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Volume I  
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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH

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:  
PUBLIC HEARING VIA CONFERENCE CALL :  
RE: :  
:  
UMASS MEMORIAL HEALTH CARE, INC. :  
DON APPLICATION #UMMMHC-22042514-HE :  
SUBSTANTIAL CAPITAL EXPENDITURE :  
SUBSTANTIAL CHANGE IN SERVICE :  
UMASS MEMORIAL MEDICAL CENTER :  
55 LAKE AVE NORTH :  
WORCESTER, MA 01655 :  
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BEFORE:

Hearing Officer Elizabeth Kelley, Director of  
Department of Public Health

(All Participants Appeared by Conference Call)

6:02 p.m.

Tuesday, August 23, 2022

Jane M. Werner, Registered Merit Reporter

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1                                    P R O C E E D I N G S

2                    THE MODERATOR: Welcome, and thank you for  
3 standing by. At this time, all participants are  
4 placed in a listen-only mode. Today's call is being  
5 recorded. If you have any objections, please  
6 disconnect at this time. I would now like to turn  
7 the conference over to Elizabeth Kelley.

8                    Thank you. You may begin.

9                    HEARING OFFICER KELLEY: Thank you very  
10 much. Good evening. My name is Elizabeth Kelley,  
11 and I am the Director of the Bureau of Health Care  
12 Safety and Quality at the Massachusetts Department  
13 of Public Health.

14                    I'm here tonight representing the  
15 Determination of Need Program. For clarification,  
16 you'll hear me refer to the Determination of Need  
17 program as the "DON program" and Department of  
18 Public Health as "DPH."

19                    Joining me today from the Department is my  
20 colleague, Lucy Clarke. This hearing has been  
21 called pursuant to an application submitted by UMass  
22 Memorial Health Care, who we will refer to as the  
23 "applicant" or "UMass" moving forward.

24                    Upon receipt of the application, DON staff

1 reviewed it. And after finding it to be in  
2 compliance with the DON statute and regulation for  
3 filing, assigned it a filing date of July 25, 2022.

4 This DON application is for UMass Memorial  
5 Health Care. And the enabling statute for the DON  
6 program requires that any person or government  
7 agency intending to undertake a substantial capital  
8 expenditure and substantial change in service, as  
9 defined in the DON regulation and guidance, must  
10 apply for DON approval before engaging in such a  
11 project.

12 The proposed UMass project includes the  
13 renovation of a six-story building adjacent to  
14 UMass' university campus that will contain 72  
15 additional medical/surgical beds, one additional CT  
16 unit and shelf space for future build-out, 19  
17 additional med/surg beds on UMass Memorial's campus,  
18 and other renovation projects across the Memorial  
19 and University campuses. The total value of the  
20 proposed project, based on the maximum capital  
21 expenditure, is \$143,242,167.

22 This public hearing is an effort to gather  
23 information and to hear the opinions of interested  
24 parties about the proposed project. It is not

1 intended to be a question-and-answer session. No  
2 questions will be permitted.

3 The DON program will take all relevant  
4 information into account in preparing its  
5 recommendation for the Massachusetts Public Health  
6 Council, whose decision on whether to approve the  
7 DON for the proposed project will be made at one of  
8 its upcoming monthly meetings.

9 We will accept written comments on this  
10 application for ten days following the hearing. As  
11 this is a virtual hearing, the logistics are  
12 different from in-person hearings. I will review  
13 our process for today.

14 We're using a moderated conference call  
15 line, so a moderator will manage the queue for  
16 speaking. As noted, this meeting is being recorded  
17 and transcribed.

18 As indicated in the notice for the meeting,  
19 press "Star 1" if you would like to testify. This  
20 will put you in the queue. You will not be told  
21 where you are in the queue, nor will you get much  
22 notice that you're about to testify.

23 When it is your turn, you will be told that  
24 you are now the speaker and will experience a short

1 silence and will then be a speaker. If you've muted  
2 your phone, you may need to unmute.

3 Please begin by stating your name,  
4 affiliation or town of residence, and please spell  
5 your name. That will help our transcriber  
6 accurately get that captured for you. Please speak  
7 clearly, so that our transcriber can record  
8 everything.

9 We ask that you limit your testimony to  
10 approximately three minutes. If you have a written  
11 copy of your remarks, regardless of length, please  
12 feel free to submit it to the Department by email or  
13 via postal service. You can email us at  
14 [dph.don@state.ma.us](mailto:dph.don@state.ma.us), and that's also available at  
15 the [mass.gov](http://mass.gov) website.

16 If you are going to use postal mail, it  
17 will get to us more quickly if it is sent to the  
18 Determination of Need Program at 67 Forest Street,  
19 Marlborough, Massachusetts 01752. Again, that  
20 address is available on the website. Be assured  
21 that the Department will consider all comments,  
22 whether presented orally or in writing. Whether you  
23 comment or not, please know that the Department  
24 greatly values and appreciates your participation in

1 the DON process.

2 Before we open the line to the general  
3 public, the Applicant will go first and will be  
4 allotted four minutes to present information about  
5 the proposed project. Two representatives of the  
6 Applicant will speak for a total of four minutes.

7 I will now ask Dr. Eric Dickson, the  
8 President of UMass Memorial Health, to talk about  
9 the project.

10 DR. DICKSON: Thank you. And on behalf of  
11 UMass Memorial Health, I would like to thank the  
12 Department of Public Health for hosting today's  
13 public hearing regarding our inpatient bed expansion  
14 proposal.

15 My name is Eric Dickson. I'm the president  
16 and CEO of UMass Memorial Health; but perhaps more  
17 pertinent to today's conversation is that I've been  
18 a practicing emergency physician at UMass Memorial  
19 Medical Center for the better part of three decades.

20 UMass Memorial Medical Center is the only  
21 tertiary medical center in central Massachusetts.  
22 It's the only Level 1 trauma center. It's the only  
23 Level 3 NICU. It is the only JCAHO-certified stroke  
24 center. It is the only Level 3 liver transplant



1 center. The only pediatric emergency department.  
2 The list goes on and on of the things that only  
3 UMass Memorial Medical Center can do in central  
4 Massachusetts.

5 And as the only tertiary Medical Center in  
6 the region, it plays an absolutely vital role in  
7 supporting all other hospitals and all of the people  
8 in this region. All day every day, acutely ill and  
9 injured individuals are seen at community hospitals  
10 and transferred to the tertiary Medical Center when  
11 they are require care beyond the capabilities of  
12 that community hospital.

13 When the Medical Center can't take those  
14 transfers, those patients are then transferred a  
15 further distance and have a delay in their care.  
16 And for those patients, that delay can make the  
17 difference between life and death.

18 What I have witnessed over the last 30  
19 years is degradation of our ability to take  
20 transfers of critically ill individuals because of  
21 our lack of inpatient beds. It's simple math for  
22 the region.

23 In western Massachusetts, there's 2.28 beds  
24 per 1,000 population. Here in central Mass.,

1 there's 1.9, 20 percent less. We have 15 percent  
2 less beds than eastern Massachusetts, including the  
3 Cape and the Islands.

4 The people of central Massachusetts  
5 desperately need us to expand the inpatient capacity  
6 at the Medical Center, and we greatly appreciate  
7 your considering our proposal.

8 Now let me turn it over to Michael  
9 Gustafson, President of UMass Memorial Medical  
10 Center.

11 Dr. Gustafson.

12 DR. GUSTAFSON: Thanks Eric, thanks  
13 Elizabeth, and thanks to the DPH for hosting this  
14 call tonight.

15 Since I arrived at UMass Memorial four  
16 years ago, in addition to leading the region's  
17 Pandemic response, we've been laser-focused on  
18 trying to find new and great ways to meet the  
19 overall patient demand from our community.

20 While many of our ED and inpatient flow  
21 interventions have been successful, our patient  
22 volumes, acuity and need for inpatient care continue  
23 to grow, and we simply have outstripped our ability  
24 to keep up.

1           This means our average occupancy rate for  
2 inpatients is consistently about 90 percent and  
3 frequently reaches 100 percent on both campuses.  
4 Our average daily census count is up 9 percent over  
5 just the past year. And these numbers do not  
6 capture our patients in alternative care spaces, our  
7 recovery rooms or our many ED boarders.

8           As Eric said, as the only academic medical  
9 center and tertiary hospital for approximately 1.5  
10 million people in central Mass., we are the lifeline  
11 of this region.

12           Because we are a trauma center, stroke  
13 center, transplant center and so many other things,  
14 it results in unpredictable demand for our services  
15 that cannot be handled at our current size and  
16 scale. In fact, for the 12 months ending in  
17 February of this year, the Medical Center had to  
18 decline 43 percent of all patient transfer requests  
19 from the community due to capacity constraints.  
20 That represents 3,500 patients in one year who  
21 needed our care, but whom we could not accommodate.  
22 Many of those patients had to leave the region  
23 entirely to receive the necessary treatment.

24           Today's proposed project will dramatically

1 improve our ability to treat those patients. It  
2 will expand our med/surg capacity by 91 total beds,  
3 including 72, as part of a renovated facility  
4 immediately adjacent to the University campus and 19  
5 within our Memorial facility.

6 These plans represent the most economical  
7 and the fastest route to gain beds on both campuses  
8 and have received wide support from the community.

9 This project will relieve the flow  
10 congestion that paralyzes our caregivers today and  
11 will allow us to accept patients from the region,  
12 and these renovations will create an enhanced  
13 patient and family experience, complete with private  
14 rooms and technology-enabled patient care.

15 I'm a surgeon by training. I've also been  
16 a patient and I've sat with many loved ones in need  
17 of care. I know how our capacity constraints are  
18 impacting people today. I want to do better for  
19 them, for their families and for our caregivers.  
20 This project will allow us to do that.

21 I humbly request that you endorse our  
22 proposal. Thank you very much.

23 HEARING OFFICER KELLEY: Thank you, both.  
24 We now have public officials who have asked to

1 speak. We will begin with State Senator Harriette  
2 Chandler.

3 SENATOR CHANDLER: I'm calling because of  
4 the inequities that I see in the current system. We  
5 have 20 percent fewer beds per 1,000 residents in  
6 western Massachusetts, 15 percent fewer than eastern  
7 Massachusetts, and substantially below the national  
8 average.

9 Dr. Dickson has talked about this. I've  
10 been in the legislature 28 years, and I voted for  
11 the merger of UMass Memorial, so that we would not  
12 have to take our tertiary patients elsewhere. And  
13 at the rate we're going, because of the lack of  
14 beds, that's exactly what's happening.

15 I also am concerned because we are the  
16 second busiest emergency department in the  
17 Commonwealth. We have a high patient acuity level.  
18 And this is where the big crisis is most apparent.

19 This is a very serious burden and problem  
20 in the ED. And we have got to straighten this out.  
21 It is for non-psychiatric ED patients who require  
22 admissions. They board for as much as 17 hours in  
23 the ED, and they also board -- in the Medical  
24 Center, they have increased by 91 percent for fiscal

1 year '18 to fiscal year '21.

2 I should mention that this part of  
3 Massachusetts has grown substantially in the last  
4 decade, as our regional business has just shown us.  
5 So the need is incredibly great. We have found that  
6 it has -- they have done everything they can at the  
7 Medical Center to implement multiple other  
8 strategies to ease capacity constraints, but it is  
9 still not sufficient.

10 Among those who are impacted by ED delays  
11 and transfer denials are many of the most vulnerable  
12 residents of central Massachusetts. This is  
13 particularly unfortunate. I must tell you that I  
14 and my husband are both senior citizens, and we have  
15 seen it ourselves in the emergency room, where we  
16 have had to stay for hours on end because there are  
17 just no beds on the floors. Just no beds. And that  
18 is totally unacceptable.

19 This is a hospital that is proud of the  
20 work it does, proud of the people that they serve,  
21 and proud of the care that they give.

22 And so I would truly hope that you will  
23 look favorably on their request for the  
24 Determination of Need. I thank you for listening to

1 me. Thank you very much.

2 HEARING OFFICER KELLEY: Thank you, Senator  
3 Chandler. We'll now go to State Representative  
4 David LeBoeuf.

5 STATE REPRESENTATIVE LeBOEUF: Thank you  
6 very much. I'm David LeBoeuf, State Representative  
7 for the 17th Worcester District.

8 And I just want to echo my colleagues'  
9 comments and offer my support to this effort for  
10 expanding more capacity at UMass Memorial.

11 The legislature recently took up a  
12 comprehensive mental health bill that dealt  
13 specifically with the challenges regarding ED  
14 boarding, because we have seen that this has been an  
15 issue across the state. But in our region, it's  
16 been impacted at such a different level. And this  
17 is a real regional equity issue.

18 I'm sure many of you remember during the  
19 COVID Pandemic, at the height of it, we learned  
20 about the concept of negative beds, because of the  
21 fact that there just wasn't enough capacity in our  
22 entire healthcare ecosystem in the county.

23 We need to have more services; and  
24 especially, we need to have more services that have

1 access to the types of specialized care that is only  
2 accessible in Boston.

3 The majority of the patients that UMass  
4 Memorial serves are individuals of low income; who  
5 are on MassHealth or other types of  
6 Government-sponsored assistance. To not have the  
7 capacity to take these individuals really is hurting  
8 some of the most critical neighborhoods that are  
9 impacted by racial inequity and also the health  
10 inequity.

11 I hope that the Department of Public Health  
12 will look at this project and will recognize that  
13 adding any more beds, especially that are treating  
14 this to the ecosystem, is the only thing we have to  
15 do. And any opposition to this is not based on any  
16 medical evidence. It's based on illogical  
17 philosophies that go against the trends that we've  
18 seen during this crisis.

19 So I hope you will approve this project and  
20 continue to make sure that every individual in this  
21 county, regardless of ZIP Code, has access to  
22 quality care. Thank you.

23 HEARING OFFICER KELLEY: Thank you,  
24 Representative LeBoeuf.



1 I'd now like to call on Dr. Mattie Castiel.

2 (No response)

3 HEARING OFFICER KELLEY: It looks like  
4 we're having a technical issue for Dr. Castiel, so  
5 we will come back to her.

6 But I think I see Chief David Hurlbut from  
7 the Sterling Fire Department.

8 FIRE CHIEF HURLBUT: My name is David  
9 Hurlbut, H-U-R-L-B-U-T, and I'm the Fire Chief in  
10 the Town of Sterling, and I'm also the Chairman of  
11 Fire District 8, which is comprised of 33 cities and  
12 towns in central Massachusetts, serving northern  
13 Worcester County. Most of these departments  
14 transport patients to UMass and are impacted by the  
15 bed shortage that is being discussed tonight.

16 I wanted to take a couple minutes of your  
17 time to help paint a picture of what happens when  
18 there is no place to put our patients due to the  
19 lack of available beds, which also may be defined  
20 tonight as "holding the wall."

21 When an emergency ambulance transports a  
22 patient, there is a reasonable expectation that upon  
23 our arrival, we will report to the patient intake  
24 desk, get them registered, and bring them to an

1 assigned room in the emergency room. The crew will  
2 give the report to the nurse and transfer patient  
3 care to the emergency room staff.

4 But what happens when there's no room or  
5 bed to put our patient. This is when the crew and  
6 the patient find a place to stage or, quote, "hold  
7 the wall" until a bed becomes available. This  
8 holding the call creates two issues.

9 The first is for the patient. As we all  
10 know, there are many reasons the patient calls for  
11 an ambulance, but the result is they call because  
12 they feel they are needed to be seen by a doctor.

13 There are all levels of illness and injury,  
14 but having no available beds does not discriminate  
15 against that level. The responsibility of our crews  
16 is to advocate for our patients as if they were the  
17 only patient being wheeled through the ER doors.

18 The second issue -- and one you may not  
19 have as much knowledge to -- is the impact on the  
20 city or town from which that ambulance comes from  
21 and the delay in their returning to their respective  
22 community; a delay, no matter how slight, prevents  
23 that ambulance from being available for the next  
24 call. Some communities may only have one add-on,

1 and some communities may only have one available  
2 crew.

3 Having that ambulance and crew tied up for  
4 20, 30 or even up to 60 minutes due to bed shortages  
5 has an impact not only on the hospital system, but  
6 for the entire emergency services system.

7 UMass has worked diligently to remedy this  
8 situation. However, due to demand and sheer patient  
9 volumes, there is still time that holding the wall  
10 is necessary and begins a series of events of  
11 previous feared.

12 For that reason, I offer my support on  
13 behalf of the central Mass. fire chiefs and  
14 ambulance services and to approve the additional bed  
15 space proposed by UMass Memorial Medical Center.

16 Thank you again for allowing me the  
17 opportunity to speak before you this evening.

18 HEARING OFFICER KELLEY: Thank you, Chief  
19 Hurlbut.

20 We have our technical issue resolved, and  
21 we have Dr. Mattie Castiel.

22 DR. CASTIEL: Hello. My name is Dr. Mattie  
23 Castiel, and I'm here today to testify in my role as  
24 Commissioner of Health and Human Services for the

1 City of Worcester on the bed expansion application.

2 We certainly have a lack of beds here in  
3 Worcester, which is now an equity issue for our  
4 community. We know that patients are boarding in  
5 the emergency room, waiting for a bed to open up,  
6 for an average of 17 hours.

7 This lack of inpatient beds not only  
8 affects the citizens of the second largest city in  
9 New England, but it ends up affecting our entire  
10 region.

11 This ratio of bed shortage per 1,000  
12 residents is lower than that seen nationally. As  
13 one of the most progressive states in the country,  
14 we need to be able to have more access to beds and  
15 eliminate this ER boarding and provide the high  
16 quality medicine that UMass is known for.

17 Most concerning to me is that our bed  
18 shortage affects the very people who need our help  
19 most: People in low income neighborhoods, our  
20 communities of color, those who live in housing  
21 developments, all who can't afford to have their  
22 care for that of a loved one transferred to Boston  
23 at a high cost that they can't afford.

24 Quite frankly, I don't care which of our

1 local hospitals actually build a facility to house  
2 these beds, whether it's St. Vincent or UMass  
3 Memorial. It doesn't matter. The point is an  
4 inpatient facility will save thousands of lives now  
5 and in the future.

6 And since UMass memorial has put in an  
7 application for a Determination of Need to create a  
8 place for 91 inpatient beds, I'm here to say I fully  
9 support this application.

10 I'll add that UMass Memorial stepped up  
11 during the COVID Pandemic and was an amazing partner  
12 to our department when we needed their expertise. I  
13 had the pleasure of co-chairing the Worcester COVID  
14 Board with Cheryl Lapriore from UMass Memorial and  
15 had many other leaders and clinicians from their  
16 organization join together with members of the  
17 community to help us get through the worst public  
18 health crisis that we've ever seen.

19 The partnership in our community has been  
20 active for all and has improved healthcare outcomes  
21 during COVID, where without their support, I think  
22 we would have seen more deaths and chronic cases.

23 Their support in standing our COVID  
24 hospital at the DCU was also an incredible asset.

1 It was gratifying to see how dedicated every single  
2 member of the task force was and to be able to roll  
3 up their sleeves and do the work needed to save as  
4 many lives as possible. And for that, we are  
5 indebted to them.

6 UMass Memorial was instrumental in getting  
7 mobile COVID testing throughout our community. This  
8 was a tremendous help with communities of color who  
9 were testing higher than other communities.  
10 Therefore, people, when found positive, could  
11 quickly isolate. They also later were able to stand  
12 up to the Mercantile Center in Downtown Worcester to  
13 provide both the testing and subsequently the  
14 vaccinations.

15 And most importantly, UMass Memorial gave  
16 us their analytic experts and access to realtime  
17 data, so that we could share with a good proportion  
18 of agencies in Worcester and communities, so that we  
19 could bring all the resources needed to the affected  
20 area.

21 UMass Memorial brought their Ronald  
22 McDonald Care Mobile, deployed all available  
23 services, education and outreach, so that everyone  
24 in Worcester had access to care.

1 I'm glad to see UMass Memorial asking for  
2 this increase in beds to provide the high level  
3 inpatient care that we need in this region.

4 I wholeheartedly support their application  
5 to build up this much-needed inpatient facility and  
6 hope that you will take into consideration the  
7 Worcester community and its needs to provide  
8 accessible healthcare for all.

9 Thank you for your consideration.

10 HEARING OFFICER KELLEY: Thank you, Dr.  
11 Castiel. We will now open the line for speakers.

12 So as a reminder, if you would like to  
13 testify, please press "Star 1" to get into the  
14 queue. And again, we're asking that you hold your  
15 testimony to about three minutes.

16 So, Madison, do we have our first speaker?

17 THE MODERATOR: Yes. Our first speaker's  
18 name is Sharon Henderson. Once I open up Sharon's  
19 line, if you're please able to spell your name.  
20 Thank you.

21 Sharon, your line is open.

22 MS. HENDERSON: Thank you. My name is  
23 Sharon Henderson, S-H-A-R-O-N H-E-N-D-E-R-S-O-N, and  
24 I'm testifying in support of UMass Memorial's

1 application to add 91 inpatient beds.

2 I've been involved in central Massachusetts  
3 and the Worcester community for many years and in  
4 different roles. I've been an executive leader in  
5 the private sector with Digital Equipment  
6 Corporation, a member of the Worcester Infant  
7 Mortality Task Force, community and religious  
8 organizations like the YMCA, Central Mass. Agency on  
9 Covenant-St. Andrew's United Methodist Church. And  
10 in all these roles I've seen firsthand the need for  
11 healthcare in our community. Whether it be pregnant  
12 women, children or families served by the Y, seniors  
13 at the Aging on Aging, or members of the church  
14 congregation, access to health is front for many.

15 Since the COVID Pandemic, this concern has  
16 only grown. Community members need to be able to  
17 access healthcare more now than ever before. Many  
18 of our residents rely on UMass Memorial. In fact,  
19 when it comes to the highly specialized services, we  
20 all rely on it, because they're the only academic  
21 Medical Center in central Mass. It is the only  
22 local hospital with a whole host of high acuity  
23 services as well. This includes a Level 1 trauma  
24 center, Level 3 NICU, pediatric ICU and the highest



1 level of stroke and cardio care, just to name a few.

2 Think of it. There are six academic  
3 medical centers in Massachusetts. The other five  
4 are all in the Boston area. As a result, UMass  
5 Memorial is the sole provider of many highly complex  
6 services for patients from a huge geographic area,  
7 but it doesn't have enough beds to meet the demand.

8 This region has owned 20 percent fewer beds  
9 per capita than western Mass. and 14 percent fewer  
10 than eastern Mass. This results in long waits for  
11 those who need high acute care at UMass Memorial.

12 In a Zoom meeting every week, with about 60  
13 or 70 communities, called "Worcester Together, we  
14 regularly hear about the high demand for beds at  
15 UMass Memorial and the large number of patients  
16 waiting in the emergency department.

17 Worcester is a collaborative place, and I'm  
18 happy that UMass Memorial Medical Center works with  
19 the community organizations to promote public  
20 health.

21 For example, during COVID, I worked  
22 directly with UMass Memorial and Covenant-St.  
23 Andrew's United Church to set up an equity vaccine  
24 clinic to do testing and issue vaccines to many

1 people of color in our communities.

2 Worcester Together collaborative is an  
3 outstanding gathering of community organizations  
4 across the city, and they have dealt with the needs  
5 of many communities as COVID struck.

6 But fortunately, you can do something about  
7 this particular issue we are talking about today;  
8 approving and improving the bed accessibility.  
9 Although adding these 91 beds won't fully close the  
10 gap with eastern and western Mass., it will  
11 definitely improve their dire situation and bring  
12 our region's residents a bit closer to equity with  
13 their peers across the state. It would take,  
14 really, about 300 beds to fully close the gap.

15 Thank you for this opportunity to speak,  
16 and I hope you'll approve this application.

17 HEARING OFFICER KELLEY: Thank you very  
18 much.

19 Madison, do you have our next speaker?

20 THE MODERATOR: Our next speaker is Justin  
21 Precourt.

22 Justin, your line is open.

23 MR. PRECOURT: Great. Thank you. My name  
24 is Justin Precourt, J-U-S-T-I-N P-R-E-C-O-U-R-T, and

1 I am testifying in support of UMass Memorial Medical  
2 Center.

3 I am the Chief Nursing Executive for UMass  
4 Memorial Health and the Chief Nursing Officer for  
5 UMass Memorial Medical Center. I am also one of the  
6 executive sponsors of this project, and I appreciate  
7 all of you allowing me to speak with you tonight.

8 As I sit here tonight, I can't help but  
9 think about the magnitude of this and what this  
10 really means for central Mass. and, in particular,  
11 Worcester.

12 I think about the conversations we have  
13 each and every day with our patients who we're  
14 caring for on hallway beds, who are waiting on  
15 stretchers to be off-loaded by the EMTs and  
16 paramedics in the local communities.

17 I think about the conversations we have  
18 with the families who grow frustrated with the lack  
19 of privacy for their loved ones and the delays in  
20 their care, because we can't get them to the right  
21 locations.

22 And I think about the caregivers who really  
23 are doing their best in an environment that's not  
24 conducive to providing their best, yet always making

1 sure that they do what they can to meet the needs of  
2 our patients. And I think about this project and  
3 the impact it will have on all of those factors, and  
4 it really does make me quite excited.

5 As Dr. Gustafson noted in his opening  
6 comments, we work diligently, really, to create more  
7 capacity, without adding more beds, in every single  
8 way we can think of. We look at all of the evidence  
9 and really look across the nation to see what could  
10 we be doing differently to create additional  
11 capacity.

12 We have multiple physician and nursing  
13 teams, whose sole focus is really eliminating  
14 discharge barriers, and we've made a number of  
15 operational changes to increase and improve patient  
16 flow.

17 In this past year, we redesigned our  
18 emergency department operations to really make sure  
19 that we're maximizing every ounce of clinical space  
20 and helping to see as many patients as we possibly  
21 can. We've launched a successful hospital at-home  
22 program, and we've also utilized every square foot  
23 of the surg space we can each and every day that  
24 it's been allowed under the state regulations during

1 this most current public health emergency. And the  
2 truth of the reality is, it's just not enough.

3           Between fiscal year 2019 and fiscal year  
4 2021, our hospital medical/surgical patient data has  
5 increased by 18 percent, and our overall bed  
6 occupancy has increased by 14 percent. We really  
7 have continued to enhance or coordination and  
8 collaboration with our community hospitals as well  
9 within the UMass Memorial Health System.

10           Seven days a week/365 days a year, we have  
11 a twice-a-day bed huddle with all of the hospitals  
12 within the system to ensure that all of our open  
13 beds are utilized for appropriate patients. By  
14 doing this, we've been able to increase our  
15 occupancy rate just in this past year at Marlborough  
16 Hospital, HealthAlliance-Clinton Hospital, and  
17 Harrington Hospital, where we've seen between 8 and  
18 16 percent increases in their overall occupancy.

19           As the Chief Nursing Officer, I have the  
20 privilege of overseeing more than 3,000 caregivers.  
21 These caregivers are talented, loyal and really  
22 proud of the role they serve in this community.  
23 They take great pride in saving and improving  
24 patient lives every single day, and they do it

1 compassionately, and they want to do the best they  
2 can on behalf of their patients. This project will  
3 continue to support their mission.

4 And despite the challenges that we've heard  
5 today, we continue to have success. For eight  
6 straight years, we've seen that likelihood to  
7 recommend increase; while nationally, there's been a  
8 decrease. Overall, we've seen a 16 percent increase  
9 at the Medical Center over the last eight years; yet  
10 nationally, on average, it has decreased by 4.8  
11 percent. This is because the caregivers will show  
12 up each and every day to do the best they can.

13 As you can hear from the testimonies  
14 tonight, these beds are necessary for us to continue  
15 to provide the important services to the community  
16 in Worcester. And I appreciate you taking the time  
17 to listen to this testimony.

18 Thank you.

19 HEARING OFFICER KELLEY: Thank you.

20 Madison, do you have the next speaker?

21 THE MODERATOR: Our next speaker is Doug  
22 Brown. Just as a reminder, please spell your name.

23 Doug, your line is open.

24 MR. BROWN: Thank you so much. Good

1 evening. My name is Doug Brown, and I'm the Chief  
2 Administrative Officer for UMass Memorial Health.

3 Most of the testimony this evening will  
4 focus on healthcare. Mine will focus on health.  
5 The great care we provide at UMass Memorial is  
6 necessary to good health, but it is not sufficient.  
7 Healthcare contributes about 20 percent of the  
8 health of our patients, but most of their health is  
9 determined by things outside our walls. These are  
10 called "the social determinants of health," and the  
11 department has identified six as key priorities.  
12 These include things like housing, employment, and  
13 education, and I'd like to share tonight how UMass  
14 Memorial is addressing these priorities.

15 In 2018, the UMass Memorial Board adopted  
16 an Anchor Mission for our organization. This is a  
17 fundamental re-imagining of the role we play in our  
18 community. It takes our nationally recognized  
19 community benefits program and puts it on steroids.  
20 It does so by leveraging all of our organizational  
21 assets, intellectual and financial, in order to  
22 address social disadvantage and pervasive  
23 inequality.

24 We do so in three ways:

1           First, we reallocate 1 percent of our  
2 investment portfolio from stocks and bonds and into  
3 community investments.

4           Second, we target some of our hiring from  
5 the most vulnerable neighborhoods in our community.

6           And third, we substantially increase our  
7 purchasing from minority and women-owned businesses.

8           So far, we have invested over \$4 million in  
9 10 projects across central Massachusetts. These  
10 projects all target the DON health priorities and  
11 include a tiny home village for the chronically  
12 homeless, an ice cream shop providing employment  
13 opportunities to youth with developmental  
14 disabilities, and affordable commercial units for  
15 minority-owned businesses to counter the effects of  
16 gentrification.

17           We hired 20 individuals last year from the  
18 most vulnerable neighborhoods in our community; and  
19 this year, we will exceed 30. We have pledged to  
20 triple our purchases in minority and women-owned  
21 businesses over the next five years. And when we  
22 acquired Harrington Hospital last year, we built the  
23 same anchor mission requirements into the agreement.

24           We cannot do this work alone. And we are



1 partnering with numerous community groups. But this  
2 anchor approach will help us make good choices with  
3 our community partners on how to best to invest the  
4 community investment funds that are acquired from  
5 this project.

6 COVID laid bare the brutal inequities that  
7 continue to exist in society, and this has enormous  
8 implications on our health. COVID also uncovered  
9 the woeful under-investment in our public health  
10 system.

11 Hospitals around the country, including  
12 UMass Memorial, stepped up in heroic ways to fill  
13 that void, and we must continue to do so.

14 Our UMass Memorial caregivers work  
15 tirelessly to provide outstanding care to our  
16 community, and approval of this project will allow  
17 us to improve our ability to do so. But please know  
18 that we are equally tireless in using all of our  
19 resources to get outside our walls to create a more  
20 just society. We see that as inherent in our  
21 mission.

22 Thank you very much.

23 HEARING OFFICER KELLEY: Thank you.

24 Madison, do we have our next speaker?

1 THE MODERATOR: Our next speaker is Carolyn  
2 Jackson.

3 Carolyn, your line is open.

4 MS. JACKSON: Thank you. Good evening. My  
5 name is Carolyn Jackson, C-A-R-O-L-Y-N  
6 J-A-C-K-S-O-N.

7 I am the chief executive officer of St.  
8 Vincent Hospital in Worcester and the representative  
9 of the St. Vincent Hospital Ten Taxpayer Group,  
10 which is registered as a party of record.

11 The Department should not approve the  
12 proposed project for three primary reasons, all of  
13 which were more fully explained in our previously  
14 submitted written comment to DPH, which are  
15 currently posed on the DON website.

16 One, there is no need for the project,  
17 because the greater Worcester region is already well  
18 served by existing high-quality, low-cost providers  
19 with enough unused capacity to total or even exceed  
20 the 91 requested med/surg beds.

21 Two, the project is counter to the  
22 Commonwealth's goal for cost containment and, in  
23 fact, if DPH approves the project, healthcare cost  
24 and spending will needlessly increase.

1           And three, better and less expensive  
2 alternatives exist to improve the public health  
3 outcomes identified in the application. I will  
4 address each of these three points separately.

5           Need. There is no community need for  
6 UMass' proposed 91 new beds. St. Vincent Hospital,  
7 also a tertiary hospital, located just .6 miles from  
8 UMass Memorial and 1.9 miles from UMass University,  
9 has 63 available med/surg beds today that can be  
10 open without construction or capital outlay.

11           In fact, St. Vincent is beginning to open  
12 those beds now to help with the need that UMass has  
13 identified. St. Vincent is capable of treating and  
14 does currently treat 100 percent of the types of  
15 patients that UMass anticipates treating in the  
16 proposed new beds.

17           Additionally, UMass's own affiliate  
18 hospitals -- Clinton, Marlborough and Harrington --  
19 have available capacity today.

20           In addition, if UMass redirected a fraction  
21 of the proposed funding for the new beds toward  
22 reducing its excessive observed to expected length  
23 of stay, it could create its own additional bed  
24 capacity without any construction.

1           UMass is ranked in the third quartile for  
2 large academic medical centers nationwide, with an  
3 observed to expected length of stay of 1.27, which  
4 means patients stay an average of 27 percent longer  
5 at UMass than they should.

6           If UMass were able to improve its  
7 operations to equal the average of the national  
8 second quartile, it would effectively create 64 new  
9 beds without swinging a hammer or spending any  
10 capital dollars.

11           Through existing market capacity and  
12 operational improvements at UMass, central  
13 Massachusetts could easily add many more than 91  
14 additional med/surg beds.

15           Cost containment. As an initial matter, we  
16 want to express our disappointment that DPH failed  
17 to require an independent cost analysis. We raised  
18 very serious objective concerns about the project  
19 being antithetical to DPH's goals for healthcare  
20 cost containment.

21           DPH should have obtained an independent,  
22 objective and complete analysis of the project to  
23 measure the cost increase it will cause. We were  
24 surprised by DPH's decision, as each time a TPG has

1 requested an independent cost analysis in connection  
2 with a substantial capital expenditure, DPH has  
3 agreed that the applicant should undergo an ICA. We  
4 implore DPH to reconsider.

5 As detailed in our written comments, the  
6 project will increase healthcare cost to patients,  
7 payers, employers and the Commonwealth and will  
8 counteract DPH's cost containment goals.

9 UMass is the highest cost provider in the  
10 region. For commercial payers, UMass is reimbursed  
11 9 percent higher than the Massachusetts average and  
12 14 percent higher than St. Vincent.

13 UMass' affiliate hospitals are also lower  
14 cost providers; but rather than add specialists to  
15 enable more patients to be cared for at those  
16 hospitals, UMass requires the transfer of patients  
17 from the lower cost affiliates to the higher cost  
18 Memorial and University campuses.

19 Further, UMass' cost structure and  
20 operational inefficiencies promote wasteful  
21 spending. The proposed new beds have an operating  
22 cost of \$1.3 million per bed per year, which far  
23 exceeds the natural average of 600,000, the  
24 Massachusetts average of 950,000, and the St.

1 Vincent's cost of 880,000.

2           The high cost of the proposed new beds is  
3 due, in part, to the infrastructure of a large  
4 academic medical center, as well as the added cost  
5 of a proposed 72-bed tower, which needlessly  
6 duplicates infrastructure and ancillary services,  
7 given that it is not physically connected to any  
8 existing UMass hospital.

9           Additionally, UMass already has 51 percent  
10 market share in the region. So approving an  
11 expansion, especially when coupled with the proposed  
12 addition of Heywood and Athol Hospitals, would  
13 further increase UMass' near monopolistic pricing  
14 power, potentially weakening the financial viability  
15 of local lower cost hospitals. This is not an  
16 acceptable outcome and is not consistent with DPH's  
17 regulations or the purpose of the DON program.

18           Improve public health outcome. The project  
19 will not improve public health outcome in the manner  
20 UMass promotes, but the alternative outlined will  
21 actually better improve health outcome. ED boarding  
22 could be immediately addressed by utilizing  
23 available beds at St. Vincent and UMass affiliate  
24 hospitals. Together, these resources provide more

1 than adequate capacity to meet the needs described  
2 by UMass and do so in a matter that promotes cost  
3 containment, while keeping patients in their own  
4 communities.

5           Additionally, reducing length of stay at  
6 the UMass University and Memorial campuses will do  
7 more to reduce patient falls and pressure ulcers  
8 than adding more beds will.

9           In conclusion, patients in the greater  
10 Worcester region deserve high quality and timely  
11 care in their community at the lowest possible cost.  
12 The project will not deliver this. Instead, the  
13 project will create 91 new beds at a cost that is  
14 much greater than the cost of care that could be  
15 provided by using existing high quality, lower cost  
16 providers with unused capacity.

17           There is no need for the 91 new beds.  
18 There is no need to increase healthcare spending in  
19 the region. There is no need to jeopardize the  
20 ability of lower cost providers to continue to  
21 operate, leaving the highest cost provider as the  
22 only alternative.

23           Operational improvements, more efficient  
24 and appropriate use of UMass' affiliate hospitals

1 and utilization of current market capacity would  
2 more easily solve the problems and at a lower cost  
3 than the project claims to solve.

4           Until all of the beds in central  
5 Massachusetts are open and reach a certain critical  
6 occupancy and until UMass is able to improve its  
7 excessive observed to expected length of stay, no  
8 bed expansion should be approved.

9           We appreciate the opportunity to present to  
10 DPH tonight and appreciate DPH's close review of the  
11 proposed project and our previously provided written  
12 comments.

13           Thank you.

14           HEARING OFFICER KELLEY: Thank you.

15           Madison, do we have our next speaker?

16           THE MODERATOR: Yes, we do. Our next  
17 speaker is David McManus.

18           David, your line is open.

19           MR. McMANUS: Good evening. This is David  
20 McManus, D-A-V-I-D M-C-M-A-N-U-S, and I'm testifying  
21 on behalf of UMass Memorial Medical Center.

22           I'm the Chair of Medicine at UMass Memorial  
23 and one of the executive sponsors of the proposed  
24 project. I would add that I'm also a resident of



1 Holden.

2 In my role, I see the impact of our  
3 capacity challenges on a daily basis. It frustrates  
4 all involved; providers, patients, loved ones, and  
5 everyone in between. I would like to share a recent  
6 example from one of my patients.

7 Mr. C, a patient from Holden, was  
8 hospitalized while on vacation. He was given a  
9 diagnosis of a previously undiagnosed heart rhythm  
10 problem and was frightened by this diagnosis and  
11 reached out, as I had cared for him for years.

12 He contacted my office from the ED. We  
13 spoke, and he requested to be treated at UMass,  
14 given our expertise in heart care. Given the 70  
15 patients that were waiting for beds in our emergency  
16 room, my patient could not be cared for by me or by  
17 his preferred health team at his hospital.

18 He sat alone and without the specialty care  
19 that he needed in this outside emergency department.  
20 And unfortunately, stories like this one abound. It  
21 is the most frustrating thing in the world to be  
22 unable to care for patients from the region --  
23 including my neighbors, my friends and my family --  
24 owing to a lack of acute care beds.

1           Rather than continuing to focus on how  
2 frustrating this problem is and the truth of this  
3 challenge, I'm focused on the solution that's been  
4 presented to the DPH and is before us. I thought  
5 I'd talk a little bit more about how the clinical  
6 operations in the setting would work if we are  
7 fortunate enough to receive approval for the  
8 project.

9           The additional 19 beds on our Memorial  
10 campus will be created simply by renovating an  
11 existing space into inpatient clinical use. These  
12 will be what are called "med/surg beds" and be  
13 seamlessly integrated into our Memorial campus.

14           With respect to the 72 inpatient private  
15 beds that are proposed on the University campus,  
16 these are being created by and for patients and  
17 their families. And we've engaged patients in the  
18 design process.

19           Each room will have a separate family  
20 sitting area, which will allow the family to  
21 participate in rounds with the clinical teams. And  
22 as you've heard from Dr. Gustafson, you've heard the  
23 technology and forward-thinking design in patients'  
24 rooms will afford us an opportunity to review test

1 results, scans and notes, thereby providing  
2 efficient patient-centered care at the point of  
3 care.

4 We view the proposed beds at the adjacent  
5 property as an extension of our University campus.  
6 In fact, we will contact our pneumatic tube system  
7 to the facility to allow for seamless delivery of  
8 medications, laboratory samples and blood products.

9 The clinical leadership team in the  
10 building will be extensions of those teams at the  
11 University campus, and we've used a very thoughtful  
12 process evaluating existing data from our census to  
13 identify common patient conditions and types that  
14 can be safely cared for in this setting.

15 I would add that we have experience doing  
16 this from when we had to step forward to design the  
17 DCU center the first time, second time and the  
18 hospital at-home program that's been mentioned.

19 Through improved access to inpatient  
20 services, we anticipate that emergency department  
21 throughput will improve and as a result, length of  
22 stay, ED crowding and boarding.

23 With improvements to crowding, patients  
24 will be able to also receive better and more timely

1 care, reducing the numbers of patients who leave  
2 without being seen, while also improving patient  
3 satisfaction and health.

4 I'm eager to be part of the solution that  
5 will provide patients across central Massachusetts  
6 from my hometown with the care they deserve.

7 I humbly request your support for the  
8 project, and thank you for the opportunity to speak  
9 on behalf of my patients and my community. Thank  
10 you.

11 HEARING OFFICER KELLEY: Thank you.

12 Madison, do we have our next speaker?

13 THE MODERATOR: We do. Our next speaker is  
14 Tina Dixson.

15 Tina, your line is open.

16 MS. DIXSON: Good evening. My name is Tina  
17 Dixson, D-I-X-S-O-N. I'm the Executive Director of  
18 Central Mass EMS, the Region 2 EMS Council. Thank  
19 you for allowing me to speak.

20 Our organization aids the Department of  
21 Public Health in a cooperative effort to coordinate,  
22 maintain and improve the EMS system throughout  
23 central Mass. We offer EMS system planning,  
24 educational and technical assistance to the 76

1 communities we represent.

2 One positive thing we've gained through the  
3 COVID Pandemic is that it brought our region and our  
4 statewide EMS services closer than before. We  
5 achieved better coordination and collaboration.

6 Throughout COVID, though, our statewide in  
7 surgeons' calls revealed that whether the virus was  
8 in a lull or fully surging, Region 2 always had the  
9 least bed availability of any other region in the  
10 state. COVID exacerbated it, but our hospitals and,  
11 in turn, EMS has been struggling with a bed shortage  
12 for years now.

13 When UMass specifically is overcapacity and  
14 cannot accept transfers, as often happens, EMS  
15 personnel is forced to transfer patients further  
16 away for definitive care, often out of the region or  
17 out of state.

18 Over the last two years, units especially  
19 in northern Worcester County that would normally  
20 transfer to UMass have doubled or tripled some of  
21 their transfer times. This dramatically reduces  
22 ambulance availability in the region; not to mention  
23 the impacts to patients and their families.

24 Likewise, when UMass is facing capacity

1 constraints, EMS crews are forced to hold the wall,  
2 as you've already heard, meaning that they have to  
3 wait with their patients in the emergency department  
4 for an extended period of time and can't transfer  
5 care until there is a space in the ED for the  
6 patients. Those spaces don't open up until a bed  
7 upstairs become available to have a patient  
8 admitted.

9           Holding the wall creates a negative ripple  
10 effect throughout the entire region. Hospital  
11 capacity directly affects the EMS system. There's a  
12 real-life scenario that happens often. Worcester  
13 EMS has multiple transports going to UMass. They  
14 end up holding the wall of the transfer of care.  
15 Now they must call mutual aid to cover 911 calls  
16 that come in while those crews are delayed. The  
17 next town over is called, and they may only have one  
18 crew available. They respond, but then end up  
19 needing mutual aid to cover their next 911 call.  
20 This actually back-to-back call happens quite often;  
21 even in towns that aren't traditionally busy.

22           If a private ambulance service responds to  
23 cover these 911 calls, that often brings the crews  
24 off of a transfer or delays them on a transfer to

1 discharge a patient.

2 Now the charge transfer is late, and the ED  
3 can't send a patient to the bed upstairs because it  
4 hasn't opened up yet, and the ED backs up further.  
5 It's a vicious cycle that really needs to stop.

6 This is not about hospital competition or  
7 diverting ambulance traffic away from other  
8 facilities.

9 The reality is that nearly twice as many  
10 patients go to UMass by ambulance from the next  
11 busiest hospital in our region, due to the level of  
12 care needed or patient choice. Expansion of bed  
13 capacity in our region will positively impact every  
14 community in central Mass.

15 Thank you for your time.

16 HEARING OFFICER KELLEY: Thank you.

17 Madison, do we have another speaker?

18 THE MODERATOR: Our next speaker is Anthony  
19 Izzo.

20 Anthony, your line is open.

21 MR. ANTHONY: Hi there. My name is Anthony  
22 Izzo, A-N-T-H-O-N-Y I-Z-Z-O. I'm the president of  
23 the medical staff at St. Vincent Hospital.

24 It's been brought up already a couple of

1 times on this call that sometimes patients have to  
2 be transferred out of our region to Boston. And  
3 transfers to Boston obviously increase cost of care  
4 for patients.

5 Cost of care at the University campus, even  
6 compared to UMass' own satellite campuses, has  
7 already increased. Extra beds at University campus  
8 will lead to higher cost of care for the people of  
9 central Massachusetts.

10 St. Vincent, where I work, already offers  
11 lower procedures in the UMass service area and has  
12 the capacity, as Carolyn Jackson, mentioned to house  
13 more patients.

14 One thing that I feel is important is  
15 fairness and that we all are held to the same  
16 standard in healthcare, especially. Last year, DPH  
17 mandated an independent cost analysis for MGB's  
18 Woburn, Westborough and expansion proposal.

19 Since it does not seem that the UMMMC  
20 expansion will help lower healthcare cost in central  
21 Massachusetts, I feel that a similar analysis is in  
22 order to help verify UMass' claims that patients  
23 will benefit by the expansion.

24 Thank you.



1 HEARING OFFICER KELLEY: Thank you.

2 Madison, do we have another speaker?

3 THE MODERATOR: Our next speaker is Rick  
4 Muhr.

5 Rick, your line is open.

6 MR. MUHR: Thank you very much. My name is  
7 Rick Muhr, R-I-C-K M-U-H-R.

8 Good evening and thank you for allowing me  
9 to speak tonight. I'm a resident of Grafton,  
10 Massachusetts, and I'm able to speak to you tonight  
11 because of the quality of care that I received at  
12 UMass Memorial.

13 Last October, I set out for a long bike  
14 ride on a quiet Sunday morning, as I've done my  
15 entire life, when I was accidentally struck by a  
16 vehicle. I suffered a collapsed lung, broken  
17 clavicle, ten broken ribs, a shattered shoulder,  
18 four compression fractures, left shoulder  
19 dislocation, left humerus fracture and lots of cuts  
20 and abrasions.

21 After having several surgeries, I spent  
22 weeks at UMass Memorial Medical Center, more time  
23 than I ever imagined spending there, to say the  
24 least. I certainly got to know the place well and

1 the staff.

2 They were absolutely meticulous and  
3 determined to put me back together. So meticulous,  
4 that they discovered a heterogeneous lesion on my  
5 right kidney, which turned out to be cancer.

6 Today, just ten months later, I feel like  
7 I'm in better shape than I was before the accident,  
8 something that was unfathomable the days and weeks  
9 and months following my accident.

10 I'm back to exercising. I turned 64 on  
11 July 30th and was able to ride 66 miles on my bike.  
12 And on my one-year anniversary from the accident, my  
13 plan is to complete 100 miles on my bike. I'm  
14 cancer-free, and I'm living the life that I've  
15 always loved.

16 I don't deserve much credit for my  
17 recovery. The people that cared for me deserve  
18 most, if not all, of the credit. Those people  
19 showed up, and they did so much more than their job.  
20 Every day they lifted my spirit when I was at the  
21 lowest point in my life. And they weren't just  
22 nurses, doctors and personal care assistants. They  
23 were people that came in my room. They emptied my  
24 trash can, they came in and boosted me when I slid

1 down in my bed, which seemed to be 20 or 30 times a  
2 day. They were people who would bring me a popsicle  
3 at 2:00 in the morning when I was totally  
4 dehydrated. Those people, to me, are the true  
5 heroes. I am where I am today because of them.

6 When I go out for a bike ride or run, every  
7 time, I think about those people and the impact that  
8 they've had on my life. The amount and quality of  
9 care that I received was certainly beyond my  
10 expectation and well beyond my imagination.

11 To me, it's been a complete honor to be  
12 treated at UMass. They will be a part of my life  
13 forever, because they restored the hope and faith  
14 that I desperately needed throughout my stay there.

15 During my time at UMass, I witnessed  
16 firsthand how busy they are, how constrained the  
17 work space is, and how darn hard they work. Please  
18 afford them the opportunity to improve other  
19 people's lives just as they did mine by approving  
20 this proposed project.

21 Thank you so much for your consideration.

22 HEARING OFFICER KELLEY: Thank you.

23 Madison, do we have another speaker?

24 THE MODERATOR: Our next speaker is Janet

1 Cutman.

2 Janet, your line is open.

3 MS. CUTMAN: Good evening. My name is  
4 Janet Cutman, spelled J-A-N-E-T C-U-M-H-A-M. I'm a  
5 retired professional and a 44-year resident of the  
6 City of Worcester.

7 I've been seen at UMass Memorial on  
8 multiple occasions, including multiple  
9 hospitalizations over the last 15 years. I've  
10 always liked and appreciated the care I've received  
11 at UMass. My primary care doctor and my numerous  
12 specialists are all connected to the UMass system.

13 I regularly have to see my primary, my  
14 oncologist, my renal specialist, my neurologist, my  
15 heart specialist, my urologist and my  
16 endocrinologist.

17 I feel fortunate to live so close to my  
18 high quality care. However, when my breast cancer  
19 metastasized to my spine in December, I had to have  
20 urgent major neurosurgery, which led to a nine-day  
21 hospitalization and, I might add, an additional nine  
22 days in the rehab center. I can't imagine having  
23 that surgery anywhere else. I had an awesome  
24 surgeon, I had a remarkable surgery experience, and

1 now I get to appreciate a full recovery of function.

2 For me, going to another hospital because  
3 UMass was at capacity, it just wasn't an option.  
4 UMass is where I get my care. UMass is where I see  
5 specialists that I can't find anywhere else in  
6 central Mass. Most of the time, I have specialists  
7 who work as a team, which is absolutely essential  
8 when you have serious medical conditions such as I  
9 do.

10 I need coordinated care within a system  
11 where I am comfortable with all of my physicians and  
12 I am comfortable that they can and do work together.

13 I anticipate there will be a time when my  
14 health will deteriorate. When -- and I want to say,  
15 or if that happens, I want my care where I'm most  
16 comfortable and closest to those medical  
17 professionals that know me best; and that is UMass.

18 Please ensure there's a bed for me by  
19 approving this project.

20 Thank you for considering my reasons and my  
21 opinions as you assess this request for additional  
22 beds within the UMass Memorial system. Thank you.

23 HEARING OFFICER KELLEY: Thank you.  
24 Massachusetts Commission Against Discrimination, do

1 we have another speaker?

2 THE MODERATOR: Our next speaker is Mari  
3 Gonzalez.

4 Mari, your line is open.

5 MS. GONZALEZ: Good evening. My name is  
6 Mari Gonzalez. It's M-A-R-I. Last name is  
7 G-O-N-Z-A-L-E-Z.

8 So I am the Executive Director of the El  
9 Buen Samaritano Food Program, an organization that  
10 has been serving the Worcester community for the  
11 last three decades.

12 And we are a team of volunteers that  
13 distributes food from the Worcester County Food  
14 Bank. We actually, in addition, provide resources,  
15 health resources, clothing, furniture, and all types  
16 of resources that a community needs.

17 I'm testifying here to support the UMass  
18 Memorial Medical Center's plan to add 91 inpatient  
19 beds. And I hope that the DPH approves this  
20 application.

21 Worcester is a growing city; we all know  
22 that. And its residents' needs for healthcare  
23 services has grown along with it. Many Worcester  
24 residents rely upon UMass Memorial, as for me and my

1 family, for their inpatient care; especially for the  
2 highly specialized services that no other hospital  
3 in central Mass. provides.

4 In my role at El Buen Samaritano, I have  
5 seen that UMass Memorial has been very active in  
6 engaging the Worcester community and that partners  
7 with organizations like ours to improve community  
8 health, and it's wonderful to have that for the  
9 backup.

10 We appreciate the type of partnerships with  
11 the Medical Center, but we simply do not have enough  
12 beds to provide timely access for people who need  
13 inpatient care. No amount of community partnership  
14 can fix that.

15 UMass Memorial has one of the busiest  
16 emergency rooms in the state, and it serves a  
17 diverse population, including many patients who lack  
18 economic resources, like the clients that we serve  
19 at El Buen Samaritano. And I'm seeing 800  
20 households monthly at the organization that I serve.

21 But because of the inpatient bed shortage,  
22 many ER patients have to wait for hours and hours on  
23 end. In fact, an ER patient who is admitted to the  
24 hospital spends an average of 17 hours waiting for a

1 bed. And I know that for a fact because that  
2 happened to me with me and my foster daughter.

3 This is because central Mass. has fewer  
4 hospital beds per person than both eastern and  
5 western Mass. I believe residents of Worcester and  
6 central Mass. deserve the same timely access to  
7 healthcare when any emergency strikes. Worcester  
8 should not take that back seat to Boston or anyplace  
9 else.

10 Approving this application to add beds will  
11 promote health equity and it will promote regional  
12 equity. It's important for you to consider that  
13 those two things are exactly what the state  
14 legislators had in mind 25 years ago when it  
15 mandated by law that UMass Memorial should provide  
16 highly specialized clinical services not provided by  
17 anyone else in central Mass.

18 Adding the 91 new beds will truly help  
19 improve the situation, and we really have to do  
20 better. Our community is growing and we need your  
21 help.

22 So thank you for your time. And I hope you  
23 approve this application. Thank you.

24 HEARING OFFICER KELLEY: Thank you.



1           Madison, do we have another speaker?

2           THE MODERATOR: Our next speaker is  
3 Kathleen Buchanan.

4           Kathleen, your line is open.

5           MS. BUCHANAN: Good evening. I am a  
6 longtime patient of UMass Memorial from Princeton,  
7 Mass. And my name is spelled K-A-T-H-L-E-E-N  
8 B-U-C-H-A-N-A-N.

9           I have utilized UMass Memorial for a number  
10 of treatments over the years, including three major  
11 surgeries. My husband has also utilized UMass as  
12 well for two cardiac procedures, and we both have  
13 utilized the ER on a number of occasions.

14           In March of 2022, I was sent to the ER at  
15 University by my family doctor. He wanted me to  
16 have a complete cardiac workup due to a spell that I  
17 had had earlier that day.

18           The ER was responsive and thorough. They  
19 admitted me for further testing the next day. But  
20 due to the lack of beds on the cardiac floor, they  
21 put me on a unit that had eight or ten patient beds  
22 and three or four nurses. It had one shared patient  
23 bathroom. Clearly, not what I was hoping for or  
24 expecting.

1           While I received good patient care and the  
2 staff was tentative and caring, it was not conducive  
3 to healing. They needed to open up a bed in the ER  
4 at the same time, because they had no open beds  
5 upstairs for me.

6           In the end, I received great care, as I  
7 always do at UMass. If you were to ask ten people  
8 in central Massachusetts where they want to go if  
9 they need to be hospitalized, nine of them will tell  
10 you "UMass Memorial." My husband and I are no  
11 different.

12           UMass Memorial has our doctors and our  
13 records. And we are familiar with their routine.  
14 And most of all, we trust them. It is clearly the  
15 best place to get care in central Massachusetts.

16           The only problem is that people in central  
17 Mass. can also tell you how busy UMass is and that  
18 the wait times can be quite lengthy.

19           The caregivers are great, but they cannot  
20 do their jobs effectively if they do not have the  
21 facility they need to help people heal. Using  
22 overflow units created for a Pandemic is not  
23 conducive to good medicine or to sound operation of  
24 a regional medical center.

1 Adding permanent state-of-the-art patient  
2 rooms to increase the capacity alleviates pressure  
3 on the ER, which allows those who need care to get  
4 it in a timely manner.

5 Like many others, I feel better knowing  
6 that UMass Memorial is ready to care for me should I  
7 need their assistance, especially in an emergency.  
8 I just want there to be space.

9 Please pass this proposed project. It is  
10 truly necessary. And I thank you for your time and  
11 consideration of this project.

12 HEARING OFFICER KELLEY: Thank you.

13 Madison, do we have another speaker?

14 THE MODERATOR: Our next speaker is Kavita  
15 Babu.

16 Kavita, your line is open.

17 DR. BABU: Hi there. Good evening  
18 everyone, and thank you for the opportunity. My  
19 name Kavita Babu. K-A-V-I-T-A, and my last name is  
20 B-A-B-U. And I am an emergency physician at UMass  
21 Memorial Medical Center.

22 I'd like to say thank you to our patients  
23 and our community partners for sharing the powerful  
24 testimony. As an emergency physician who has been

1 practicing at UMass for the past ten years, you've  
2 all highlighted critical need, and I am here to  
3 testify in support of the proposed project.

4 So you will hear and have heard tonight  
5 about the reasons that the beds in central  
6 Massachusetts are critical with respect to long wait  
7 times, high order statistics, and the alarming rate  
8 of transfer declines. And you will also hear about  
9 the innovative and endless ways in which my  
10 colleagues have really tried to maximize all  
11 available space and all available resources to  
12 improve the situation without adding beds.

13 I'm here to tell you a little bit about the  
14 challenges as they impact our community, but also as  
15 someone who has been on the ground, helping caring  
16 for patients, again, during the Pandemic. And I've  
17 never seen a time where our patients have had to  
18 wait longer or have been sicker.

19 I respectfully ask you to think about the  
20 people that you treasure. And when they reach out  
21 to you saying that they have an illness or an injury  
22 and they come to us for emergency care, you may find  
23 that the hospital is so crowded, that they face a  
24 wait of 12 hours before they even see a provider; or

1 that once they're seen, they're actually seen in a  
2 hallway.

3           When you consider all of the boarding  
4 statistics, I'll tell you what boarding looks like  
5 to me. It looks like an elderly woman on a  
6 stretcher at hour 16 who is trying to get  
7 comfortable or who hasn't gotten any sleep in the  
8 bright lights and chaotic hallways where they're  
9 waiting and knowing that she has a counterpart  
10 that's sitting in a chair in our waiting room.

11           No one on the emergency staff wants any of  
12 our patients to wait. And this burdens us all.  
13 Please understand that the sickest people and those  
14 with life-threatening situations are seen first, and  
15 they're seen fast. In fact, our teams have worked  
16 hard to create processes that make sure that that's  
17 true. But our patients who don't present with life-  
18 or limb-threatening illnesses deserve accessible and  
19 timely care, too.

20           I worry about our patients. As a resident  
21 of this community -- I live in Shrewsbury -- I worry  
22 about my family and how boarding and the lack of  
23 capacity could impact their care, impact their  
24 waits. But what I don't worry about is the quality

1 of care that they'll receive once they're in front  
2 of a provider.

3 Outside of the emergency department, I  
4 serve another role. I am the Director of the Mobile  
5 Addiction Service that serves patients in Worcester  
6 who are experiencing homelessness and who also have  
7 substance abuse disorders. This project is funded  
8 by Massachusetts DPH.

9 In the 16 months that we've been seeing  
10 patients, we've had over 2,000 encounters. We have  
11 people living in central Massachusetts today safely  
12 in sobriety because we met them where they were.

13 The problem, though, is that sometimes  
14 these individuals need more than a mobile service  
15 can offer, and that requires a trip to the hospital.  
16 But if when they get to the emergency department, it  
17 takes 15 hours to be seen or they're boarded in a  
18 hallway waiting for a bed, the odds dramatically  
19 increase that they will leave before their treatment  
20 is completed and will lose the immediate opportunity  
21 for their care. We may never get that chance back.

22 I love caring for our patients in the  
23 emergency department. I love caring for our  
24 community. I expect better access, though, for the

1 families when they need care. And I am hopeful that  
2 by the end of the night, not only will it be  
3 apparent that this proposal should pass, but it has  
4 to pass quickly, because we needed these beds even  
5 before this.

6 Thank you so much. Thank you for your  
7 help, and I hope you approve this proposal.

8 HEARING OFFICER KELLEY: Thank you.

9 Madison, do we have another speaker?

10 THE MODERATOR: Our next speaker is Arvin  
11 Garg.

12 MR. GARG: Hi. Thank you. My name is Dr.  
13 Arvin Garg, A-R-V-I-N G-A-R-G, and I'm a  
14 pediatrician at UMass Memorial Medical Center, as  
15 well as Associate Chief Audit officer for Health  
16 Equity for the UMass Memorial Health System.

17 I'm here today to testify on behalf of the  
18 Medical Center in my role as the leader and champion  
19 to improve health equity for our health system, for  
20 our region, for our state; and most importantly, for  
21 the vulnerable population that don't have access to  
22 the healthcare that they need and deserve.

23 UMass Memorial has made considerable  
24 investment in resources to address the racial and

1 ethnic inequities that we see in the overall  
2 healthcare system; not just here in our institution,  
3 but across the healthcare industry.

4 That's why my position was created; to  
5 focus on improving the care and overall treatment we  
6 provide to under-represented patients and making  
7 sure that we do it in a compassionate, culturally  
8 sensitive way.

9 Other investments include creating an  
10 office of diversity, equity, inclusion blending as  
11 an important resource for all of our employees  
12 systemwide; creating a health equity steering  
13 committee to guide our clinical healthcare equity  
14 work; co-training a COVID-19 equity task force, a  
15 partnership with Dr. Castiel and the City of  
16 Worcester to address racial inequities related to  
17 COVID-19; and also developed a \$1 million program to  
18 fund ideas for developing equity in healthcare  
19 delivery and fostering a more equitable inclusive  
20 workplace culture.

21 There's a lot more, but I know I have  
22 limited time here. And I want to make sure you know  
23 that we are particularly concerned with the health  
24 inequity's impact, caused by the lack of inpatient



1 beds in our region.

2 Because UMass Memorial Medical Center is  
3 the only federally designated safety net hospital in  
4 our region, we care for a high percent of patients  
5 who fall below the poverty benchmark, many of those  
6 who are low income.

7 Most of our patients come from communities  
8 of color and historically marginalized communities  
9 and often don't have access to healthcare because of  
10 various issues such as lack of transportation,  
11 insurance or lack of financial employment ability to  
12 seek care.

13 When under-resourced patients who need  
14 acute level care have to be transferred outside of  
15 their region, often to higher-class facilities  
16 because of the lack of inpatient beds, they bear a  
17 higher, more significant burden in getting the care  
18 they need because of these critical barriers.

19 I ask you to seriously consider our  
20 application that will add these 91 beds that are  
21 crucial to our ability to provide the equitable care  
22 that is needed for the patients in central  
23 Massachusetts, particularly those who need our care  
24 the most. I think there are many prior speakers who

1 have echoed this as well.

2 Thank you for this opportunity to speak,  
3 and I hope you approve this application, which will  
4 help us advance health equity in the region. Thank  
5 you.

6 HEARING OFFICER KELLEY: Thank you.

7 Madison, do we have another speaker?

8 THE MODERATOR: Our next speaker is Charles  
9 Cavagnaro.

10 Charles, your line is open.

11 DR. CAVAGNARO: Thank you and good evening.  
12 My name is Charles Cavagnaro. I'm an internist, and  
13 I serve as the chief medical officer for UMass  
14 Memorial Health's Marlborough Hospital and  
15 HealthAlliance-Clinton Hospital. These are two of  
16 the community hospitals that are part of the UMass  
17 Memorial Health System.

18 On a daily basis, the lack of inpatient  
19 beds in our region adversely affects our community  
20 hospitals and our overall health system, which is  
21 why I'm testifying to support the Medical Center's  
22 Determination of Need application. I would add 91  
23 much-needed inpatient beds to central Massachusetts  
24 and the Metrowest area.

1 I've been working closely with the Medical  
2 Center's leadership team over the past few years to  
3 leverage bed space across the system, making sure we  
4 optimize our inpatient space at Marlborough and  
5 HealthAlliance-Clinton, taking care of the right  
6 patients with the right level of care in the right  
7 setting.

8 This has led to increased community  
9 hospital capacities. For example, Marlborough  
10 hospital's med/surg capacity has increased by 13  
11 percent between June of fiscal year '21 and fiscal  
12 year '22 year-to-date.

13 At HealthAlliance-Clinton Hospital, the  
14 med/surg capacity increased by 8 percent in the same  
15 time frame.

16 And at our newest community hospital that  
17 joined our system last year, Harrington Hospital in  
18 Southbridge, they had a 16 percent increase in  
19 med/surg capacity for the same time period.

20 And while we do our best to keep our  
21 patients in the community setting, so that they can  
22 receive the care they need conveniently located near  
23 their homes, we can't always do that.

24 When very sick patients need specialized

1 care, we must transfer them to a larger medical  
2 center that has specialists 24/7. For us, that  
3 first choice is UMass Memorial Medical Center, who  
4 we can transfer patients to our colleagues who we  
5 know and work with, where there's a unified medical  
6 record for these patients, which helps support their  
7 care and quickens access to their care.

8 But when a medical center is at capacity  
9 and can no longer accept any transfers, even from  
10 hospitals within our system, we have no other choice  
11 but to send these very sick patients outside of our  
12 region. Most often to a Boston hospital; but of  
13 late, we've always had to send outside of the  
14 Commonwealth.

15 This causes an incredible strain on the  
16 patient and their families, as you might imagine.  
17 They have to travel from their hometowns to a bigger  
18 city, with heavy traffic, challenging parking, often  
19 to have to stay in a hotel to be near their loved  
20 ones, all at a higher cost to them; not to mention a  
21 higher cost to their insurance company and their  
22 employer; that is, if they have insurance.

23 These capacity challenges also put an  
24 incredible strain on our clinicians, who struggle to

1 keep up with this unsustainable pace and then, quite  
2 frankly, are tired after two years of an ongoing  
3 Pandemic.

4 In addition, calls to other systems for  
5 beds have often met with responses that, as we are  
6 part of the UMass Memorial Health System,  
7 unaffiliated hospitals -- that is, standalone  
8 hospitals with no affiliation -- should have  
9 preference to their beds, and we should wait for  
10 UMass Memorial Medical Center beds.

11 Failure to act on these conditions will  
12 only result in more care delays and ultimately,  
13 they'll lead to adverse health outcomes.

14 Adding 91 beds to our region will help  
15 improve this situation. It will result in improved  
16 outcomes throughout the UMass Memorial Health  
17 System, as there is simply no replacement for the  
18 timely availability of tertiary and coronary beds in  
19 our academic system.

20 So thank you for your time, and I hope  
21 you'll approve this application.

22 HEARING OFFICER KELLEY: Thank you.

23 Madison, do we have another speaker?

24 THE MODERATOR: Our next speaker is Jesus

1 Suarez.

2 Jesus, your line is open.

3 MR. SUAREZ: Good evening. My name is  
4 Jesus Suarez, J-E-S-U-S S-U-A-R-E-Z. I'm the  
5 president and CEO of Renaissance Medical group.

6 Renaissance provides 360 degrees healthcare  
7 service to our clients, including primary care,  
8 prenatal health, pharmacy, adult day center, and  
9 home service. It also offers a food program,  
10 transportation and senior service to improve social  
11 determinants of health and thereby keeping people  
12 healthy in the first place.

13 Renaissance was founded in Southbridge to  
14 serve the need of the Latino community in town.  
15 They have since expanded into Worcester, Lawrence  
16 and Springfield.

17 Our growth in Worcester is designed not  
18 only to meet the need of the city-large Latino  
19 community, but also to access the health needs of  
20 immigrants from non-Hispanic-speaking countries as  
21 well.

22 Our multilingual staff provides tertiary,  
23 responsive care, designed around the individual  
24 needs of our members.

1           For example, in partnership with the  
2 Worcester Housing Authority, last year, we launched  
3 the Buen Provecho Meal delivery program that  
4 provides nutritious, precooked, shelf-stable and  
5 culturally responsive meals to residents.

6           For years, Renaissance has partnered in  
7 Southbridge with Harrington Hospital, and more  
8 recently has begun to coordinate efforts in  
9 Worcester with UMass Memorial.

10           We are optimistic about the good effects  
11 this collaboration will have on the health and  
12 well-being of Renaissance clients in both  
13 communities.

14           As the only one of the state's six academic  
15 medical centers that is located outside the City of  
16 Boston, UMass Memorial Medical Center is the only  
17 provider of the wide range of high equity healthcare  
18 service across a huge geographic region.

19           I can only state how valuable local access  
20 to the expertise of an academic medical center is.  
21 Not only for residents of Worcester, but also for  
22 residents of Southbridge and similar communities.

23           So the regional bed shortage in central  
24 Mass. causes overcrowding at UMass Memorial and

1 impedes the ability to provide this valuable service  
2 to everyone who needs it. Overcrowding at the  
3 Medical Center often forces it to decline transfer  
4 requests to community hospitals like Harrington.  
5 When a patient needs highly specialized service, but  
6 instead of being transferred to Worcester, this  
7 patient now transfers to Boston instead, this is  
8 extremely difficult for them and their families.

9           And for patients who seek care directly  
10 through the Medical Center ER, the delay causes  
11 overcrowding. Patients are waiting many hours and  
12 hours to get a bed after they are admitted.

13           Because UMass Memorial is a safety net  
14 hospital, many of the patients are low income and  
15 many are on MassHealth. Unlike wealthier patients  
16 from this region, who can afford to travel to Boston  
17 for the care if they must, low income patients often  
18 simply cannot afford to do so. The good news is  
19 that that problem can be fixed, and UMass Memorial  
20 is trying to fix it.

21           Adding 91 beds will entirely close the  
22 dispersity between central Mass. versus the rest of  
23 the state. It is a very significant first step that  
24 will absolutely include access to highly specialized



1 care for central Mass. Residents. For patients who  
2 will otherwise be stuck in the ER for hours waiting  
3 for a bed, this will make a big difference. And for  
4 patients in community hospitals like Harrington, who  
5 need to be transferred to an academic medical center  
6 for highly specialized care, it will make a big  
7 difference, too. For Renaissance clients in both  
8 Southbridge and Worcester, improving local access to  
9 the entire range of health service is of tremendous  
10 value.

11 On their behalf, I respectfully ask the DPH  
12 to approve the UMass Memorial's request without  
13 delay, so that they can begin to build out these new  
14 beds and thereby enable all central Mass. residents  
15 to access the full range of health service locally.

16 Thank you for your consideration.

17 HEARING OFFICER KELLEY: Thank you.

18 Madison, can we have our next speaker,  
19 please?

20 THE MODERATOR: Our next speaker is  
21 Michelle Muller.

22 Michelle, your line is open.

23 MS. MULLER: Thank you. My name is

24 Michelle Muller, M-I-C-H-E-L-L-E M-U-L-L-E-R. I'm a

1 family nurse practitioner and the Interim Senior  
2 Director for the Department of Community Benefits  
3 for the UMass Memorial Health System.

4 UMass Memorial has a long history of  
5 recognizing that working with community and  
6 addressing social factors outside the hospital walls  
7 is vital to improving the health and well-being of  
8 vulnerable populations. Our community benefits  
9 invests in programs such as Workforce Development  
10 for At Risk Use and develop and support  
11 interventions that address poverty, violence, school  
12 attendance, education, food and security and hunger,  
13 access to care and services that target many social  
14 factors that impact health.

15 As a partner in many community groups  
16 within the City of Worcester and central  
17 Massachusetts, UMass Memorial helps to initiate and  
18 sustain multiple community programs which address  
19 social determinants of health.

20 The social determinants of health are a  
21 group of conditions that influence a person's health  
22 and wellbeing. Addressing these community needs are  
23 recognized by the Massachusetts Department of Public  
24 Health and the Affordable Care Act as a significant

1 opportunity to eliminate the health disparities and  
2 improve health equity.

3 With the new inpatient building expansion,  
4 UMass Memorial Health is poised to award Community  
5 Partners a substantial financial distribution of  
6 funds through the Determination of Need process,  
7 totalling 5 percent of the total project cost.

8 These funds will be distributed to  
9 community programs through a community health  
10 improvement committee made of diverse  
11 multi-sectorial stakeholders addressing community  
12 health prior needs identified in our 2021 Greater  
13 Worcester Community Health Needs Assessment.

14 The five priority focus areas identified in  
15 the assessment include mental health, substance use,  
16 social determinants of health, including food,  
17 security and housing, chronic and complex conditions  
18 and disparities with the COVID Pandemic.

19 Factors that contribute to all of these  
20 focused areas are racism, discrimination and health  
21 equity.

22 While each of these factors represent  
23 significant community health needs and priority  
24 focus areas prior to COVID, the Pandemic greatly

1 exacerbated and highlighted the critical need for  
2 addressing these.

3 Additionally, many community-based  
4 organizations which have a focus of improving our  
5 community's health and wellbeing have been faced  
6 with the challenge of identifying funding sources,  
7 which are required to reach and serve vulnerable  
8 populations.

9 The Determination of Need's funding  
10 generated from the new inpatient building will  
11 provide significant support to community-based  
12 efforts addressing these social determinants of  
13 health and help to prove priority focus areas,  
14 playing a critical role in advancing the work of our  
15 community partners and improving the outcomes  
16 identified in the community health needs assessment  
17 priority areas.

18 I'm grateful for your time and  
19 consideration of the approval of this application.  
20 Thank you.

21 HEARING OFFICER KELLEY: Thank you.  
22 Madison, can we have our next speaker,  
23 please?

24 THE MODERATOR: Our next speaker is Terence

1 Flotte.

2 Terence, your line is open.

3 MR. FLOTTE: Hi. This is Dr. Terence  
4 Flotte. T-E-R--E-N-C-E F-L-O-T-T-E. And I'm  
5 speaking as the provost and executive deputy  
6 Chancellor of UMass Chan Medical School and the dean  
7 of T.H. Chan School of Medicine.

8 As a resident of central Massachusetts -- I  
9 live in Holden -- I'm very concerned about the  
10 negative impacts of the hospital bed shortage on  
11 patient care in our region.

12 In my role as dean of the state's only  
13 public medical school, I also have another unique  
14 perspective: Educating and training future  
15 generations of Massachusetts physicians is the  
16 central mission of UMass Chan.

17 Our relationship with UMass Memorial, as  
18 the primary clinical partner of the medical school,  
19 is instrumental to our capacity to train the doctors  
20 who care for patients in our community on into the  
21 future.

22 The Association of American Medical  
23 Colleges projects a national physician shortfall by  
24 2034 of between 38,000 and 124,000 physicians.

1 Massachusetts is not immune from this national  
2 trend, as has been made clear by the physician  
3 workforce challenges presently confronting hospitals  
4 in central and western Mass.

5 This is where the central role of UMass  
6 Chan becomes critical. Because unlike other medical  
7 schools in Massachusetts, most of our students are  
8 from Massachusetts and most remain here to pursue  
9 their careers. They are truly the Commonwealth's  
10 future physician workforce.

11 Adding these 91 proposed new beds will be  
12 of tremendous value to medical education. Expanding  
13 our class size at UMass Chan is instrumental to  
14 increasing the Massachusetts physician workforce,  
15 but doing so is only possible if there is sufficient  
16 clinical training opportunities for those students.

17 Those beds will not only increase training  
18 opportunities for medical students, it will also  
19 expand residency training opportunities for new  
20 medical school graduates.

21 The new beds will enable UMass Chan's  
22 internal medicine residency program to expand  
23 significantly, with five additional trainees  
24 entering each year and thus, creating five

1 additional graduates per year entering the primary  
2 care physician workforce.

3 The bed expansion will also support the  
4 growth of translational and clinical research  
5 efforts by UMass Chan, which often involves model  
6 innovative patient treatments that require dynamic  
7 inpatient care capacity and volume.

8 To ensure the Medical Center's expanded  
9 clinical capacity optimizes the physician education  
10 and translational research opportunities, UMass Chan  
11 leadership has been directly engaged in the design  
12 process.

13 For the past quarter century, the unique  
14 public/private partnership between the  
15 Commonwealth's only public medical school, UMass  
16 Chan, and its private non-profit clinical partner,  
17 UMass Memorial, has yielded tremendous benefits for  
18 all the residents of the state and for central Mass,  
19 in particular.

20 This is exactly what was envisioned by the  
21 legislature when it enacted the law authorizing the  
22 relationship between these two institutions.

23 Overall then, from an educational and research  
24 perspective, our collaboration benefits all

1 residents of Massachusetts by training the  
2 physicians of tomorrow and by developing innovative  
3 treatments and clinical protocols that advance the  
4 health of all.

5 For all of these reasons, I the DPH to  
6 approve this application.

7 Thank you for allowing me to testify.

8 HEARING OFFICER KELLEY: Thank you.

9 Madison, can we have our next speaker  
10 please?

11 THE MODERATOR: Our next speaker is Dr.  
12 Greg Volturo.

13 Greg, your line is open.

14 DR. VOLTURO: Thank you. My name is Greg  
15 Volturo. I'm an emergency physician, and I am chair  
16 of the Department of Emergency Medicine at UMass  
17 Memorial.

18 I oversee all of the emergency departments  
19 in the UMass system. I've also practiced in central  
20 Massachusetts for over 40 years at this point.  
21 Thank you for giving me the opportunity to speak  
22 tonight.

23 UMass Memorial Medical Center's emergency  
24 department is one of the busiest in the



1 Commonwealth, with over 120,000 visits annually and  
2 a very high patient acuity level.

3           On the University campus, 28 percent of our  
4 patients require admission. 1 out of every 4  
5 patients who come to our emergency department  
6 require admission to the hospital. Admissions are  
7 only slightly less on the Memorial campus, at 24  
8 percent. But the capacity issue we are now facing  
9 at the Medical Center presents many challenges in  
10 caring for our patients and meeting the medical  
11 needs of our central Mass. community.

12           Through July fiscal year '22 year-to-date,  
13 the Medical Center saw an average daily, Emergency  
14 Department census, of 335 patients a day. Through  
15 the month of August thus far, we are seeing an  
16 average of 340 patients per day, with 65 percent of  
17 these patients being seen on the University campus,  
18 many requiring tertiary care services.

19           To put it into perspective, very  
20 conservatively, at any given moment in time, there's  
21 an average of 157 patients in our emergency  
22 department. And it's almost twice the number of  
23 patients that we have beds for. That's a 35 percent  
24 increase over the fiscal year '19 level, and I

1 anticipate fiscal year '22 is going to be even a bit  
2 worse.

3 With a high volume of patients and high  
4 acuity requiring admission, there are insufficient  
5 beds in the Medical Center to accommodate the number  
6 of patients needing to be admitted.

7 This consistent lack of open beds leads to  
8 emergency department backups and necessitates the  
9 use of hallway beds and patient boarding. On any  
10 day, between 50 and 80 medical/surgical patients are  
11 boarding in our emergency department.

12 Nonpsychiatric ED boarder hours have  
13 increased 91 percent from fiscal year '18 through  
14 fiscal year '21. These boarders are spending, as  
15 you have heard, an average of 17 hours waiting for a  
16 bed. That is an average. Many patients have to  
17 wait much longer. That doesn't include the time,  
18 either, that they have to potentially spend waiting  
19 to get into the emergency department.

20 The bed shortage is unsustainable and  
21 especially impacts the highest acuity patients who  
22 require specialized care that is available only in  
23 an academic medical center setting, including some  
24 of the most vulnerable members of our Worcester

1 community.

2 This also impacts those patients from the  
3 broader central Massachusetts community, where  
4 conditions or outcomes are highly dependent on  
5 access to rapid treatment, which are only variable  
6 at a tertiary care center.

7 Due to current capacity issues, it is not  
8 unusual for physicians working in our community  
9 emergency departments to have to call multiple  
10 hospitals, both within the state, as well as in the  
11 surrounding states, to transfer a patient who needs  
12 care not available in the community.

13 Well documented research has shown that  
14 prolonged delays in accessing care for high acuity  
15 patients leads to the increased likelihood of those  
16 patients experiencing adverse health outcomes,  
17 including mortality.

18 Research also shows that delays lead to  
19 longer length of stays and increase likelihood that  
20 a patient will need costly post-discharge treatment.

21 We have excellent caregivers at our  
22 institution, but they need space and resources to do  
23 their jobs. We've done all we can to make our  
24 situation work within the capacity constraints that

1 exist; but ultimately, the safety and health of our  
2 patients in our community are at risk if we don't  
3 take a more aggressive action.

4 Thank you for your consideration of this  
5 proposal.

6 HEARING OFFICER KELLEY: Thank you.

7 Madison, can we have our next speaker,  
8 please?

9 THE MODERATOR: Our next speaker is  
10 Monsignor Peter Beaulieu.

11 MONSIGNOR BEAULIEU: Good evening.  
12 Monsignor Peter Beaulieu, P-E-T-E-R B-E-A-U-L-I-E-U.

13 I'm a member of the Board of Trustees of  
14 St. Vincent's and trained in medical ethics.

15 We've heard a lot of talk about equity, and  
16 one of the things I think is important is that we  
17 have a kind of definition. And much of these things  
18 are procedural. So I see one of the differences of  
19 opinion being settled by having someone independent  
20 of all of us assessing what's best for the area and  
21 for the patients that we serve. And so this should  
22 be a kind of independent analysis of this proposal,  
23 and that would help everyone do what's right and  
24 what's right for the community.

1           We also know that there's questions about  
2 availability of beds here or elsewhere. I think  
3 those things could be also analyzed by that  
4 particular approach.

5           St. Vincent's is available and has some  
6 capacity; but yet, with also the acuity of care in a  
7 proper setting. So I think my high recommendation  
8 to the Department of Public Health or the  
9 Determination of Need crowd is that there be that  
10 analysis, so that we can all be confident that what  
11 the outcome is in regard to this proposal is fair  
12 and equitable for the people and for all who are  
13 members of this community. Whether it's people who  
14 are in minorities or majorities, it makes no  
15 difference.

16           I think a procedural question would be,  
17 Let's have this equity seen and what's procedural,  
18 what's available, and what's fair. And that's how I  
19 think you do it by that independent analysis.

20           We can move people around if we have to.  
21 We always do that. But I think if we know that, in  
22 fact, this is fair to all people in this  
23 neighborhood, it is important.

24           My question is, then, that there be an

1 independent analysis for this proposal and not be  
2 expedited, but that it be done properly and in a  
3 coherent fashion.

4 Thank you for your listening to what I have  
5 to say, and I hope that fairness will prevail.  
6 Thank you.

7 HEARING OFFICER KELLEY: Thank you.  
8 Madison, can we have our next speaker,  
9 please?

10 THE MODERATOR: Our next speaker is Missa  
11 Bats.

12 Michelle, your line is open.

13 MS. BATS: Hi, good evening, everyone. My  
14 name is Missa Bats, spelled M-I-S-S-A B-A-T-S. I'm  
15 a nurse manager at St. Vincent Hospital.

16 So I've been listening a lot about the  
17 expansion of beds, but I also want to emphasize that  
18 you want to have beds available at a low cost that  
19 we can afford. So I would like to really focus on  
20 three points here today.

21 One is lower healthcare cost, bed  
22 availability existing available beds, and an  
23 independent cost analysis.

24 So lower healthcare cost is already

1 available right now at St. Vincent Hospital and  
2 other hospitals, at a lower cost than UMass  
3 University and Memorial campuses. So any more  
4 spaces going to UMass would have to do with higher  
5 healthcare cost.

6 St. Vincent also has bed availability.  
7 There are 51 licensed beds that are in the process  
8 of reopening, as well as we have 12 additional beds  
9 that are ready for demand surgery. We can use these  
10 beds for any patients UMass Memorial feels it cannot  
11 hold at their current capacity.

12 It is also a good idea to investigate large  
13 proposals. An independent cost analysis has been  
14 used before for proposed hospital expansions, and I  
15 think this application qualifies for one.

16 Parties without ties to either hospital  
17 looks at the DON application and keeps in mind for  
18 all of us that the UMass proposal promotes cost  
19 containment.

20 And to summarize it, I would like to  
21 emphasize that the proposed project is unnecessary  
22 to existing lower cost available market capacity.

23 I would request you to closely analyze  
24 whether the proposed project meets the need for

1 local and state healthcare priorities, such as  
2 healthcare cost containment and improving public  
3 healthcare outcome.

4 Thank you.

5 HEARING OFFICER KELLEY: Thank you.

6 Madison, can we have our next speaker,  
7 please?

8 THE MODERATOR: Our next speaker is Janet  
9 Wilder.

10 Janet, your line is open.

11 MS. WILDER: My name is Janet Wilder,  
12 J-A-N-E-T W-I-L-D-E-R. I'm an organizer with the  
13 SHARE/AFSCME Union.

14 SHARE represents more than 3,000 healthcare  
15 workers at UMass Memorial Medical Center and UMass  
16 Marlborough Hospital. We're nursing assistants and  
17 mental health counselors, secretaries and  
18 schedulers, Xray technologists, respiratory  
19 therapists and a bunch more.

20 Thank you for the opportunity to voice  
21 SHARE members' serious concerns about the number of  
22 beds available for patients who need them at our  
23 hospital and in support of the proposed bed  
24 expansion.



1           So lots of people's testimonies have  
2 focused on the numbers; how under-bedded central  
3 Mass. is (20 percent fewer), the number of hours  
4 that ED boarders wait for a bed on average (17), how  
5 many boarders we have here every day (50 to 70).

6           I want to give you a tiny piece of a  
7 picture of what's it's like to work in UMass  
8 Memorial's emergency department, the second busiest  
9 in the state, with very high acuity patients.

10           We are so full. It's especially hard on  
11 the staff in the emergency room, where patients get  
12 stuck because there's no patient rooms available  
13 upstairs.

14           One CAT scan technologist was telling me  
15 that the demand for CAT scans in the ED is so high,  
16 they often have lots of beds just in the hallways  
17 outside of CAT scan to accommodate the overflow,  
18 which means a long wait for the patients, no  
19 privacy, and the delays in getting the care.

20           This past Saturday night was busy, with  
21 patients waiting seven or eight hours just to get  
22 their CAT scans. The technologists have a long list  
23 of inhouse patients waiting for a scan, but they  
24 need to taken the traumas and emergencies first, of

1 course.

2 For example, UMass Memorial Medical Center  
3 is a Level 1 trauma center with stroke  
4 certification. So stroke patients take precedence  
5 over everybody else waiting.

6 SHARE members are proud to do this work.  
7 We're the only certified comprehensive stroke center  
8 in central Mass. The staff clear the CAT scan table  
9 when the stroke patient rolls into the ED and holds  
10 it for them. We all know that time is brain for  
11 stroke patients.

12 But the ED staff feel awful making any  
13 patient wait. This tech I was talking to stayed  
14 late on Saturday night, until 1 a.m. She just  
15 didn't feel like she could leave. And it's  
16 exhausting to work that way; always running, always  
17 worrying about how to fit in the next patient.

18 So this is just one tiny glimpse of what  
19 thousands of people are going through and the  
20 patients are going through every day, every week at  
21 UMass Memorial Medical Center. We need more CT  
22 scanners and we need more beds.

23 Thank you.

24 HEARING OFFICER KELLEY: Thank you.

1           Madison, can we have our next speaker,  
2 please?

3           THE MODERATOR: Alex, your line is open.

4           MR. GUARDIOLA: Good evening. My name is  
5 Alex Guardiola. I'm the Vice President of  
6 Government Affairs and Public Policy for the  
7 Worcester Regional Chamber of Commerce. I'm here to  
8 testify in support of UMass Memorial's application  
9 to add the 91 inpatient beds.

10           The Worcester Regional Chamber of Commerce  
11 is the largest chamber in New England, representing  
12 over 2,100 business members of all industries and  
13 sizes, and our service area is 37 cities and towns  
14 in central Massachusetts.

15           Worcester and the region are growing at an  
16 exponential rate. The 2020 census data showed that  
17 Worcester County grew at a faster rate than the  
18 state average. And the City of Worcester was the  
19 fastest growing city; over 100,000 in New England,  
20 surging to a population of over 206,000 people from  
21 185,000.

22           The business employees that are here as  
23 residents are attracted to central Massachusetts by  
24 a variety of factors, including the region's quality

1 of life and comparative affordability in contrast to  
2 the immediate Metro Boston and Boston Proper area.

3 In terms of quality of life and  
4 affordability, healthcare is a foremost factor  
5 considered by businesses. They want their employees  
6 to have a convenient local access to the entire  
7 range of health services, including any types of  
8 highly specialized tertiary care only available at  
9 academic medical centers, and they want to be able  
10 to afford and ensure the cost of insurance that will  
11 remain sustainable for employers and employees  
12 alike. The Chamber of Commerce supports the bed  
13 expansion proposal because it advances both of these  
14 goals.

15 Regarding the quality of life, as the only  
16 one of Commonwealth's Medical Centers that is  
17 located outside of the City of Boston, UMass  
18 Memorial Medical Center offers highly specialized  
19 care locally that otherwise would require local  
20 patients to travel into the City of Boston.

21 And in terms of cost, it's the state's  
22 most -- a consistently low academic medical center.

23 Data from the state agency tracking  
24 healthcare costs, the Center for Health Information

1 and Analysis, shows that four out of the last six  
2 years, UMass Medical Center had the lowest inpatient  
3 costs of all academic medical centers; and in the  
4 other two years, it was a close second.

5 As things presently stands, central Mass.  
6 substantially has fewer beds per thousand residents  
7 than either eastern or western Mass. In fact, it  
8 would take about 300 additional beds, in total, to  
9 actually level this out.

10 This means, ordinarily, long waits of  
11 patients who seek care at the emergency department.  
12 It also means -- you also have heard from others  
13 here today that the Medical Center oftentimes must  
14 decline transfer requests of local community  
15 hospitals for patients whose acuity is too high for  
16 them to provide care. As a result, many of these  
17 patients are transferred to academic medical centers  
18 in Boston.

19 Transferring thousands of local community  
20 hospital patients to Boston, instead of the Medical  
21 Center here in Worcester, is burdensome for patients  
22 and for their families, who must travel further to  
23 actually visit them.

24 Moreover, it adds the cost of share in the

1 Commonwealth, since patients end up being treated by  
2 the highest cost academic Medical Centers, rather  
3 than the lowest cost. These provide upwards  
4 pressure on healthcare insurance cost for both  
5 employers and employees.

6 For these reasons, of both quality of life  
7 and affordability, the Chamber urges DPH to approve  
8 the bed expansion and application. While it may not  
9 entirely close the gap of 300 beds in the region, it  
10 will substantially improve the urgent situation.

11 In closing, while this is not a factor for  
12 consideration of the DPH, it is important to note  
13 that this project will have a positive economic  
14 impact on the Worcester region.

15 In the short-term, it will employ local  
16 people in construction and other fields to complete  
17 this project. And in the long-term, it will employ  
18 approximately 500 new permanent FTEs, contributing  
19 even more to Worcester's impressive growth.

20 I want to thank you on behalf of the  
21 Worcester Chamber of Commerce and hope that you look  
22 favorably on this application.

23 Thank you.

24 HEARING OFFICER KELLEY: Thank you.

1           Madison, can we have our next speaker  
2 please?

3           THE MODERATOR: Our next speaker is Nicole  
4 Karico.

5           Nicole, your line is open.

6           MS. KARICO: Hi. Good evening. My name is  
7 Nicole Karico, K-A-R-I-C-O, and I am a registered  
8 nurse at the UMass Memorial Medical Center emergency  
9 room department. I do appreciate the opportunity to  
10 speak with you tonight.

11           I've been a nurse for the last 21 years at  
12 UMass Memorial. I love my job, I love the people I  
13 work with, and I love taking care of our patients.

14           UMass Memorial has had a beds capacity  
15 issue for many years, but it has reached a point  
16 that it is seriously impacting our patient and  
17 caregiver experience.

18           When there are no beds upstairs, which  
19 happens just about every week, patients who have  
20 been admitted to the hospital wind up staying in ED  
21 until a bed opens. Our ED is nice and it is well  
22 maintained, and we do our best to make everything  
23 work for the patients down there. But the reality  
24 is it was never designed to care for admitted

1 patients for several days and/or having patients  
2 waiting in the hallways. But that is what happens,  
3 because the incoming flow of new patients never  
4 slows down, and there is not enough space upstairs  
5 for them to receive care.

6 Our emergency room and hospital really are  
7 busy 24 hours a day/7 days a week. This  
8 overcrowding in the ED leads to less than an ideal  
9 care environment and an exhausted staff.

10 We have patients in the hallways that could  
11 be receiving blood, there are monitors, they have to  
12 have orthopedic splinting or wound care in the  
13 hallways.

14 Getting rest is virtually impossible when  
15 you are laying in a packed be ED with bright lights  
16 and disruptive situations. As nurses, it frustrates  
17 us that we don't have a better solution to offer our  
18 patients.

19 The patients sometimes feel that they are  
20 in the way, and their family members often get upset  
21 that their loved ones don't have the privacy that  
22 they deserve.

23 The overcrowding at our hospital is not  
24 good for anyone, and our leaders have run out of



1 ideas to ease the congestion. It's not the  
2 hospital's fault, it's not our patients' fault; it's  
3 not upstairs. It's really no one's fault. We  
4 simply have more patients that turn to us for care  
5 than we have space for. It's because they trust  
6 that we will take good care of them. And we will.  
7 I am proud of that. And I just want the space to do  
8 it.

9 I would like to thank you so much for  
10 hearing us out and please allow the proposal to  
11 proceed.

12 Thank you.

13 HEARING OFFICER KELLEY: Thank you.

14 Madison, do we have any more speakers?

15 THE MODERATOR: We have no further speakers  
16 at this time.

17 HEARING OFFICER KELLEY: Great. Thank you  
18 so much. I'm going to give people just a minute to  
19 give anyone a last chance. Remember, it's "Star 1"  
20 if you would like to speak.

21 (Pause)

22 HEARING OFFICER KELLEY: It looks like we  
23 may have one more speaker, so we're going to hold  
24 just a second.

1 THE MODERATOR: We do have another person  
2 in queue; Dr. Max Rosen.

3 Dr. Rosen, your line is open.

4 DR. ROSEN: Great. Thank you and good  
5 evening. Thanks for your time this evening. I'm  
6 Dr. Max Rosen, and I'm the Chair of Radiology at  
7 UMass Memorial Medical Center.

8 At the Medical Center's University campus,  
9 the number of inpatient and outpatient CT scans  
10 performed on our existing three CT units has  
11 increased year over year. Between FY '19 and 21,  
12 inpatient and outpatient CT utilization increased 17  
13 percent.

14 As you might have heard tonight, the  
15 proposed project will accommodate a wide range of  
16 hospital general medicine patients with a variety of  
17 medical conditions and complications.

18 We've studied these existing inpatient  
19 populations and have documented an expected need for  
20 8 to 10 CT scans per day or approximately 2,500 CT  
21 scans annually, which would be from the new  
22 facility.

23 The additional CT scanner placed as part of  
24 the project will reduce the need for transporting

1 patients back and forth on campus for advanced  
2 imaging. This will help ensure patients receive the  
3 majority of their care within the same building.

4 Having a CT scanner on site will be  
5 especially important to be able to diagnose acute  
6 potentially life-threatening conditions that may  
7 occur in these hospitalized patients that are  
8 diagnosed by CT. These conditions include, but are  
9 not limited to, acute stroke, pulmonary embolism,  
10 aortic dissection and bowel perforation.

11 The building's clinical support space will  
12 also include other diagnostic testing capabilities,  
13 such as X-ray, ultrasound, cardiac echo, and minor  
14 interventional procedures. However, we also  
15 anticipate being able to use the additional CT  
16 capacity in other areas.

17 To maximize the proposed unit's efficiency,  
18 we anticipate approximately 7,500 outpatient scans  
19 will also be performed by the proposed CT unit,  
20 resulting in a total of 10,000 CT scans annually for  
21 Year 1 through 5 post-implementation.

22 The increased outpatient capacity provided  
23 by the NIV CT scanner will create additional CT  
24 capacity for inpatients at the University and

1 Memorial campuses whose access to immediate CT scans  
2 may be delayed if outpatients are being scanned  
3 during an acute inpatient need.

4           Where will these additional scans come  
5 from? Several areas. Eligible Massachusetts  
6 firefighters, as part of the Department of Fire  
7 Services' Cancer Awareness Program Protection and  
8 Prevention can be screened on this new scanner.

9           2,200 additional chest CT scans can be  
10 performed based on historical utilization, as well  
11 as newly expanded eligibility guidelines for lung  
12 cancer screening and corresponding increased  
13 insurance coverage for these scans.

14           An additional 1,500 scans will be performed  
15 as a result of a newly launched program at UMass to  
16 help patients receive timely care outside of the ED.  
17 In this program, patients with acute abdominal pain  
18 who were seen in their primary care's physician's  
19 offices are sent directly to radiology, obviating the  
20 need for triage in the ED. If the CT scan is  
21 abnormal and the patient requires immediate  
22 attention, radiology then sends the patient directly  
23 to the ED with the CT-confirmed diagnosis.

24           Another 1,200 scans annually will be

1 performed for vascular and cardiac disease patients  
2 through a recently expanded program to increase  
3 cardiac imaging in the acute setting. This coronary  
4 CT program also helps reduce the need for inpatient  
5 observation for patients presenting with chest pain  
6 to the ED who do not have a known cardiac condition.

7 Approximately 2,300 outpatient scans will  
8 be performed as a result of the 2 percent annual CT  
9 growth across the UMass system. Given historical  
10 growth between FY '19 and 21 for outpatient CTs,  
11 this portion of CT procedures represents modest  
12 growth for outpatient CT services.

13 In conclusion, not only does UMass Memorial  
14 need more beds, but we also need more CT scan  
15 availability as well, to provide the best care for  
16 our patients. I ask you to please approve this  
17 project.

18 Thank you.

19 HEARING OFFICER KELLEY: Thank you.

20 Madison, do we have any more speakers in  
21 queue?

22 THE MODERATOR: We actually have no further  
23 speakers in queue.

24 HEARING OFFICER KELLEY: Thank you very

1 much. Thank you to everyone who participated this  
2 evening, whether it's through testifying or  
3 listening in.

4 As a reminder, we will accept written  
5 comments through the 2nd of September, and all of  
6 the information about where to send them can be  
7 found on our website.

8 Thank you again, and have a good evening.

9 THE MODERATOR: That concludes today's  
10 conference. Thank you for participating. You may  
11 disconnect at this time.

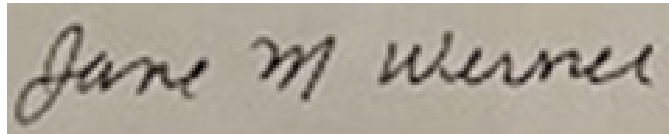
12 (Whereupon, the hearing was  
13 concluded at 7:54 p.m.)

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C E R T I F I C A T E

I, Jane M. Werner, Registered Merit Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on Tuesday, August 23, 2022.



Jane M. Werner  
Registered Merit Reporter

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