street, Marlborough, Massachusetts 01752.

19 Be assured that the Department will

20 consider all comments whether presented orally or

21 in writing. Whether you comment or not, please

22 know that the Department greatly values and

23 appreciates your participation in the DoN process.

24 Before we open the line to the

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1 general public, the Applicant will go first and

2 will be allotted four minutes to present

3 information about the proposed project.

4 I will now ask Kevin Churchwell,

5 President and CEO of Boston Children's Hospital to

6 talk about the project.

7 KEVIN CHURCHWELL: Thank you and good

8 evening. My name is Dr. Kevin Churchwell and I am

9 President and Chief Executive Officer of Boston

10 Children's Hospital. I want to thank the entire

11 Department of Public Health team for your time and

12 commitment to improving health care for all

13 residents of Massachusetts.

14 And on behalf of Boston Children's

15 Hospital, we appreciate the opportunity to

16 highlight our proposed project in our investment

17 in patients, families and our communities.

18 I'm hopeful you'll find this

19 information informative and that our proposal

20 meets the Department of Public Health's

21 requirements as you conduct your comprehensive

22 review process.

23 I will now introduce my colleague,

24 Dick Argys, the executive in charge of planning

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1 for this proposal to provide additional

2 information.

3 DICK ARGYS: Thank you, Kevin. Good

4 evening, Lara and BCH colleagues. My name is Dick

5 Argys and I am Boston Children's Executive Vice

6 President, Chief Administrative Officer, Chief

7 Culture Officer, Chief Operating Officer for

8 ambulatory and satellites.

9 As many of you know, Boston

10 Children's Hospital is the only freestanding

11 comprehensive pediatric care system in

12 Massachusetts. We are committed to improving the

13 health and well-being of all the children of our

14 great State, children of all races, children of

15 all ethnicities wherever they live, whoever pays

16 for their care.

17 Our goal is to improve access to the

18 unique services we provide to children, families

19 and communities, including access for patients

20 with special health needs such as behavioral

21 health and medically complex children.

22 As part of this long-standing

23 commitment, we plan to modernize our existing

24 facility in Waltham; relocate existing physician

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1 practices with limited pediatric hospital services

2 in Weymouth; and build an ambulatory surgical

3 center, and provide pediatric specialty care

4 services in Needham.

5 Our proposed investment in Waltham,

6 Weymouth and Needham and surrounding communities,

7 including several underserved communities is part

8 of our ongoing efforts to ensure that patients and

9 families have access to a full range of integrated

10 pediatric care services in convenient settings as

11 close to home as possible.

12 The need for our services has been

13 growing steadily, and our proposed investment is

14 part of a comprehensive planning process that has

15 been underway for several years.

16 As we emerge from the pandemic, it is

17 essential that we make the investments required to

18 meet the unique needs of children with respect to

19 the differences and conditions and the nuances of

20 how best to care for them, and that we are well

21 positioned to continue to improve their health and

22 well-being both now and in the future.

23 In closing, I would like to reiterate

24 that our investments in Waltham, Weymouth and

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1 Needham are part of our long-standing commitment

2 to meeting the unique needs of children throughout

3 Massachusetts and to ensuring that we are well

4 positioned to continue to improve their health and

5 well-being in the years ahead.

6 This is important work that is

7 essential to our mission and our future, and to

8 the future of our patients and their families.

9 Throughout the evening you will hear

10 from a number of speakers who will highlight the

11 ways in which our proposed project meets the needs

12 of our patients while addressing the public health

13 priorities of the Commonwealth.

14 Boston Children's physicians and

15 referring physicians will share their commitment

16 to serving all patients through Massachusetts,

17 throughout Massachusetts and highlight some of the

18 unique aspects of their respective clinical

19 programs.

20 Patient families will discuss their

21 personal experience with our existing satellite

22 facilities and how these facilities enhance access

23 to care.

24 Community organizations we partnered

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1 with will highlight our strong community

2 commitment and how we've addressed the wide range

3 of determinants of health.

4 Boston Children's administrative

5 leaders will address enhanced access for patients

6 and families, the importance of family centered

7 care and how this proposed project will address

8 the behavioral health and medically complex needs

9 of children.

10 So, in closing, thank you again for

11 the opportunity to be here today. We are

12 confident our proposed project meets the unique

13 needs of children and families throughout

14 Massachusetts and we hope to gain your support for

15 our project. Thank you.

16 LARA SZENT-GYORGYI: Thank you. Dexter,

17 if you want to open up the lines to speakers.

18 Thank you.

19 DEXTER: Thank you. If you'd like to

20 make a public comment, please press Star 1, unmute

21 your phone and clearly state your name for public

22 comment introduction. Our first public comment

23 comes from Lisa Burgess. Lisa, your line is open.

24 LISA BURGESS: Hi, my name is Lisa

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1 Burgess and I live in Norton, Mass.. I am a

2 parent and a sibling of several Boston Children's

3 Hospital patients, a long time family advisory

4 council member and a member of the Pentac

5 [phonetic] Fair Group.

6 I am speaking in support of Boston

7 Children's Hospital proposal to modernize their

8 Weymouth and Waltham campuses, and create an

9 ambulatory surgical center in Needham providing

10 locally based life changing care. Healthier

11 communities for our children enable a brighter

12 future for our Commonwealth.

13 The proposal before you would allow

14 more families greater and more timely access to

15 comprehensive life saving pediatric care.

16 I have personally witnessed countless

17 incredible stories over the years at Boston

18 Children's Hospital. I can unequivocally say that

19 there is a public health need for this proposal to

20 go forward. Ensuring that patients can access

21 high quality pediatric care in their communities

22 positively impact patient and family lives in

23 numerous ways.

24 The barriers to high quality care are

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1 reduced, and underserved children have their needs

2 better met when care is accessed in their local

3 community. I receive calls every week from

4 families asking questions and seeking care at

5 Boston Children's Hospital. They often ask

6 questions about more convenient locations outside

7 of Boston.

8 Expanding the services in the

9 proposal additionally means less waiting for

10 children in urgent need of appointments, consult

11 and surgical procedures. Travel time to and from

12 appointments would be reduced. This equates to

13 children spending less time out of school and

14 parents missing less work.

15 For many families with children

16 diagnosed on the autism spectrum, just the long

17 car ride to Longwood can be extremely trying.

18 I know this firsthand as I am the

19 mother of now three young men who have all

20 received care at Boston Children's Hospital. My

21 oldest son accessed primary care and ophthalmology

22 services. My middle son, an extremely medically

23 complex patient sees over 20 specialists and has

24 had over 500 admissions to date. He is alive

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1 today because of the enduring commitment and

2 expertise of the clinicians found at Boston

3 Children's. My youngest son was diagnosed with

4 autism spectrum disorder at three years old and

5 later generalized anxiety disorder.

6 Having services available closer to

7 home and more options for access is crucial to the

8 common goal of making health care more equitable

9 and ensures better outcome to all children.

10 The unwavering commitment and the

11 life-long impact that Boston Children's Hospital

12 has daily on the lives of our Commonwealth's most

13 vulnerable children is seen each and every day.

14 Making the delivery of the best medical care

15 available to individual communities is an

16 investment in health equity for Massachusetts.

17 This proposal before you is much more

18 than brick and mortar. This proposal is an

19 investment in our children's lives and their

20 children's lives for generations. This proposal

21 is a commitment to the future of our children.

22 Thank you for the opportunity to speak tonight on

23 behalf of our children and families.

24 LARA SZENT-GYORGYI: Thank you.

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1 DEXTER: Our next public comment comes

2 from Dr. Shari Nethersole. Dr. Shari, your line

3 is open.

4 SHARI NETHERSOLE: Hi everyone, my name

5 is Dr. Shari Nethersole. I'm a resident of

6 Roslindale, Massachusetts. I'm a pediatrician and

7 the executive director for community health at

8 Boston Children's Hospital and express my support

9 for the Hospital's proposed project in Needham,

10 Waltham and Weymouth.

11 I oversee the Hospital's community

12 mission improving the health and well-being of

13 children and families in our local community with

14 a particular emphasis on investing disparities and

15 promoting health equity. I also serve on the

16 Board of the Boston Children's Hospital

17 Accountable Care Organization and have done so

18 since its launch in 2018.

19 The proposed project would create an

20 opportunity for Boston Children's to bring our

21 evidence based approach to community health

22 initiatives to a wider range communities in the

23 greater Boston area.

24 I take great pride in the fact that

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1 our approach to community health is informed by

2 research and best practices, as well as by

3 in-depth community engagement and the ongoing

4 advice of community partners, as well as a very

5 active and engaged community advisory board and

6 board of trustees subcommittee.

7 Our goal as we carry out our

8 community mission is to implement programs that

9 have potential to result in long-term systemic

10 change which ultimately improves the health

11 outcome for our children.

12 Our community asthma initiative which

13 was established 15 years ago and has resulted and

14 improved as a management for many patient and

15 families, as well as changes in the way insurers

16 cover asthma is a powerful example of how

17 successful these programs can be at affecting

18 systemic change.

19 Boston Children's have brought this

20 thoughtful, data driven and community informed

21 approach to their community health initiative that

22 was made possible by our previous determination of

23 need community health initiative funding from our

24 Hale Clinic building project and Brookline Place

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1 expansion.

2 Our collaboration for community

3 health has brought together a wide range of child

4 serving health social and service organizations to

5 identify ways to enhance their collective impact

6 through individual support and increased

7 collaboration.

8 While our historic focus has been on

9 communities in the City of Boston, it has become

10 very clear over the last five years that many of

11 the low and moderate income families that we

12 previously served in Boston have now moved out of

13 the City. This relocation is in large part the

14 result of increased cost of housing. These

15 families can no longer afford to remain in the

16 City.

17 As the cost of living has continued

18 to rise dramatically in recent years, low and

19 moderate income families moved out along Route 9

20 towards Framingham, down Route 24 to Randolph and

21 Brockton, or south to Quincy.

22 Modernizing our existing facilities

23 in Waltham and Weymouth, as well as providing

24 expanded access to pediatric ambulatory care in

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1 Needham will directly impact these populations.

2 Allowing easier access to health care services are

3 also providing an important opportunity to expand

4 our community health work.

5 We have proposed the CHI process that

6 engages these suburban yet still underserved

7 communities and look forward to building new and

8 robust partnerships with community organizations

9 similar to those in Boston.

10 Given the scope of this project, the

11 community health resources that we generate

12 present an opportunity to have a significant

13 impact on the health and well-being of some of the

14 most vulnerable children and families in the

15 greater Boston area.

16 I strongly urge the Department of

17 Public Health to approve Boston Children's

18 Determine of Need application. Thank you very

19 much.

20 LARA SZENT-GYORGYI: Thank you. Dexter,

21 can you ask the next person.

22 DEXTER: Our next public comment comes

23 from Mary McGeown. Your line is open.

24 MARY MCGEOWN: Thank you. Good evening.

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1 My name is Mary McGeown and I'm the executive

2 director of MSPCC, the Massachusetts Society For

3 the Protection of Cruelty to Children; and I'm the

4 vice chair of Boston Children's Hospital Board

5 Committee for Community Health. I live in

6 Dartmouth, Massachusetts.

7 MSPCC provides home visiting services

8 to young parents and clinical mental health

9 services to children through our offices in

10 Holyoke, Worcester, Lowell, Lawrence and Boston.

11 We also provide training and support to foster

12 parents statewide to help them care for children

13 who are victims of abuse and negligent.

14 Tonight I am here to support Boston

15 Children's Hospital's proposed project in Waltham,

16 Weymouth and Needham. I am confident this project

17 will greatly benefit children, families and

18 communities across our State, and improve access

19 for patients seeking life saving or life changing

20 care.

21 Boston Children's is committed to

22 responding to the needs of our communities.

23 Throughout the planning for this project, Boston

24 Children's engaged in a thoughtful and a

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1 deliberate process to understand the greatest

2 health needs and concerns for families in our

3 community.

4 The proposed project reflects what

5 they heard and learned, and identifying the best

6 way for the hospital to address these issues in a

7 manner that tackles health disparities, improves

8 health outcomes and promotes health equity.

9 At a time when the demand for

10 pediatric mental health care overwhelms supply,

11 this project serves to advance Boston Children's

12 well earned reputation as a leader in developing

13 innovative models to ensure that children and

14 families have access to high quality integrated

15 pediatric behavioral health care services in a

16 convenient setting.

17 In my time of partnering with Boston

18 Children's Hospital, I have also come to

19 understand they have a deep commitment to serving

20 children covered by the Medicaid program. They

21 have a special role in meeting the needs of

22 children with medical complexity and are a

23 backbone health provider for children in the

24 custody of the Department of Children and

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1 Families.

2 Children and adolescents in foster

3 care have special health care needs. Boston

4 Children's play a critical role in ensuring the

5 well-being of children in out-of-home placement

6 through their exceptional pediatric services and

7 advocacy on their behalf.

8 The proposed project and investment

9 will help Boston Children's grow its impact and

10 reach even more patients and families. And in

11 addition, they will meet the needs of surrounding

12 underserved communities.

13 Thank you for the opportunity to

14 speak this evening and I urge DPH to support this

15 project.

16 LARA SZENT-GYORGYI: Thank you.

17 DEXTER: Our next public comment comes

18 from Richard Robertson. Your line is open.

19 RICHARD ROBERTSON: Thank you. My name

20 is Dr. Richard Robertson, I live in Wellesley,

21 Massachusetts. I'm a pediatric neuroradiologist,

22 radiologist and Chief of (inaudible), and

23 currently the Associate Chief Medical Officer for

24 Boston Children's Hospital ambulatory and

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1 satellite operations.

2 I wish to speak tonight in support of

3 the BCH proposed project, specifically addressing

4 the MRI resources that are to be developed as part

5 of this DoN application.

6 Boston Children's Hospital radiology

7 provides unique MR resources that are not

8 available in other MR facilities or other local or

9 even national radiology practices.

10 Our approach is based on real-time

11 monitoring of complex exams by subspecialty

12 radiologists and centralized interpretation of MRI

13 studies by subspecialists such as pediatric

14 muscular skeletal or pediatric neuroradiologist.

15 While most of our facilities have

16 imaging managed and interpreted by the on-site

17 radiologist regardless of the specialty expertise

18 of that individual, our exams are managed by the

19 most appropriate subspecialist even though that

20 subspecialist may not be the radiologist on site.

21 That approach facilitates alignment

22 between what the pediatric clinical specialists

23 are looking for and the information that the

24 imaging provides. This means that to repeat or

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1 follow-up exams need to be performed due to

2 clinical questions that weren't addressed the

3 first time.

4 It also decreases the need for

5 redundant imaging allowing for more children to be

6 imaged without the need for sedation which might

7 otherwise be required when the child is unable to

8 remain motionless for more prolonged exam.

9 We also have a robust, what we term,

10 trial-it-out program that sets aside certain exam

11 times for children to attempt an MR without

12 sedation. As a result, we have the lowest

13 requirement for sedation for MRI of any major

14 pediatric hospital nationally.

15 Avoiding sedation not only decreases

16 the cost of the MRI by about two-thirds compared

17 to a study that requires sedation, but it also

18 improves the safety of the exam and allows us to

19 image more patients in the community without their

20 having to travel into Boston for their studies,

21 and this improves access.

22 Lastly, most of our MR referrals

23 comes from Boston Children's Hospital clinical

24 specialists and primary care providers. This

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1 means that the patient's medical records and prior

2 imaging studies are readily available to us when

3 we're performing or interpreting MRIs.

4 The availability of this information

5 is absolutely critical to optimal performance and

6 accurate interpretation of the MRI, especially in

7 complex patients. This vital information is often

8 not available when patients are referred for

9 imaging outside of the BCH system.

10 In summary, the BCH proposal for

11 additional MR capabilities provides an important

12 opportunity to improve the access and the overall

13 quality of pediatric MRI services in the

14 community. Thank you for your time in allowing me

15 to speak with you this evening.

16 LARA SZENT-GYORGYI: Thank you.

17 DEXTER: Our next public comment comes

18 from William Lorenzen. William, your line is

19 open.

20 WILLIAM LORENZEN: Hello, my name is

21 William Lorenzen, I live in Waltham. I have two

22 sons, one of which lives in Waltham and one lives

23 in Norwood, and five grandchildren.

24 I work at Boston Children's Hospital

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1 in radiation and health services. I work both in

2 the clinical and research application of radiation

3 and use for research diagnosis and treatment of a

4 variety of illnesses and conditions. I've worked

5 at Boston Children's Hospital for over 30 years.

6 I'm speaking today as both a

7 life-long community member and a staff member in

8 support of Boston Children's Hospital's proposed

9 project.

10 Let me start off by sharing some

11 personal experiences. While I, nor my two

12 children ever needed exceptional care Boston

13 Children's Hospital provides, two of my five

14 grandchildren have. While neither had life

15 threatening conditions, both did require specialty

16 care that can only be found at Boston Children's

17 Hospital. We were lucky that in our case the

18 conditions were easily treatable, not everyone's

19 so lucky.

20 We are so thankful to have such

21 skilled professionals help our family through

22 these issues. I'm happy to say that both are

23 doing well and actively engaged in typical kid

24 stuff, including sports of all types.

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1 But I'm not alone. There are

2 hundreds of thousands of families just like mine

3 who have benefited from the unique and specialized

4 care only offered by such a special place such as

5 Boston Children's Hospital. Like it says by our

6 name, "where the world comes for answers."

7 As for my experience as a

8 professional working at Boston Children's

9 Hospital, let me just say it has been a very

10 remarkable and rewarding journey. I often get

11 asked how I can work around sick kids all day, it

12 must get depressing. My simple answer is, no. I

13 look at all the kids that we have cared for and

14 watched them walk out the door knowing that if it

15 were not for what we do at Boston Children's

16 Hospital, the outcome might have been different.

17 We need Boston Children's Hospital

18 and the expansion. Recent studies have shown that

19 hospital beds for children have declined in the

20 last ten years. The percentage of U.S. hospitals

21 with inpatient units of pediatric care has

22 decreased, as did the number of beds in the units

23 that remained opened.

24 One study reported that an average

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1 of, approximately, 34 pediatric patients --

2 pediatric units are closed and 300 beds are

3 removed each year.

4 You see, we are so lucky to have a

5 hospital like Children's in our backyard. It has

6 continued to recognize the needs of pediatric

7 care, to expand it and to make pediatric care more

8 widely available and accessible.

9 So what can I say about the level of

10 care at Children's. Well, U.S. World News and

11 World Report public ranked it childrens best

12 hospital each year, and Boston Children's topped

13 the list for eight years in a row. I think it

14 says it all.

15 So, yes, I am in support of Boston

16 Children's Hospital's proposed project as are the

17 countless children, families that have

18 transformed. There's not enough time to share so

19 many (inaudible) accolades.

20 Thank you so much for the opportunity

21 to speak. Thank you to Boston Children's Hospital

22 for all you've done for me, my family and our

23 community.

24 LARA SZENT-GYORGYI: Thank you.

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1 DEXTER: Our next public comment comes

2 from Elaine Pinhiero. Elaine, your line is open.

3 ELAINE PINHIERO: Hi, my name is Elaine

4 Pinhiero. I live in Needham, Massachusetts with

5 my husband Joe Regano and our three-year old twins

6 Julia and James Regano.

7 Julia has been receiving care from

8 the growth and nutrition team at Children's

9 Hospital since she was an infant, and I'm speaking

10 today in support of Boston Children's Hospital's

11 proposed project.

12 Our daughter, Julia, was only three

13 pounds, four ounces at birth. She was required to

14 stay in the NICU until she gained enough weight to

15 be discharged, and was enrolled shortly afterwards

16 in a coordinated program of monitoring and

17 consultation by the growth and nutrition team.

18 She was briefly readmitted to the

19 hospital due to a failure to thrive, which was

20 remedied by tests that revealed she was having

21 difficulty with the viscosity of her fluids.

22 We're happy to say that through the

23 excellent work of Dr. Fleet and her team, Julia is

24 a happy and healthy toddler. We believe that

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1 Children's Hospital sets the standard for infant

2 medical care, but even world class health care is

3 worthless unless the patient has ready access.

4 Needham and the surrounding

5 neighborhood communities are undergoing a

6 generational transition from older, established

7 families who's grown children, to young parents

8 with their first or second child, and it is common

9 for those parents to be working professionals

10 making it extremely difficult to get a child to

11 appointments in the City.

12 An office in Needham would allow the

13 doctors to be as close as possible to a growing

14 group of their patients, some of whom would have

15 great difficulty traveling to Boston. Thank you

16 for the opportunity to speak tonight.

17 LARA SZENT-GYORGYI: Thank you.

18 DEXTER: And one moment while we pull up

19 our next public speaker.

20 (Pause)

21 LARA SZENT-GYORGYI: I'll just take

22 this moment to just remind people that if you are

23 interested in making a public comment, to hit Star

24 1. Thank you.

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1 DEXTER: And our next public comment

2 comes from Steve Fishman. Steve, your line is

3 open.

4 Thank you. My name is Steven Fishman, I

5 live in Weston, Massachusetts. I am a surgeon and

6 Chief of Boston Children's Hospital and I am

7 speaking today in support of Boston Children's

8 proposed project.

9 Born, raised and educated in Chicago,

10 and trained in surgery in Philadelphia, I came to

11 Boston in 1992 for the opportunity to get the best

12 training in the world for the surgical care of

13 children. Despite many opportunities to lead

14 elsewhere, I have remained at Boston Children's

15 for three decades because of its unique status.

16 Every major city is proud of and

17 supports the Children's Hospital, but Boston

18 Children's is the finest health institution in the

19 world, both in care, quality and training. Thus,

20 we have the opportunity to innovate and advance

21 our many pediatric fields of specialty benefiting

22 children around the world while at the same time

23 making the best possible care available to our own

24 families here in Boston and the region.

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1 I take great pride in the fact that

2 we care for patients from around the globe

3 interspersed with the children of our neighbors.

4 Boston Children's is a destination hospital for

5 those patients from around the nation and the

6 world in the most challenging of conditions. We

7 provide hope and solutions when others cannot.

8 I often relate to local friends and

9 patient families how fortunate we are to have

10 access in our own backyard to the world class

11 specialists and expertise that others can only

12 access with an airplane.

13 Our facilities in the Longwood

14 medical area is (inaudible) intense, landlocked

15 and difficult for many to access. Traffic and

16 parking alone are a significant dissatisfier and

17 barrier to many families. More broadly are the

18 challenges and coming to Longwood Avenue when the

19 child is seriously ill and require complex

20 procedures or critical care. For less complex or

21 repeated services, it is a significant burden for

22 families to come to Longwood.

23 Furthermore, there are costs and

24 operational inefficiencies inherent with

00032

1 intermittent complex and much resource intense

2 care. We can best serve our local families by

3 providing efficient, family friendly, easy

4 accessible care near the communities in which they

5 live.

6 It is preferable for us to provide

7 interventions for low-risk and the more complexity

8 patients needing critical care in satellite

9 facilities specifically designed for and run for

10 this purpose. This would optimize our ability to

11 perform the more challenging high-risk and less

12 predictable procedures in our main hospital

13 facility.

14 The proposed project and investment

15 will help Boston Children's grow this impact and

16 reach even more families and more patients

17 (inaudible) community to their health and

18 well-being of children throughout Massachusetts.

19 This project will ensure that

20 patients and families have access to a full range

21 of high quality integrated pediatric care services

22 and convenient lower cost settings. Thank you for

23 the opportunity to speak tonight.

24 LARA SZENT-GYORGYI: Thank you.

00033

1 DEXTER: Our next public comment comes

2 from Sarah Fleet. Sarah, your line is open.

3 SARAH FLEET: Good evening. My name is

4 Dr. Sarah Fleet and I'm a pediatric

5 gastroenterologist at Boston Children's Hospital,

6 and a director of the growth and nutrition

7 program. I reside with my family in Needham, and

8 I'm speaking tonight with unwavering and

9 enthusiastic support of the Boston Children's

10 Needham project.

11 Our growth and nutrition program was

12 established in 1984 with support from the Bureau

13 of Family Health and Nutrition at the Department

14 of Public Health. The same branch that steward

15 the special supplemental nutrition program of

16 women and children, or the WIC program.

17 We care for children with

18 malnutrition, poor growth and feeding

19 difficulties, and are currently comprised of five

20 gastroenterologists, two nurse practitioners, five

21 dieticians, four feeding therapists, a visiting

22 nurse, a social worker, and two feeding

23 psychologists.

24 We use a biopsychosocial model to

00034

1 promote improved feeding and swallowing, reduction

2 of oral aversion, restoration of nutrition, relief

3 of anxiety, and appropriate family functioning

4 around feeding and meal time.

5 While we are very successful in

6 treating our patients, our wait list continues to

7 grow and is now upwards of four to six months.

8 For an infant or toddler with malnutrition or poor

9 weight gain, this lengthy wait can have a

10 significant impact on their future potential.

11 It has been well documented that poor

12 nutrition in the first thousand days of life, from

13 conception to age two can cause irreversible

14 damage to a child's developing brain affecting her

15 ability to perform well in school and her future

16 earning potential, thus making it harder for a

17 child and family unit to rise out of poverty. It

18 can also predispose these children to poor health

19 outcomes including obesity, diabetes and other

20 chronic disease.

21 Our program takes particular pride in

22 our psychology and social work services, that when

23 paired with excellent medical care help to provide

24 social supports and framework to families in need.

00035

1 This combination of services when accessed in a

2 timely manner can avoid hospitalization and

3 feeding tube placement for a child.

4 The Needham satellite is proposed to

5 be a new state of the art home for the growth and

6 nutrition program allowing us to provide even

7 better and more accessible care related to feeding

8 and nutrition upon its opening.

9 It will allow us to care for more

10 patients, reduce our wait list times and reach a

11 geographic area we have so far been less able to

12 serve.

13 The new clinic will be built with our

14 population in mind and help us to further

15 revolutionize the care of children with

16 malnutrition. I appreciate the opportunity and

17 for all of your time. Thank you.

18 LARA SZENT-GYORGYI: Thank you.

19 DEXTER: Our next public comment comes

20 from Magali Garcia-Pletsch. Your line is open.

21 MAGALI GARCIA-PLETSCH: My name is Magali

22 Garcia-Pletsch and I live in Boston, but work in

23 Waltham as an operations director with Waltham

24 Partnership For Youth.

00036

1 Boston Children's Hospital has been a

2 key partner since our inception over 30 years ago.

3 On behalf of Waltham Partnership for Youth, I am

4 speaking today in support of Boston Children's

5 Hospital proposed project.

6 Waltham Partnership for Youth serves

7 children and families throughout Waltham with a

8 particular focus on high school aged youth of

9 color, immigrant youth and youth from low-income

10 household. As you are aware, the need for

11 childrens access to integrated pediatric care,

12 especially when mental and behavioral health care

13 is great.

14 Our partnership with Boston

15 Children's Hospital has taken many shapes over the

16 last three decades. We have received financial

17 support for mental health programs and services.

18 We have had DCH clinicians provide pro bono

19 services in the form of serving on panels and

20 providing emotional support at events, and we have

21 long benefited from having thoughtful and

22 dedicated DCH representatives serve on our board

23 of directors.

24 Through this work together we have

00037

1 been able to ensure that more Waltham youth,

2 especially youth of color and low-income youth

3 have greater access to services and information

4 regarding their health and well-being.

5 That said, we have also witnessed the

6 expediential growth in the mental health needs of

7 the youth we serve, and there is perhaps no more

8 urgent and important steps we can take as a

9 community than expanding the behavioral health

10 supports available to our young people.

11 Additionally, as demonstrated through

12 our own 2019 transportation studies, Waltham Rides

13 Together, lack of transportation is a significant

14 barrier facing the families that we serve, so we

15 are especially pleased that families will have

16 greater access to outpatient services in much more

17 convenient locations.

18 We applaud the fact that the Boston

19 Children's is prioritizing the expansion of

20 behavioral health services, and that they are

21 undertaking these plans in a way that are

22 addressing the needs of underserved children and

23 families with a focus on increasing access.

24 I am confident Boston Children's

00038

1 investment in children, families and communities

2 will have a long-lasting impact that will benefit

3 our community for many years to come.

4 We strongly recommend that the

5 Department of Public Health act favorably on the

6 proposed project. Thank you for the opportunity

7 to speak tonight.

8 LARA SZENT-GYORGYI: Thank you.

9 DEXTER: Our next public comment comes

10 from Nina Liang. Your line is open.

11 NINA LIANG: Thank you so much. My name

12 is Nina Liang and I'm currently serving as a City

13 Council President in Quincy. And although this

14 expansion is not taking place in my city, Weymouth

15 is my neighboring city and I just want to share

16 with you personally why this is so important to

17 me.

18 Twenty eight years ago my youngest

19 sister, the last of four, was born with severe

20 development disabilities. And, unfortunately, to

21 this day she's still unable to verbalize anything

22 or care for herself.

23 Although I count my blessings that

24 I'm lucky enough now to be able to help my parents

00039

1 and the burden of caring for her, that wasn't

2 always the case.

3 I was five years old when she was

4 born, and, again, I was one of four kids. My mom

5 was, you know, responsible for taking care of all

6 of us. My dad worked every day but Thanksgiving

7 to make sure that we had a roof over our heads and

8 food on the table.

9 But, that meant that my mom, a young

10 mom of four in a country where, you know, she did

11 not grow up, and she was an immigrant, English was

12 her second language, she was tasked with making

13 sure that we were all healthy and that my younger

14 sister got the care that she needed.

15 And Boston Children's Hospital 28

16 years ago made this easier for my mom. They

17 treated my family with compassion and grace. They

18 navigated the language barriers with her with

19 respect and never treated her less than just

20 because her English was not 100 percent.

21 They always made sure that someone in

22 the emergency room, whether it was at 2:00 in the

23 afternoon, or 2:00 in the morning was always going

24 to be there to help my mom navigate what was going

00040

1 on and to ensure that she got the care that she

2 needed.

3 When my sister turned 18, however,

4 insurance companies called left and right and let

5 us know that my sister was now aging out of

6 Children's Hospital's care and needed to have a

7 transition plan to find doctors elsewhere. Of

8 course, after 18 years of getting the exemplary

9 care she was getting at Children's, we were very

10 concerned about where we were going to go next

11 with her.

12 Children's Hospital did not skip a

13 beat. They reached out, they took it upon

14 themselves to help us advocate for her, and to

15 this day, she's still able to continue on with the

16 specialists that she needs to ensure a healthy and

17 safe and happy life every single day.

18 My sister, like I said, is healthy.

19 She lives with a (inaudible). We happily drive

20 her every morning, pick her up every single

21 afternoon, and what makes that easier is that now

22 when she has an appointment, she can go to the

23 location in Weymouth, but that's not always the

24 case with every appointment.

00041

1 There is some times because we are

2 still frequent fliers with Children's, we do have

3 to make the trip into Boston which requires one of

4 my three siblings or myself to take some time off

5 of work and help my parents take Lily into Boston

6 Children's Hospital. If that were the only

7 option, I don't know that we would be able to make

8 it, but because we have the alternative option, it

9 makes it certainly a lot easier.

10 The commute continues to be long,

11 parking is not always easy, but though my sister

12 is able to walk, it's very difficult for her

13 sometimes to be able to get around. When we go to

14 Weymouth, it's all that much easier.

15 I know that this is in the not so

16 distant future a responsibility that will be mine,

17 not only to take care of her, but my parents as

18 well. Despite that, seeing something that's very

19 overwhelming for me, I know that the 2 a.m.

20 emergencies will happen, and when they do, if I

21 continue to be able to have access to her team at

22 Children's, I'll never have to face this burden

23 alone.

24 Thank you so much for allowing me the

00042

1 opportunity to share my personal story. I hope

2 that you will consider that mine is not the only

3 one that is like this, and the immense positive

4 impact this will have on families like mine.

5 Thank you.

6 DEXTER: Our next -- well, if we have a

7 State Representative Thomas Stanley out there with

8 us listening in, can I get you to do a Star 0 -- a

9 Star 0 so I can get you next in line.

10 Representative Thomas Stanley, can I

11 get you to do a Star 0 if you're listening to get

12 you next in line. Thank you.

13 (Pause)

14 REPRESENTATIVE THOMAS STANLEY: Good

15 evening. My name is Tom Stanley. I am a life

16 long Waltham resident, and both a member of the

17 Waltham City Council and Massachusetts House of

18 Representatives for more than the last 20 years.

19 Thank you for the opportunity to

20 provide my enthusiastic support of Boston

21 Children's Hospital, hospital's proposal to build

22 new beds at its satellite location in Waltham as

23 part of the department's determination of need

24 process.

00043

1 For the past 13 years, Boston

2 Children's Hospital at Waltham has been a strong

3 partner and good neighbor to our community. Many

4 of my constituents have brought their children to

5 this facility and to seek outstanding care and

6 service.

7 I am proud to support Boston

8 Children's plan to renew and update their existing

9 services and support the expansion of services

10 which will bring care closer to home.

11 I am especially heartened to hear

12 that Waltham will be home to new comprehensive

13 behavioral health treatment beds as there is a

14 behavioral health backlog that children are

15 experiencing throughout the State.

16 It is critically important that we

17 continue to address the need for psychiatric

18 options for children that are (inaudible) in the

19 State.

20 Thank you once more for the

21 opportunity to provide my support of Boston

22 Children's Hospital's Determination of Need

23 application. As always, I greatly appreciate your

24 time and respectfully request your approval of

00044

1 this project plan. Thank you.

2 LARA SZENT-GYORGYI: Thank you.

3 DEXTER: Our next public comment comes

4 from Joe Cravero. Your line is open.

5 JOE CRAVERO: Thank you. My name is Dr.

6 Joe Cravero and I currently serve as the Chair of

7 the Department of Anesthesiology Critical Care

8 Pain Medicine at Boston Children's Hospital.

9 I've worked at Boston Children's for

10 ten years focusing on outcomes analysis and the

11 care we provide in the perioperative venue and

12 optimizing safety, quality of care at all our

13 sites.

14 I'm speaking to support Boston

15 Children's Hospital proposal to modernize the

16 existing facilities in Waltham and Weymouth, and

17 to build an ambulatory surgical center in Needham.

18 I believe this project will greatly

19 benefit children, families and communities across

20 our State, and improve access for patients seeking

21 life saving or life changing care.

22 The provision of care by trained

23 pediatric anesthesiologists have been shown to

24 improve overall safety and quality of care when

00045

1 infants and young children are involved.

2 Provision of our care in the

3 ambulatory setting in Needham and Waltham allow us

4 to bring world leading pediatric anesthesia care

5 to the ambulatory setting, and to improve access

6 in this level of anesthesia care to children in

7 our region.

8 The advanced care we provide includes

9 a number of things, including the provision of

10 home-based regional anesthesia, utilizing renal

11 anesthesia catheters for patients undergoing

12 various procedures. They accomplish surgeries in

13 an outpatient setting that would otherwise need to

14 be done in association with a one or two-day

15 inpatient stay. This increases convenience,

16 contributes to cost containment and reduces the

17 use of perioperative opioids.

18 Our pediatric anesthesia services are

19 unique in that they include an integrated care for

20 psychological and emotional needs of pediatric

21 surgical patients and their families. Our

22 outpatient anesthesia teams work closely with the

23 hospital child life specialists to minimize stress

24 and anxiety.

00046

1 The improvements we provide in

2 pediatric wellness have been shown to translate

3 into better behavioral and functional outcomes

4 after surgery.

5 In addition, we've developed

6 technologies for interacting remotely with

7 patients in the postoperative time frame. They

8 have the availability to evaluate patients via

9 text messaging, and surveys in the days, weeks

10 after surgery. The result of this system that

11 provides the right amount of follow-up and

12 interaction that a patient or family desire and

13 urgent interventions when they're needed.

14 The proposed project and investment

15 will help us extend Boston Children's

16 anesthesiology care techniques to families and

17 patients throughout the State and region. It will

18 ensure that patients and families have access to a

19 full range of high quality care and convenient and

20 lower cost settings.

21 I want to thank you for the

22 opportunity to speak in support of this proposal.

23 LARA SZENT-GYORGYI: Thank you.

24 DEXTER: Our next public comment comes

00047

1 from Lisa Hogarty. Your line is open.

2 LISA HOGARTY: Good evening. My name is

3 Lisa Hogarty, I live in Cambridge, Massachusetts,

4 and I lead the Real Estate and Facilities team at

5 Boston Children's. And I'm speaking today in

6 support of this proposed project.

7 My team and I are involved with all

8 aspects of developing Children's ambulatory

9 strategy from site selection to construction. We

10 have the responsibility of ensuring all of our

11 facilities are designed to meet the diverse needs

12 of our patients and families from across

13 Massachusetts.

14 With accessibility as a forefront to

15 our review, we looked at locations that could

16 reach children and families in surrounding

17 communities, especially in the underserved areas

18 with lower income.

19 Patient and families need to have an

20 experience with the physical facility that matches

21 the world class care they receive from us. Every

22 families travel path to our facilities need to be

23 short and easy to navigate.

24 Since most of our patients arrive

00048

1 with multiple rolling support such as wheelchairs

2 and strollers, having a long walk to and from our

3 entrances is simply not tenable.

4 Another key priority in our

5 ambulatory planning was the need for additional

6 operating rooms for our surgical subspecialty

7 departments.

8 We assessed sites in Framingham,

9 Natick and Needham as part of our due diligence

10 process. Ultimately, we selected the locations at

11 380 First Avenue in Needham for our new ambulatory

12 surgical center, and the primary reason was based

13 on its ease of access to and from Route 128 and

14 other major highways, as well as having convenient

15 parking adjacent to that site.

16 Since 2011, Boston Children's

17 affiliated physician practices have been providing

18 our patients the highest quality of care in the

19 Stetson Medical Office Building in Weymouth.

20 Knowing our lease at Stetson expires in June of

21 2024, we looked at other medical office options in

22 Braintree, Quincy and Weymouth. We ultimately

23 chose the site on Libbey Parkway in Weymouth which

24 is less than a mile from our Stetson building.

00049

1 This new location will provide

2 medical office space for our physician practices,

3 and allow us to add hospital support services such

4 as laboratory, radiology, physical and

5 occupational therapy.

6 In Waltham where we've been serving

7 patients since 2006 and already provide convenient

8 parking. We engaged with town officials and

9 neighbors over the course of the past several

10 years, and based on their feedback, we determined

11 the best way forward for that location was to

12 renovate and modernize our existing facilities.

13 Lastly, Boston Children's is

14 conscious of other societal (inaudible) such as

15 sustainable energy efficient building design and

16 the diversity of workforce, especially as it

17 relates to well paying union jobs.

18 We'd like to thank you for your time

19 tonight and your support for this very important

20 project. Thank you.

21 LARA SZENT-GYORGYI: Thank you.

22 DEXTER: Our next public comment comes

23 from Vanessa Weisbrod. Your line is open.

24 VANESSA WEISBROD: Good evening. I'm

00050

1 Vanessa Weisbrod and I live in Needham. My

2 husband and I have two children ages five and

3 eight, both of whom are patients of Boston

4 Children's Hospital where they have received the

5 highest quality medical care from the most kind,

6 caring and thoughtful providers.

7 Additionally, I am the director of

8 the Celiac disease program at Boston Children's

9 Hospital where I am so proud of the care we

10 provided to patients, families every single day.

11 I am speaking today in enthusiastic

12 support of Boston Children's Hospital's proposed

13 projects in Needham, Waltham and Weymouth.

14 As a Needham resident, I'm going to

15 speak specifically about our facility. This new

16 building is going to open so many opportunities

17 for our communities.

18 One thing I'm particularly excited

20 teaching kitchen on the ground floor where we will

21 be able to offer nutrition education classes for

22 patients, their families and the surrounding

23 communities.

24 Patients in my program are treated by

00051

1 one medication, it's not a pill and it's not

2 injected, it's the food that they eat. Currently,

3 the only treatment for Celiac disease is a life

4 long gluten-free diet. This means that every bite

5 of food that goes into our patient's mouth matter.

6 That's why a teaching kitchen in Needham is so

7 exciting for our patient population.

8 Paired with state of the art GI

9 clinic that will be in the building with our

10 expert gastroenterologists, dieticians and social

11 workers, this will be the most comprehensive

12 Celiac center in the Country.

13 Living with a chronic disease is not

14 easy. It's challenging everywhere; at home, at

15 school, when traveling, at grandma and grandpa's

16 house. It takes a community to support these

17 families and Boston Children's is committed to

18 providing the necessary tools these families need

19 to thrive.

20 A new community space in the Needham

21 building will offer a space for patient and family

22 support groups to gather, to learn from one

23 another and to support each other through the

24 unique challenges of living with a chronic disease

00052

1 in every day life.

2 The new facility in Needham will

3 continue to expand access to care, making it

4 easier for kids and family to receive the

5 excellent treatments offered by Boston Children's

6 Hospital providers.

7 I am excited for the new facility as

8 a parent, as a community member and as a hospital

9 employee. Thank you so much for the opportunity

10 to speak tonight.

11 LARA SZENT-GYORGYI: Thank you.

12 DEXTER: Our next public comment comes

13 from Dr. David Hunter. Dr. Hunter, your line is

14 open.

15 DAVID HUNTER: Hello, I am Dr. David

16 Hunter and I'm the Chief of Ophthalmology at

17 Boston Children's Hospital, and a resident of

18 Belmont, Massachusetts.

19 I am excited to support this proposal

20 to modernize the existing facilities at Boston

21 Children's.

22 Our ophthalmology department has more

23 than 40 clinicians and it's one of the busiest

24 departments at Children's Hospital. We are

00053

1 continually adding subspecialty doctors to provide

2 families access to more than leading experts in

3 extremely rare and optom vision threatening, or

4 even life threatening eye conditions; including

5 pediatric glaucoma, childhood cataract, pediatric

6 retinal surgery and childhood eye tumors.

7 We evaluate our patients with the

8 latest in a growing number of sophisticated

9 opthalmic devices and tests. This depth and

10 breadth of experience attracts the most medically

11 complex patients not only locally, but also

12 nationally and internationally.

13 At the same time, our departments are

14 severely constrained by a lack of clinical space.

15 We juggle increasing staff and patients as

16 effectively as we can within those constraints,

17 but still, families have to wait for as long as

18 eight months to get appointments for certain

19 conditions.

20 When we move our delicate equipment

21 around in crowded spaces from room to room like

22 puzzle pieces just to be able to perform these

23 necessary tests. There would be tremendous

24 advantages to having more opportunity for

00054

1 satellite sites and more space at these sites to

2 offer our families. With more space with each

3 specialist per session, our visits can be more

4 efficient and further improve access.

5 With additional clinical sites,

6 patient and family travel time would be reduced

7 and a lot less demands and stress on patients.

8 They sometimes have to actually return for weekly

9 examinations over extended periods of time that

10 their child has a vision threatening condition.

11 Now, as part of this project our

12 ophthalmology department hopes to expand in

13 Weymouth, to create a large clinical satellite in

14 Needham. If the Needham moves forward, we would

15 be able to maintain our access for our Waltham

16 patients, but in a reduced footprint.

17 So this proposed project will help

18 our patients in multiple ways. First, it will

19 increase our space and capacity to keep up with

20 both patient care, and also in advances in

21 diagnostic equipment.

22 Second, it will give broader access

23 to suburban patients and families. Third, it will

24 decrease wait times for appointments and the time

00055

1 spent at appointments. Fourth, by allowing

2 suburban patients to remain closer to their homes,

3 it will increase our acces for our local patients,

4 as well as those traveling nationally or

5 internationally for care.

6 Fifth, it will give access to

7 underserved cities and towns outside of Boston.

8 And, finally, it will increase our ability to

9 treat the kind of complex patients that Boston

10 Children's is known to attract.

11 So, in conclusion, I support this

12 proposed project that will allow us to provide

13 appropriate patient access to our services and

14 enhance the patient experience overall. Thank you

15 very much.

16 LARA SZENT-GYORGYI: Thank you.

17 DEXTER: Our next public comment comes

18 from Athos Bousvaros. Your line is open.

19 ATHOS BOUSVAROS: Thank you very much.

20 My name is Athos Bousvaros, I am the Vice Chair

21 for Clinical Affairs in the Department in

22 Pediatrics at Boston Children's Hospital, and I'm

23 a resident of Lexington, Massachusetts.

24 I'm here to also add my support to

00056

1 the new Boston Children's Hospital initiative, and

2 I'm going to focus on gastric care.

3 The gastroenterology division at

4 Boston Children's Hospital has over 50,000 patient

5 visits per year. They care for children with

6 complex medical conditions including Crohn's

7 disease, ulcerative colitis, abdominal pain,

8 pancreatic disease, liver disease, Celiac disease

9 and allergic disorders of the GI tract.

10 The hospital's ambulatory clinic in

11 Boston was established in the 1970's, but this

12 space is inadequate for us to adequately serve the

13 needs of our patients. We are, therefore, working

14 to expand our patient appointments and services at

15 our clinics outside of Boston, but the space

16 limits our ability for physicians to see patients.

17 Patients can't always be seen in a

18 timely manner, which can translate into

19 potentially preventible hospitalization.

20 The new expansion, which is overdue,

21 will enable us to provide health care to an ever

22 increasing patient population comprised solely of

23 children whose families are in search of timely

24 and specialized care.

00057

1 This includes the growth and

2 nutrition program that was previously discussed by

3 Dr. Fleet, which will focus on caring for children

4 who lack financial resources to obtain food, have

5 developmental disorders such as autism, are unable

6 to take adequate nutrition by mouth, or have

7 complex medical needs.

8 In summary, the health care of

9 patients are becoming more complex, both physical

10 and behavioral. Focus has increasingly shifted to

11 multidisciplinary care in clinics where many

12 providers can care for patients so that they don't

13 have to make five visits, but rather they can come

14 and see five doctors or five providers all at the

15 same time, including psychology, social work, pain

16 management and other groups.

17 This proposed increase in services

18 will help the Commonwealth in many ways,

19 specifically by allowing access in western Mass.,

20 to people who don't need to drive into Boston, and

21 also freeing up facilities in Boston so that

22 people who need Boston can come and be cared for

23 there.

24 Thank you very much for allowing me

00058

1 speak in support of this project.

2 LARA SZENT-GYORGYI: Thank you.

3 DEXTER: Our next public comment will

4 come from Vincent Coyle. Vincent, your line is

5 open.

6 VINCENT COYLE: Hi, my name is Vincent

7 Coyle. I'm a resident of Pembroke, Massachusetts.

8 I represent the men and women of the Ironworkers

9 at Local 7 as their business agent. I am also a

10 trustee of the Quincy and South Shore Building

11 Trades. I'm here to speak on behalf of the trades

12 as well.

13 Since Quincy City Hospital has

14 closed, we wholeheartedly are in favor of the

15 Boston Children's Hospital coming to Weymouth,

16 also to our neighbors up north in Waltham and

17 Needham.

18 Being a parent and making that trip

19 into Longwood Ave., being stuck in traffic. Now

20 that my kids are older, this will help families

21 with the burden of being in traffic, being able to

22 get that necessary attention that is needed for

23 the children and their families.

24 So once again, I am in support of

00059

1 these projects. Thank you.

2 LARA SZENT-GYORGYI: Thank you.

3 DEXTER: Our next comment will come from

4 Dr. Richard Garber. And as a reminder, if you'd

5 like to comment, please press Star 0 to enter the

6 queue. Dr. Garber, your line is open, sir.

7 RICHARD GARBER: Thanks. Hi, my name is

8 Dr. Richard Garber. I live in Wellesley, and I

9 have been a private pediatric practice in

10 Framingham for 33 years.

11 I founded Framingham Pediatrics 28

12 years ago, and we are now a group of seven

13 pediatricians and a pediatric nurse practitioner,

14 and we are proud to be a member of the Boston

15 Children's Primary Care Alliance.

16 I am speaking tonight in support of

17 Boston Children's Hospital's proposed project in

18 Waltham, Needham and Weymouth.

19 Bringing the expertise of Boston

20 Children's and its specialists to the western

21 suburbs and Needham, and expanding the services

22 already provided in Waltham will be a tremendous

23 benefit to the patients and families in the

24 MetroWest area and beyond.

00060

1 Our relationship with the hospital

2 and the specialists has allowed us to expand and

3 improve the services we can offer to patients in

4 our own office, a concept we refer to as advanced

5 primary care.

6 But when our patients need pediatric

7 medical and surgical care beyond what we can offer

8 to them, they want to be seen by Boston Children's

9 specialist. We're happy to be able to help

10 arrange that for them, but they don't want to

11 drive to and park in Boston if they can avoid it.

12 Seeing specialists outside of Boston

13 allows patients to save hours of travel time and

14 aggravation, and often makes a difference between

15 missing a full day of work and school or not.

16 Although many of our patients live in

17 Framingham or further west, a trip to here in

18 Waltham would be far preferable for almost all of

19 them.

20 Many of our patients have observed

21 services such as imaging and even doctor visits at

22 suburban sites that results in lower costs for

23 them than it is in Boston.

24 Our team is known to coordinate care

00061

1 with specialists because of our shared electronic

2 health record. A lot can often save costs by

3 avoiding repetition of medical services that can

4 occur when prior records are not available through

5 a specialist.

6 We're very excited about the

7 opportunity to expand behavioral health services

8 in Waltham and hopefully come to Needham as well.

9 These would be huge benefits to our patients and

10 the patients who live in the western suburbs, and,

11 frankly, be a very important part, to me, why this

12 proposal must move forward.

13 Thank you for the opportunity to

14 speak in support of this proposal tonight.

15 LARA SZENT-GYORGYI: Thank you.

16 DEXTER: Our next commenter will be Mike

17 Doucette. Mike, your line is open, sir.

18 MIKE DOUCETTE: Yes, good evening. My

19 name is Mike Doucette, I'm a retired union

20 ironworker based out of South Boston,

21 Massachusetts. I'm also a long time resident of

22 Wilmington, Mass..

23 Having two children, a daughter age

24 twelve and a son age nine. My son being born with

00062

1 a cleft lip, both cleft and incomplete palate put

2 quite the burden on us traveling back and forth to

3 Longwood Avenue. (Inaudible) at the time, three

4 surgeries before he was one, three additional

5 surgeries by the age five, and now multiple visits

6 into the dental facility.

7 We want the best for our family, and

8 I think the overcrowded facility is time for

9 expansion. Waltham, Weymouth, Needham are all

10 readily needed.

11 As a member of the Framingham Union

12 Ironworks trade, we are in strong support of this

13 project. I think it's much overdue.

14 On the Covid end, the behavioral

15 issues and psyche issues, opening up these new

16 campuses will be a much needed for the State of

17 Massachusetts.

18 My family strongly supports these

19 projects. I want to thank all parties involved in

20 putting this hearing together, and a special

21 thanks for the opportunity to speak. Thank you

22 and have a good night.

23 LARA SZENT-GYORGYI: Thank you.

24 DEXTER: Our next comment will come from

00063

1 Matt Selig. Matt, your line is open.

2 MATT SELIG: My name is Matt Selig, I

3 live in the City of Newton, and I work as the

4 Executive Director of Health Law Advocate, or HLA.

5 Thank you very much for the chance of

6 testifying this evening. I'd like to offer my

7 comments in strong support of Boston Children's

8 Hospital's proposal.

9 I've worked at HLA since 2005 and

10 I've been the executive director since 2009. HLA

11 is a nonprofit public interest law firm that

12 provides free legal assistance to income eligible

13 Massachusetts residents to help them overcome

14 barriers to health care.

15 HLA works extensively with Boston

16 Children's Hospital, including working together to

17 help many individual families in low-income

18 situations access mental health services for

19 children; and working to advance public policy

20 reform as members of the Children's Mental Health

21 Campaign to improve access to mental health

22 services.

23 HLA's largest program is our mental

24 health advocacy program for kids or MHAP for kids.

00064

1 MHAP for kids have twelve lawyers based in family

2 resource centers around the State who help

3 families in low-income situations overcome

4 barriers to mental health services for children.

5 Our program receives funding from the

6 State in the State budget. Our lawyers receive --

7 our lawyers represent several hundred families

8 each year. More than half of the children we

9 assist identify as a person of color.

10 Our lawyers are seeing more and more

11 children with acute mental illness facing steeper

12 barriers to the services they need. In our

13 attorneys' experience working with our clients,

14 they also see all types of barriers in mental

15 health services, but the unavailability and

16 nonexistence of mental health services for kids

17 rank at the top for families struggling with our

18 childrens mental health system.

19 According to data collected from the

20 families we serve and analyzed by the Boston

21 University School of Public Health, 72 percent of

22 the families we serve rate bureaucratic delay,

23 including waiting list as one of their most

24 significant barriers in mental health care for

00065

1 children. 50 percent of our families reported

2 that the complete nonexistence of services is one

3 of their most significant barriers in care.

4 Our experience working directly with

5 families and the data we have collected from them

6 tell us there is a very significant lack of

7 capacity of mental health services for children at

8 all levels of service.

9 This is why we so strongly support

10 Boston Children's Hospital's proposal,

11 particularly a plan to open a new med site partial

12 hospitalization program in Waltham where they

13 recently opened new vitally important inpatient

14 mental health beds.

15 These services are surely needed,

16 especially now that childrens' mental health needs

17 are rising so quickly as a result of this

18 pandemic, racial inequality and other factors.

19 Thank you again so much for the

20 chance to testify and I hope you will approve

21 Boston Children's proposal. Thank you.

22 DEXTER: Again, as a reminder, if you'd

23 like to testify, please press Star 1 to enter the

24 queue. Our next comment will come from Julee

00066

1 Bolg. Julee, your line is open.

2 JULEE BOLG: Good evening. My name is

3 Julee Bolg and I reside in Northborough with my

4 husband.

5 I'm a nurse and the Executive

6 Director of Satellite Clinical Operations at

7 Boston Children's Hospital. In this role I have

8 worked at Boston Children's for over 15 years, and

9 in our satellites I've witnessed the extraordinary

10 care our patients and families receive on a daily

11 basis.

12 The resulting positive experiences

13 and outcomes with greater than 40 years of

14 experience working in pediatric hospitals and

15 health care systems across the country, I can

16 confidently say that Boston Children's is among

17 the leaders in providing pediatric care in the

18 community.

19 Boston Children's has responded to

20 the needs of our patients and communities for more

21 than 25 years by bringing specialty ambulatory

22 care to the community in order to improve access

23 and convenience, and I think it's really an

24 understatement to say that we have created

00067

1 something very special.

2 Running my business and nursing

3 experience and skills, I have a unique perspective

4 with the amazing things that are taking place in

5 nursing location and patient care. I am able to

6 use those insights to collaborate with other

7 hospital leaders on business strategies that make

8 our satellites operate as safely and efficiently

9 as possible.

10 From parking to passing through the

11 lobby, to arriving at appointments, there's just a

12 different feel to our satellite facilities. The

13 satellites are not as crowded as you may find on

14 our Boston campus so they are easier to navigate,

15 easier to access, and they enable the child to

16 stay within a familiar environment closer to home.

17 We have found that this really

18 resonates with our children and families and helps

19 them to stay calm when they arrive at our

20 satellite facilities for visits.

21 Our satellite locations allow us to

22 provide greater access to the same high quality

23 care and providers available at our Boston campus,

24 but to minimize delays in scheduling appointments

00068

1 since we can offer more availability across our

2 different locations.

3 Providing ambulatory services in our

4 community relieves the stress of having to choose

5 an inconvenient or difficult to get to location.

6 Our community locations have allowed

7 us to reach groups of patients we haven't been

8 able to reach before. For instance, our location

9 in North Dartmouth was carefully selected as it

10 enabled families with transportation challenges to

11 see our Boston Children's providers in a community

12 closer to home without having to make the ride

13 into Boston.

14 The patient experience in our

15 satellite is high quality and family centered

16 which is consistent across all of Boston

17 Children's locations.

18 And beyond the clinical aspect of

19 care, providing culturally competent support and

20 services is a key part of our positive patient

21 experience.

22 The depth and breadth of what Boston

23 Children's does in its facilities and the

24 communities in which they are located will only be

00069

1 strengthened by the proposed project in Waltham,

2 Weymouth and Needham. I fully support this

3 project and look forward to the greater

4 opportunities they will create. Thank you very

5 much for this opportunity.

6 LARA SZENT-GYORGYI: Thank you.

7 DEXTER: Again, as a reminder, if you'd

8 like to enter the queue to testify, please press

9 Star 1. Our next commenter will come from Monica

10 Lombardo. Monica, your line is open.

11 MONICA LOMBARDO: Hello, my name is

12 Monica Lombardo and I'm the Vice President

13 (inaudible) Center for Boys & Girls Clubs of Metro

14 South.

15 Through a combination of before and

16 after school, weekend and summer camp enrichment

17 programs offered at our clubhouses in Brockton and

18 Taunton, and at several community based extension

19 sites, we serve nearly 2,500 youths from over 41

20 southeastern Massachusetts cities and towns each

21 year.

22 I'm grateful for the opportunity

23 tonight to express my enthusiastic support for

24 Boston Children's Hospital plans to modernize its

00070

1 Waltham and Weymouth facilities, and to build a

2 new ambulatory surgical center in Needham.

3 As you are aware, the need for

4 childrens access to integrated pediatric care,

5 especially mental and behavioral health care is

6 great.

7 We applaud the fact that Boston

8 Children's is undertaking these plans in a way

9 that demonstrates its commitment not only to the

10 health and well-being as children in those

11 communities, but to addressing the needs of

12 children and families in surrounding undeserved

13 communities as well.

14 This will ensure that families

15 throughout Massachusetts has access to a full

16 range of high quality integrated pediatric care

17 services where and when they need it.

18 A lack of transportation is one of

19 the most serious problems facing the families that

20 we serve in Brockton and Taunton, so we are

21 especially pleased that families will have greater

22 access to outpatient services in a much more

23 convenient location.

24 Boston Children's presence in our

00071

1 community also provides an important opportunity

2 to complement and expand upon the services that

3 Boys & Girls Club of Metro South currently offer.

4 We look forward to collaborating on

5 ways to better serve club use, their families and

6 the broader community.

7 I'm confident that Boston Children's

8 investment in children, families and communities

9 will have a long lasting impact that will benefit

10 our community for many years to come.

11 Having benefited greatly personally

12 from the expertise in the medical teams at Boston

13 Children's myself over the years having been

14 diagnosed with juvenile idiopathic arthritis at

15 the age of two, I knew all too well just how

16 critical access to high quality care is for

17 children and their families.

18 I'm honored to have the occasion to

19 lend my support for Boston Children's now as a

20 small token of my repayment for all that the

21 hospital has done for me and my family through the

22 years.

23 Boys & Girls Clubs of Metro South

24 appreciate the opportunity to lend our voice in

00072

1 support of Boston Children's proposed project. We

2 strongly urge the Department of Public Health to

3 act favorably on the proposed project. Thank you.

4 LARA SZENT-GYORGYI: Thank you.

5 DEXTER: Again, as a reminder, if you'd

6 like to testify and enter the queue, please press

7 Star 1. Our next comment is going to come from

8 Peggy Montlouis. Peggy, your line is open,

9 please.

10 PEGGY MONTLOUIS: Good evening. My name

11 is Peggy Montlouis, I live and work as the

12 community health educator for the Randolph Public

13 Health Department.

14 I'm speaking this evening to express

15 my strong support for Boston Children's Hospital's

16 plan to modernize its Waltham and Weymouth

17 facilities, and to build a new ambulatory surgical

18 center in Needham.

19 As you are aware, the needs for

20 childrens access to integrated pediatric care,

21 especially mental and behavioral health care is

22 great.

23 A lack of transportation is one of

24 the most serious problems facing the families here

00073

1 in Randolph, so we are especially pleased that

2 families will have greater access to outpatient

3 services in much more convenient locations.

4 We look forward to collaborating in

5 ways that better serve our youth, family, clients

6 and the broader community. I am confident Boston

7 Children's investment in children, families and

8 communities will have a long lasting impact that

9 will benefit our community for many years to come.

10 On behalf of the Town of Randolph

11 Public Health Department, we appreciate the

12 opportunity to provide this support to the Boston

13 Children's proposed project.

14 We strongly urge the Department of

15 Public Health to act in favor of this proposed

16 project. Thank you for the opportunity to speak

17 tonight.

18 LARA SZENT-GYORGYI: Thank you.

19 (Pause)

20 LARA SZENT-GYORGYI: This is Lara

21 Szent-Gyorgi again. While we're waiting for the

22 next speaker, just a reminder that we are

23 accepting written comments through December 19th.

24 If you would like to submit a written comment, you

00074

1 can do so through e-mail at DPH.DON@state.ma.us;

2 or you can send that through U.S. Postal Service

3 at the Determination of Need at Massachusetts

4 Department of Public Health, 67 Forest Street,

5 Marlboro, Massachusetts 01752. Thank you.

6 (Pause)

7 DEXTER: Our next comment will come from

8 Matt Borrelli. Matt, your line is open, sir.

9 MATT BORRELLI: Great, thank you. Good

10 evening and thank you for the opportunity to speak

11 tonight. I'm Matt Borrelli, Chair of the Needham

12 Select Board. I'm speaking on behalf of the Board

13 and the Town of Needham in strong support of

14 Boston Children's Hospital's proposed project.

15 This facility will provide world

16 class pediatric care in Needham, greatly improving

17 access to citizens for our residents and for

18 families in surrounding communities.

19 This project will also bring job

20 opportunities and new development, coming to

21 realize the Town's vision for Needham Crossing as

22 a premier location for innovative businesses and a

23 skilled workforce.

24 Boston Children's Hospital will

00075

1 provide a stable and valuable presence along with

2 significant economic benefits to Needham and to

3 the State. We anticipate project construction

4 will generate 435 million dollars in economic

5 activity; 2,500 jobs statewide; and 14.25 million

6 dollars in State and local taxes.

7 Once the site is operational, we

8 estimate that Needham alone will see a 52 million

9 dollar increase in economic activity, and 455 new

10 jobs sustained locally each year. The statewide

11 annual benefits from this proposal are roughly

12 four times greater.

13 Lastly, the Town of Needham supports

14 this project because Boston Children's Hospital is

15 a strong community partner. Children's has worked

16 proactively and collaboratively with the Town

17 leadership to negotiate host community and pilot

18 agreements under which the hospital will

19 effectively pay full property taxes on its

20 buildings and land even though it is a charitable

21 entity.

22 These agreements will also support

23 valuable partnerships within the Needham Public

24 Schools, and new services provided by the Town and

00076

1 our community based organizations.

2 Our 2020 annual town meeting

3 overwhelmingly approved a zoning change for the

4 hospital's proposed site clearly signaling the

5 support in the Needham community and for this

6 project.

7 I respectfully request that the

8 Department of Public Health approve Boston

9 Children's Hospital Determination of Need

10 Application. And, again, I want to thank you for

11 the opportunity to speak tonight.

12 LARA SZENT-GYORGYI: Thank you.

13 DEXTER: Again, as a reminder, if you'd

14 like to enter your testimony or comment, please

15 press Star 1 to enter the queue. Our next

16 commenter will be Jonathan Greenwood. Jonathan,

17 your line is open, sir.

18 JONATHAN GREENWOOD: Thank you. My name

19 is Jonathan Greenwood and I currently serve as the

20 senior director of physical therapy, occupational

21 therapy and rehabilitation services at Boston

22 Children's Hospital and our pediatric physical

23 therapists.

24 I'm excited to express my full

00077

1 support for Boston Children's Hospital to develop

2 satellite services in Needham and Weymouth, and

3 expand mental health supports and update the

4 Waltham location, and to implement outpatient

5 physical therapy and occupational therapy programs

6 into the surrounding communities in Massachusetts.

7 I'd like to speak to the role of

8 physical therapy and occupational therapy at

9 Boston Children's Hospital and how we support

10 patients and families after -- who often require

11 increased numbers of visits per week to come see

12 us.

13 Physical therapy and occupational

14 therapy is an essential part of surgical recovery,

15 and our subspecialty in pediatrics offers patients

16 and families a unique role in their recovery.

17 Physical therapy and occupational

18 therapy services work with patients from birth

19 through young adulthood to improve their ability

20 to function and participate in age appropriate

21 activities.

22 Visits may involve care delivered on

23 the same day a child arrives to see another

24 specialty provider. In these instances, those

00078

1 specialty providers may determine it unsafe for

2 that child to go home prior to seeing PT or OT for

3 the following; possibly evaluations and treatments

4 for the safe use of crutches; receiving a

5 customized fabricated splint from occupational

6 therapy for protection; education and training on

7 safe caregiver transfers; or support for the

8 family as they bring their injured child home.

9 We appreciate the complexity of care

10 needed for our patients and families, and we

11 strive to coordinate that care alongside our

12 partners in health care in the local communities.

13 The proposed expansion of PT and OT

14 services in our satellites will provide physical

15 therapy services for ambulatory patients,

16 including the evaluation and treatment of children

17 who've experienced disability, disabling diseases,

18 congenital conditions, traumatic injuries, and a

19 host of other conditions that affect the child's

20 ability to complete their daily tasks.

21 The physical therapy team works

22 closely with physicians, nurses, patient care

23 coordinators and others within and outside Boston

24 Children's Hospital to achieve this goal.

00079

1 Our occupational therapy services are

2 aimed to help provide patients and their families

3 the ability to regain and develop the skills

4 necessary to function and as independent as

5 possible.

6 I believe locating specialty PT and

7 OT services close to the family's neighborhood

8 where we can decrease the burden as well as

9 increase the access to care.

10 One example is bringing a specialty

11 equipment clinic to the south shore so that

12 families do not need to drive their child with

13 special needs and all of their equipment, for

14 example, wheelchairs, into Boston from the south

15 shore, from the Cape, from the south coast.

16 Improving access to services within

17 the community improves the overall health and

18 well-being of the community inclusive of PT and OT

19 services.

20 Thank you for the opportunity to

21 speak this evening, And I'm in full support of

22 Boston Children's Hospital proposal.

23 LARA SZENT-GYORGYI: Thank you.

24 DEXTER: Our next commenter will be

00080

1 Andrew Sharpe. Andrew, your line is open.

2 ANDREW SHARPE: Thank you so much. I'm

3 so happy to be testifying for Boston Children's

4 Hospital project because our community need this

5 project, and how it is important for the Cuban

6 American community, a community that has been

7 displaced and marginalized.

8 I support this project as Cuban

9 American folks, over 200,000 of us living in the

10 State of Massachusetts. We do need access to

11 health care and a facility for our kids,

12 especially for persons with disability.

13 I support and I say, yes, to this

14 project. We need it. Thank you so much for

15 allowing me to testify, and thank you again. And

16 I want to thank you Boston Children's Hospital for

17 your effort. Thank you.

18 LARA SZENT-GYORGYI: Thank you.

19 DEXTER: Again, as a reminder, if you'd

20 like to enter the queue to comment or testify,

21 please press Star 1. Again, to enter the queue,

22 press Star 1.

23 Our next commenter will be Rita

24 Mendes. Ms. Mendes, your line is now open.

00081

1 RITA MENDES: Yes, thank you so much. So

2 my name is Rita Mendes and I am Brockton Counselor

3 At Large. As elected official in Brockton, I'm

4 here to speak on behalf of our residents in

5 Brockton.

6 The proposed Weymouth facility is an

7 absolutely critical resource for the children and

8 families that I represent. It provides access to

9 the highest quality care, and a broad range of

10 specialized services without the challenges of a

11 Boston location.

12 Brockton is a community that is

13 already medically underserved, that is very

14 diverse and faces a poverty great, significantly

15 higher than the State average. Access to the care

16 that Boston Children's provides is essential to

17 our residents. Brockton residents can leave the

18 port, take the time off from work to navigate the

19 complicated public transit and to pay for

20 expensive parking.

21 So I am in full support of this

22 project, and I thank you for the opportunity to

23 speak. Thank you.

24 LARA SZENT-GYORGYI: Thank you.

00082

1 DEXTER: Our next commenter will be Kira

2 Rosa. Ms. Rosa, your line is open.

3 KIRA ROSA: Good evening. First, I would

4 like to take this opportunity to thank Children's

5 Hospital for including Brockton Neighborhood

6 Health Center in Planning for their community

7 benefits, expenditures under this determination of

8 need.

9 We are so excited about what this

10 means to the families of Massachusetts, and

11 specifically, the families that we serve in the

12 Brockton area.

13 My name is Kira Rosa and I am a

14 licensed independent social worker and a project

15 manager for the TEAM UP grant at Brockton

16 Neighborhood Health Center.

17 As a behavioral health clinician, the

18 plans from Children's Hospital to expand their

19 services to include a med psyche unit in Waltham

20 is a much needed answer to a growing need among

21 children in our area.

22 As the pandemic has progressed, it

23 seems that every day brings new change and new

24 challenges, we sometimes forget about how our

00083

1 children are affected. However, in my day-to-day

2 work, the hard truth is that these last couple of

3 years have been more than difficult for them.

4 We have seen an increase in anxiety

5 and depression symptoms, including suicidal

6 ideation, especially in our teenage population and

7 even our adolescent. This has led to many hard

8 decisions on whether or not to send these children

9 to hospital level of care.

10 Although we do not make the final

11 determination of their admittance in such

12 programs, we are aware that there's a historical

13 lack of programs in the area to serve them should

14 be deemed -- should they be deemed in need.

15 The development of this med psyche unit

16 would go a long way in alleviating some of this

17 worry. More and more we are seeing our patients

18 having long stays in ER beds awaiting admittance

19 to a program capable of providing the help they

20 need in the moment and this is often

21 disheartening.

22 During a crisis, a wait list is the

23 last thing worried parents and their sick children

24 should have to think about. We are more than

00084

1 grateful that Children's Hospital has recognized

2 this need and has stepped up with plans to help.

3 To this end, we are so happy to hear

4 that our community in the Brockton area has been

5 included in the community benefits priorities of

6 this determination of need.

7 As I mentioned before, the increase

8 in mental health needs among our younger community

9 members has been difficult to watch and to stay on

10 top of. We do our best to be sure that no child

11 suffers without help and this grant would go a

12 long way in helping us maintain this goal.

13 With that being said, we are planning

14 for our next expansion to meet the growing demand

15 for the care we provide to the most vulnerable

16 children in our community. We are excited about

17 the prospect of coordinating our vision with

18 Children's Hospital's exciting project in Waltham.

19 I would like to close by once again

20 thanking Children's Hospital for this opportunity

21 in giving support to the wonderful and much needed

22 plans to expand services to our vulnerable

23 population and especially our children. Thank

24 you.

00085

1 LARA SZENT-GYORGYI: Thank you.

2 EXTER: Our next commenter will be David

3 DeMaso. David, your line is now open, sir.

4 DAVID DEMASO: Thank you. Good evening,

5 my name is David DeMaso from Boston,

6 Massachusetts.

7 As Chief of Psychiatry at Boston

8 Children's for nearly 20 years and a practicing

9 child and adolescent psychiatrist in Massachusetts

10 for over 40 years, I support Boston Children's

11 proposal to modernize its facilities in Waltham

12 and Weymouth, and build an ambulatory surgical

13 center in Needham.

14 This project will greatly benefit

15 children, families and communities across our

16 State, and improve access for patients seeking

17 life changing medical and behavioral health care.

18 Boston Children's currently has 49

19 children boarding at the hospital on a medical

20 floor or in the emergency room waiting for

21 placement in an intensive psychiatric treatment

22 setting. Last winter this number reached into the

23 sixties. I suspect these numbers to be similar

24 this winter.

00086

1 We are in the midst of a behavioral

2 health crisis where children are not receiving

3 early intervention or affective treatment.

4 In response, Boston Children's is

5 focused on implementing a responsive psychiatric

6 care continuum that provide children and families

7 with the right services, in the right setting, at

8 the right time.

9 We've opened a twelve bed inpatient

10 psychiatry unit in Waltham this fall with plans to

11 build a partial hospitalization unit with space

12 for eight to ten patients.

13 We're also expanding behavioral

14 clinical staffing to ensure that patients who are

15 boarding receive timely evidence based

16 interventions that allow them to return home

17 safely.

18 We have greatly expanded access

19 throughout patient psychiatry services both in

20 Boston and in Waltham, along with plans to do so

21 in Weymouth to fulfill our waiting list continuum.

22 Boston Children's understands that an

23 affective care continuum requires successful

24 partnerships with primary care pediatric

00087

1 providers, school professionals and community

2 mental health providers.

3 Our Boston neighborhood partnership

4 programs provides elementary schools with the

5 critically needed access to our teams helping

6 educators, parents and child health professionals

7 identify psychological stress and behavioral

8 issues early in a child's life.

9 Our primary care collaborative

10 program is training primary care providers

11 statewide and nationally to alleviate some

12 behavioral services filling critical gaps in the

13 psychiatric workforce.

14 I've seen Boston Children's

15 investments in the behavioral health of children,

16 families and communities make a difference. I'm

17 fully confident that this proposed project will

18 provide greater access to a full range of

19 pediatric behavioral health care services and have

20 a long lasting impact and benefit future

21 generations of children and their families. Thank

22 you for the opportunity to speak tonight.

23 LARA SZENT-GYORGYI: Thank you.

24 DEXTER: Our next comment is going to

00088

1 come from Man Waii Ng. Man Waii, your line is

2 open.

3 MAN WAII NG: Thank you so much. Good

4 evening. My name is Man Waii Ng, I am Chief of

5 the Department of Dentistry at Boston Children's

6 Hospital.

7 I fully support Boston Children's

8 Hospital's proposal to modernize the existing

9 facilities in Waltham and Weymouth, and to build

10 an ambulatory surgical center in Needham.

11 I believe this project will greatly

12 benefit children, families and communities across

13 Massachusetts, and improve access for patients

14 seeking life saving or life changing care.

15 The dental department at Boston

16 Children's Hospital is a safety net for children

17 living in the Commonwealth of Massachusetts.

18 Our patient population is very

19 diverse in terms of race, ethnicity and

20 socioeconomic status, and also medical complexity.

21 Seventy percent of our dental patients are covered

22 by MassHealth Insurance. More than fifty percent

23 of our patients have medically complex conditions

24 and/or developmental disabilities and receive

00089

1 their medical care at Boston Children's Hospital.

2 In 2019, pre-pandemic, our department

3 saw 28,500 outpatient visits, and provided dental

4 treatment to over 1,000 patients in the operating

5 room under general anesthesia. Half of the

6 operating room procedures were completed at the

7 Lexington outpatient surgical facilities. Seventy

8 to eighty percent of our patients who receive

9 operating room treatment live outside of the

10 Boston urban core area.

11 Over the years, many families have

12 shared with me their deep appreciation for the

13 care they receive at Boston Children's. Many

14 patients are only able to receive their medical

15 and dental care at Boston Children's.

16 At the same time, many families

17 living outside of Boston have asked about possible

18 access to Boston Children's Hospital closer to

19 their home instead of having to travel into Boston

20 and the Longwood medical area.

21 I strongly believe that the proposed

22 project and investment will help to provide access

23 to more families and more patients, clearly

24 demonstrating the Hospital's commitment to the

00090

1 health and well-being of children throughout

2 Massachusetts.

3 The project will ensure that patients

4 and families have access to a full range of high

5 quality, integrated pediatric care services in

6 convenient lower cost settings. In addition, it

7 will meet the needs of surrounding underserved

8 communities.

9 I'm competent Boston Children's

10 growing investment in childrens, families and

11 communities will have long lasting impact and

12 benefit future generations of children for many

13 years to come. I thank you for the opportunity to

14 speak tonight.

15 LARA SZENT-GYORGYI: Thank you.

16 DEXTER: Again, as a reminder, if you'd

17 like to testify or comment, please dial Star 1 to

18 enter the queue. Again, to testify or comment,

19 please dial Star 1.

20 (Pause)

21 LARA SZENT-GYORGYI: This is Lara

22 Szent-Gyorgi, we're just going to hold on for just

23 a few more minutes to see if anybody else would

24 like to testify.

00091

1 (Pause)

2 DEXTER: Again, as a reminder, if you'd

3 like to testify or comment, please dial Star 1 to

4 enter the queue. Dial Star 1 to testify or

5 comment, please.

6 (Pause)

7 DEXTER: We do have Nicole Oliva on the

8 line. Nicole, your line is open, please.

9 NICOLE OLIVA: Hi, my name is Nicole. My

10 son, Parker, has been seen by Dr. Fleet and her

11 team in the growth and nutrition clinic for about

12 15 months now.

13 I am an advocate for the placement of

14 the new growth and nutrition clinic being in

15 Needham, Massachusetts. I am a resident of

16 Lexington. We have had to many times go into the

17 city.

18 My son was born premature. He is a

19 twin and he was born premature at 33 weeks and had

20 severe growth nutrition. He was born at three

21 pounds, six ounces. He was not growing

22 appropriately after leaving the NICU, and he was

23 seen and recommended to be seen by Dr. Fleet and

24 her team in the growth and nutrition clinic at

00092

1 Boston Children's.

2 They made amazing progress with my

3 son, but after a few months seeing him, we had

4 agreed for him to be placed on a feeding tube.

5 During that time, he was admitted to the hospital

6 for five days at the main Boston Children's

7 location.

8 We had another newborn at the time

9 and my husband and I we were trying to juggle

10 bringing in a child to swap out going back and

11 forth when he was admitted to the hospital for

12 observation, and then he was subsequently placed

13 on a NG feeding tube, so a nasal feeding tube.

14 The nature of a feeding tube with

15 being an infant, it often comes out and we had to

16 make many trips, until I was finally trained, back

17 and forth into the city to get the tube replaced.

18 It was very difficult.

19 As we know traffic -- as all of us

20 know, the traffic into Boston and getting into the

21 City from sounding 128 corridor is often a

22 nightmare. An hour and a half to get in, and

23 having another child at home is not ideal.

24 I think this would be a convenient

00093

1 location given that it is placed on the 128

2 corridor. It reaches a lot of highly trafficked

3 towns, and I think that the placement of it being

4 in Needham would be very convenient for people

5 living in Metro West, north of Boston and south of

6 the City. I am finished. Thank you.

7 LARA SZENT-GYORGYI: Thank you.

8 DEXTER: Again, as a reminder, if you'd

9 like to testify or comment, please press Star 1 to

10 enter the queue. Again, if you'd like to enter

11 the queue, please press Star 1.

12 (Pause)

13 LARA SZENT-GYORGYI: I think we have

14 somebody who is trying to get into the queue, so

15 we're going to give them a few minutes.

16 (Pause)

17 DEXTER: Again, if you'd like to comment,

18 please press Star 1 to enter the queue. Again,

19 please press Star 1 to enter the queue and

20 comment.

21 (Pause)

22 DEXTER: We have Laura Wood. Ms. Wood,

23 your line is open.

24 LAURA WOOD: Thank you very much. Hello,

00094

1 my name is Laura Wood and I'm a resident of

2 Belmont, Massachusetts. I serve as the Chief

3 Nursing Officer at Boston Children's Hospital.

4 I'm speaking in strong support of

5 Boston Children's proposed project in Waltham,

6 Weymouth and Needham, and it's clear to me that

7 the pediatric patients accessing these locations

8 will truly benefit from the specialized services

9 delivered by our physicians, clinicians and other

10 team members.

11 Throughout my tenure at Boston

12 Children's, I've been fortunate to work with

13 exceptional nurses and professionals who are

14 always striving to advance our ability to meet the

15 complex physical and emotional needs of children

16 and adolescent.

17 I'd like to address what it means to

18 offer child and family center of care, the

19 foundation of the project.

20 Access to child and adolescent

21 specialty care matters greatly for a wide spectrum

22 of pediatric conditions. Timely and adequate

23 diagnostic services not only provide life saving

24 interventions, but provide true value for the

00095

1 Commonwealth of Massachusetts and their residents

2 by mitigating the potential for costly and

3 sometimes tragic consequences associated with

4 delays or misdiagnoses.

5 Procedures considered standard for

6 adults often require very different processes for

7 children. Many details must be integrated to

8 tailor developmentally focused family eccentric

9 and equitable child health services. Age

10 developmental level, past health history, family

11 context and social determinants of health must all

12 be considered.

13 The care we deliver and the specialty

14 services we provide helps to set a child on a

15 positive trajectory as they manage their own

16 health care over a lifetime.

17 Boston Children's care delivery model

18 is intentionally inclusive. Our care processes

19 are co-created with families. Parents are

20 encouraged to contribute as active collaborators

21 with Boston Children's Health Care team members.

22 Boston Children's also formally

23 engages families via well-established patient

24 family advisory councils. Child adolescent and

00096

1 family voices change and strengthen what we do.

2 A crucial piece of family centered

3 care is ensuring that all (inaudible) families

4 receiving health care and have access to

5 culturally competent care.

6 Boston Children's is steadfast in our

7 commitment to further strengthen health equity and

8 to reduce existing barriers to access.

9 As our proposed project in Waltham

10 and Needham will provide surgical services, we

11 will also be able to care for patients closer to

12 home providing increased access in more convenient

13 locations.

14 We'll also be able to continue our

15 pioneering work in performing procedures such as

16 imaging studies without the use of general

17 anesthesia. A true innovation of pediatric care

18 made possible through the work of physicians,

19 nurses, child life therapists and radiology

20 technicians who skillfully engage children during

21 radiologic procedures and enable these exams to be

22 performed without anesthesia.

23 Furthermore, we excel at pediatric

24 phlebotomy, something a service will be located in

00097

1 all three sites. Thank you again for the

2 opportunity to speak tonight.

3 LARA SZENT-GYORGYI: Thank you.

4 DEXTER: If you'd like to testify, please

5 press Star 1, unmute your phone and clearly state

6 your name for testifying. Thank you. One moment.

7 (Pause)

8 DEXTER: I currently have no one queued

9 up.

10 LARA SZENT-GYORGYI: Okay. Thank you.

11 This is Lara Szent-Gyorgi again. I think we will

12 wait just a couple of more minutes and see if

13 anybody would like to testify, and if not, then we

14 may bring this to a close. But as I said, we'll

15 wait another couple of minutes.

16 (Pause)

17 LARA SZENT-GYORGYI: Okay. It looks like

18 I think we've come to a close. It doesn't seem

19 that there is anybody else who would like to

20 testify tonight.

21 Once again, we appreciate everybody

22 taking the time to participate in the hearing.

23 And as a reminder, all written comments will be

24 accepted through December 19th. Thank you very

00098

1 much. Good evening.

2 (Whereupon the public hearing was

3 concluded at 7:50 p.m.)

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