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REALLY A FORUM TO DISCUSS THE POSSIBLE MERGER WHEN COUNCIL FLYNN AND I HEARD THAT THE MERGER WAS HAPPENING, WE HAD A DISCUSSION, AND THAT DISCUSSION REALLY REVOLVES AROUND OUR MOST VULNERABLE CITIZENS.

AS DISTRICT 5 CITY COUNSELOR, I HAVE SEVERAL COMMUNITY HEALTH PLANS AND COMMUNITY HEALTHCARE PROVIDERS IN MY AREA, AND OBVIOUSLY I'M VERY CONCERNED ABOUT THE CITIZENS THAT LIVE IN DISTRICT 5 AS WELL AS THE CITIZENS THAT LIVE IN BOSTON, ESPECIALLY THE MOST VULNERABLE CITIZENS.

SO WHEN WE WERE ALERTED TO THE FACT OR TO THE THOUGHT THAT THIS MERGER MAY CAUSE SOME ISSUE WITH THOSE CITIZENS, WE FELT IT WAS OUR DUTY TO AT LEAST HAVE AN EDUCATIONAL FORUM TO GET BOTH SIDES OF THIS.

AS COUNCIL FLAIRT STATED SO ELWENTLY, WE DO NOT HAVE ANY JURISDICTION HERE, BUT WE CERTAINLY CAN HAVE -- BE EDUCATED ON THIS TOPIC AND SPEAK FOR OUR CITIZENS AND FOR OUR CONSTITUENTS REGARDING THE MERGER.

SO THAT'S WHAT -- I'M REALLY EAGER, I FEEL LIKE I'M IN A CLASSROOM HERE, I'M REALLY EAGER TO LEARN EXACTLY WHAT THE BONUSES ARE AND WHAT THE POSSIBLE SIDE EFFECTS OF THE MERGER WOULD TAKE PLACE.

SO I'M LOOKING FORWARD TO THE DISCUSSION.

THANK YOU VERY MUCH, MR. CHAIR.

>> THANK YOU.

RECOGNIZE COUNCILMEMBER FLYNN?

>> THANK YOU, MR. CHAIRMAN.

WE CALLED FOR THIS HEARING REGARDING THE PROPOSED HOSPITAL MERGER, CARE GROUP, THE PARENT COMPANY OF BETH ISRAEL.

REPORTS HAVE INDICATED THAT IF APPROVED, THE MERGER COULD BE THE LARGEST IN THE HISTORY OF

MASSACHUSETTS.

MOREOVER, BETH ISRAEL WOULD CONTROL MAYBE 1 IN 3 HOSPITALS IN EASTERN MASSACHUSETTS AND BECOME THE BIGGEST HEALTH PROVIDER IN THE REGION.

I WANT TO SAY THANK YOU TO THE COUNSELORS FOR THEIR EFFORTS AND I'M HAPPY TO WORK WITH THEM TO RAISE AWARENESS ON THIS ISSUE. THIS MERGER MAY OR MAY NOT HAVE A MAJOR EFFECT ON THE MOST FRAGILE RESIDENTS IN OUR COMMUNITY.

THEREFORE, I BELIEVE THAT IT IS NECESSARY TO HEAR FROM THE EXPERTS AND THOSE IMPACTED BEFORE ANY DECISIONS ARE FINALIZED.

MY FOCUS ON THIS ISSUE STEMS FROM SIGNIFICANT CONCERNS THAT WE HAVE HEARD IN RECENT YEARS RELATING TO POTENTIAL HOSPITAL MERGERS.

AT THE SAME TIME, PUBLIC DISCUSSION CENTERED ON THE IMPACT OF POTENTIAL MERGER COULD HAVE IN TERMS OF INCREASING MARKET POWER, THE ABILITY TO NEGOTIATE WITH INSURANCE COMPANIES, AND RAISING HEALTHCARE SPENDING.

IT IS MY HOPE THAT THIS HEARING WILL ALSO ENABLE US TO LEARN MORE AS WAS SAID ABOUT THIS MERGER AND THE IMPACT IT WOULD HAVE ON OTHER HOSPITALS.

AS WELL AS LOCAL COMMUNITY HEALTH CENTERS HERE IN THE CITY OF BOSTON.

PERHAPS THIS HEARING WILL ALSO HELP US UNDERSTAND WHAT EFFECT, IF ANY, THIS MERGER WOULD HAVE ON ACCESS TO HEALTHCARE SUBMITTAL AND LOW INCOME RESIDENTS, COMMUNITIES OF COLOR, OUR IMMIGRANT COMMUNITIES, THE ELDERLY, THE POOR, THE DISABLED, AND OUR MOST VULNERABLE AND I'M ALSO LOOKING FORWARD TO HEARING FROM THE EXPERTS BUT I'M ALSO LOOKING FORWARD TO HEARING FROM A GROUP FROM SOUTH BOSTON, A GROUP OF HISPANIC LEADERS IN THE

COMMUNITIES DEDICATED TO HELPING  
THOSE GET ACCESS TO HEALTHCARE.  
THANK YOU, MR. CHAIRMAN.

>> THANK YOU.

OPENING COMMENT?

>> THANK YOU, MR. CHAIRMAN.

GOOD MORNING, EVERYONE.

I WANT TO THANK THE SPONSORS FOR  
BRINGING THIS FORWARD.

JUST AS THE CITY COUNCIL  
REPRESENTING NOT ALL OF THESE  
INSTITUTIONS BUT CERTAINLY BIDMC  
AND THE BAPTIST, I HAD THE  
OPPORTUNITY TO TESTIFY AT ONE OF  
THE STATE HEARINGS ON THIS LATE  
LAST YEAR IN SUPPORT OF THIS  
MERGER, AND I WAS JOINED BY MANY  
OF OUR MISSION HILL RESIDENTS  
AND NEIGHBORS WHO WERE SPEAKING  
TO THE POSITIVE IMPACT THESE  
INSTITUTIONS HAVE HAD ON OUR  
NEIGHBORHOOD.

BOTH AS GOOD NEIGHBORS, BOTH  
GOOD NEIGHBORS BUT IN PARTICULAR  
I THINK THE BAPTIST DOES HAVE A  
SPECIAL PLACE IN THE HEART OF  
MANY OF MY CONSTITUENTS UP ON  
MISSION HILL AND IT'S BEEN A  
WONDERFUL INSTITUTIONAL NEIGHBOR  
OVER THE YEARS.

I CERTAINLY SHARE THE CONCERNS  
OF I THINK PROBABLY EVERYONE IN  
THIS ROOM ABOUT RISING  
HEALTHCARE COSTS AND EQUITY AND  
I LOOK FORWARD TO LEARNING MORE  
TODAY TO FOLLOWING UP AND ALSO  
ENTRUSTING THE PROCESS TO THE  
HEALTH POLICY COMMISSION, THE  
ATTORNEY GENERAL'S REVIEW AND  
THE MANY OTHER HEARERS.

I'VE BEEN REMINDED BY SOME OF MY  
COLLEAGUES BEFORE, THIS BODY  
DOES NOT ALWAYS HAVE LEGISLATIVE  
AUTHORITY OVER SOME OF THE  
HEARING MATTERS WE HAVE HERE,  
BUT THIS IS AN IMPORTANT VENUE  
FOR RESIDENTS OF THE CITY OF  
BOSTON, SURROUNDING COMMUNITIES,  
TO LEARN MORE ABOUT ISSUES LIKE  
THIS THAT AFFECT THEM IN THEIR  
DAY TO DAY LIVES AND CERTAINLY  
THEIR HEALTHCARE NEED, SO I'M  
HAPPY TO HAVE THIS HEARING, I DO  
JUST WANT TO REITERATE MY

SUPPORT AND THE PARTNERSHIP I'VE HAD HAD WITH THESE INSTITUTIONS OVER THE YEARS IN THE LAST 4 1/2 YEARS AS DISTRICT CITY COUNSELOR REPRESENTING MANY OF THEM AND I LOOK FORWARD TO LEARNING ARE MO. I WANT TO THANK AGAIN FOR BRINGING THIS IMPORTANT MATTER BEFORE THE COUNCIL.

>> THANK YOU.

ANY OPENING STATEMENT AT THIS TIME?

>> YES, GOOD MORNING, THANK YOU, MR. CHAIR.

I ALSO WANT TO RECOGNIZE AND THANK THE SPONSORS OF THIS HEARING, ALSO APPRECIATE THE PANEL BEFORE US AND ALL THOSE IN ATTENDANCE.

I'M HERE TO LISTEN AND TO LEARN. UNFORTUNATELY I'M NOT GOING TO BE ABLE TO STAY THE ENTIRE TIME BUT LOOK FORWARD TO WATCHING THE VIDEO.

>> THANK YOU.

COUNCILMEMBER PRESLEY, ANY OPENING COMMENT AT THIS TIME?

>> THANK YOU, MR. CHAIRMAN. GOOD MORNING.

THANK YOU FOR ELEVATING THIS IMPORTANT CONVERSATION ABOUT PUBLIC HEALTH IN OUR CITY.

THIS MERGER WILL HAVE THE SECOND LARGEST INPATIENT/OUTPATIENT AND PRIMARY CARE MARKET SHARE IN THE STATE, NEARLY EQUAL TO PARTNERS. WE MUST PRACTICE OUR DUE DILIGENCE TO MAKE SURE WE UNDERSTAND ALL THE FACTORS BEFORE AND AFTER THIS MERGER FOR OUR CURRENT RESIDENTS, PUBLIC HEALTH AND ALSO THE IMPACT ON THIS WORKFORCE, ESPECIALLY INTERESTED IN WHAT THAT WOULD BE.

LOOKING FORWARD TO HEARING FROM THE REPRESENTATIVES OF THIS MERGER AND REACHING CLAIRITY AROUND MY OWN QUESTIONS.

I APOLOGIZE IN ADVANCE THAT I WON'T BE ABLE TO STAY FOR THE WHOLE HEARING BUT WILL WATCH THE TAPE LATER.

THANK YOU.

>> THANK YOU, COUNCIL PRESLEY.  
AT THIS TIME, I'M GOING TO TURN  
IT OVER TO FOLKS KIND ENOUGH TO  
INTRODUCE THEMSELVES FOR THE  
RECORD.

WE'RE GOING TO START WITH  
DR. LEWIS, CARDIOLOGIST AND  
CHIEF SYSTEMS DEVELOPMENT AND DEVELOPMENT BETH  
ISRAEL DEACONESS.

YOU HAVE THE FLOOR, SIR.

>> THANK YOU, MEMBERS OF THE  
COUNCIL, THANK YOU ALL FOR  
INVITING US HERE TODAY TO SPEAK  
TO YOU ABOUT OUR PLANS TO CREATE  
A NEW INTEGRATED HEALTHCARE  
DELIVERY SYSTEM FOR THE BENEFIT  
OF THE RESIDENTS OF THE CITY OF  
BOSTON AND BEYOND.

MY NAME IS DR. STAN LEWIS.  
I AM A CARDIOLOGIST AND SERVE AS  
WELL AS CHIEF SYSTEM DEVELOPMENT  
AND STRATEGY OFFICER FOR BETH  
ISRAEL DEACONESS MEDICAL CENTER  
IN BOSTON.

IT'S OUR GOAL TODAY TO PROVIDE  
YOU AND MY GOAL TO PROVIDE YOU  
WITH BACKGROUND INFORMATION ON  
BIDMC AND THE NEW ENGLAND  
BAPTIST AND WHY WE ARE COMING  
TOGETHER WITH OTHER  
ORGANIZATIONS TO CREATE THIS NEW  
SYSTEM OF CARE.

BY WAY OF BACKGROUND, THE  
FOUNDING INSTITUTIONS OF BIDMC  
WERE CREATED MORE THAN 120 YEARS  
AGO TO SPECIFICALLY SERVE  
UNDERSERVED POPULATIONS IN THE  
GREATER BOSTON COMMUNITY.

AND TODAY I THINK WE'RE ALL A  
PROUD TO SAY THAT BIDMC REMAINS  
TRUE TO THAT FOUNDING MISSION.

WE HAVE UNPARALLELED  
INFRASTRUCTURE TO CARE FOR  
HIGHLY DIVERSE AND VULNERABLE  
POPULATIONS.

INCLUDING MORE THAN 100  
INTERPRETERS AND DIVERSE  
CLINICAL STAFF, AND LAST YEAR WE  
SERVED OVER 200,000 PATIENT  
ENCOUNTERS IN MORE THAN 70  
LANGUAGES.

BOTH BIDMC AND THE BAPTIST ARE  
CRITICAL HEALTHCARE PROVIDERS IN  
THE CITY OF BOSTON.

PROVIDING 24 BY 7 TRAUMA CARE,  
HIGHLY COMPLEX HOSPITAL CARE,  
WORLD ORTHOPEDIC CARE AND  
BEHAVIORAL HEALTH SERVICES FOR  
THE BENEFIT OF ALL THE PATIENTS  
IN THIS COMMUNITY, REGARDLESS OF  
THEIR INSURANCE STATUS OR  
ABILITY TO PAY.

WHILE WE'RE A MAJOR LEVEL  
1 TRAUMA CENTER AND A WORLD  
RENOWNED MEDICAL RESEARCH AND  
HARVARD TEACHING HOSPITAL, WE  
ARE TRULY PRIVILEGED TO SERVE  
AND WILL ALWAYS SERVE AS THE  
LOCAL COMMUNITY HOSPITAL FOR  
MANY BOSTON RESIDENTS.

WE HAVE STRONG CLINICAL  
AFFILIATIONS AND PROVIDE  
CLINICAL PROGRAMMING AND  
FINANCIAL SUPPORT TO SEVERAL  
COMMUNITY HEALTH CENTERS  
THROUGHOUT THE NEIGHBORHOODS OF  
BOSTON.

THE COMMUNITY HEALTH CENTERS ARE  
ON THE FRONT LINES OF SERVICE TO  
VULNERABLE PATIENTS, AND WOULD  
OTHERWISE LACK ACCESS TO LOCAL  
PRIMARY CARE, MENTAL HEALTH,  
SUBSTANCE ABUSE AND DENTAL CARE.  
THESE HEALTH CENTERS  
SPECIFICALLY INCLUDE THE BODEN  
STREET HEALTH CENTER IN  
DORCHESTER, CHARLES RIVER HEALTH  
IN BRIGHTON, THE DI MSM MICK  
CENTER IN ROXBURY, FENWAY HEALTH  
IN BOSTON, AND SOUTH COVE  
COMMUNITY HEALTH CENTER IN  
CHINATOWN.

AS YOU ALL AL KNOW, BIDMC AND  
THE BAPTISTS ARE MAJOR EMPLOYERS  
IN THE CITY OF BOSTON.

TOGETHER WE EMPLOY WELL OVER  
11,000 PEOPLE AND PROVIDE  
THOUSANDS OF NEEDED JOBS TO  
BOSTON RESIDENTS WITH OVER  
ONE-THIRD OF OUR WORKFORCE PROUD  
TO CALL BOSTON THEIR HOME.  
HOW OUR EMPLOYEES, THE HEART AND  
SOUL OF OUR ORGANIZATIONS,  
CONTINUE TO PROVIDE FEEDBACK  
THAT'S CRITICAL AND COUNSEL ON  
OUR JOURNEY TO CREATE THIS NEW  
HIGH QUALITY LOWER COST  
HEALTHCARE SYSTEM.

AND WE ARE DELIGHTED TO CELEBRATE TOGETHER THE UNANIMOUS APPROVAL OF OUR NEW SYSTEM BY THE COMMONWEALTH'S PUBLIC HEALTH COUNCIL JUST LAST WEEK.

WE ARE LONG-STANDING AND COMMITTED PARTNERS TO A HOST OF NEIGHBORHOOD AND COMMUNITY-BASED NON-PROFIT ORGANIZATIONS ACROSS THE CITY.

THESE ORGANIZATIONS ARE DEDICATED TO SERVING OUR YOUTH, OUR ELDERLY, OUR NEWCOMERS AND OTHER VULNERABLE POPULATIONS, AND LATER YOU WILL HEAR FROM THE DIRECTOR OF COMMUNITY RELATIONS AT BIDMC, JANE MATTRAW, WHO WILL DISCUSS THIS IMPORTANT ISSUE FURTHER.

BIDMC WAS PROUD TO SERVE ON THE CITY OF BOSTON PILOT TASK FORCE THAT CREATED THE CITY'S NEW PILOT PROGRAM.

OUR HOSPITAL LEADERSHIP RECOGNIZED THE IMPORTANCE OF A FAIR, RELIABLE AND TRANSPARENT PILOT PAYMENT TO THE CITY OF BOSTON, AND WE ALSO ACKNOWLEDGE THE IMPORTANCE OF ESSENTIAL CITY SERVICES.

POLICE, FIRE, EMS AND OTHERS, THAT THE CITY PROVIDES FOR THE BENEFIT OF ALL, INCLUDING LARGE NON-PROFIT ORGANIZATIONS.

WE ARE PROUD TO HAVE PAID MORE THAN \$14 MILLION IN VOLUNTARY PILOT PAYMENTS SINCE FISCAL YEAR 2012, ALONG WITH PROVIDING COMMUNITY BENEFITS FOR THE CITY OF BOSTON RESIDENTS EXCEEDING \$30 MILLION IN THAT SAME TIME FRAME.

AS YOU ALL KNOW, THE HEALTHCARE ENVIRONMENT IS CHANGING RAPIDLY. AS WE SHIFT FOCUS TO KEEP THE PATIENTS AND COMMUNITIES HEALTHIER, AND REDUCING THE NEED FOR EXPENSIVE HOSPITALIZATIONS. TO THAT END, BOTH THE MEDICAL CENTER AND THE BAPTIST HAVE BEEN ACTIVELY PLANNING FOR OUR FUTURES IN THE CITY OF BOSTON THROUGH OUR VALUE BASED PHYSICIAN AND HOSPITAL NETWORK

AND ACCOUNTABLE CARE ORGANIZATION, THE BETH ISRAEL DEACONESS CARE ORGANIZATION OR BITCO.

WHAT BIDMC SERVES AS THE ACADEMIC MEDICAL INSTITUTION TO SERVE THE MOST COMPLEX CASES WITHIN OUR SYSTEM.

THROUGH OUR WORK WITH BITCO, EFFECTIVELY MANAGING MEDICAL EXPENSES.

AND TOGETHER, WE HAVE WORKED HARD TO MAINTAIN HEALTHY AND THRIVING ORGANIZATIONS NOT JUST WITHIN THE CITY OF BOSTON BUT ALSO WITHIN COMMUNITIES SURROUNDING BOSTON, INCLUDING BROCKTON, CAMBRIDGE, EVERETT, LAWRENCE, MILTON, NEEDHAM, PLYMOUTH, AMONG OTHERS.

WHILE WE'VE HAD SOME SUCCESS, WE RECOGNIZE THAT TO TRULY MAKE A DIFFERENCE IN THE UNACCEPTABLE A GROWTH IN HEALTHCARE COSTS IN THE COMMONWEALTH, WE NEED TO COME TOGETHER WITH COMPLEMENTARY ORGANIZATIONS ALSO ARE OF LOWER COST AND HIGH QUALITY.

TOGETHER, WE HOPE TO CREATE A COMPREHENSIVE GEOGRAPHICALLY DISTRIBUTED NEW HIGH VALUE HEALTHCARE SYSTEM IN EASTERN MASSACHUSETTS.

AND I WILL NOW TURN TO MY COLLEAGUE, DAVID SPECMAN, TO FURTHER DESCRIBE OUR GOALS AND OUR EFFORT TODAY.

>> THANK YOU, STAN.

THANK YOU, COUNCILSORS.

IT'S AN HONOR TO BE HERE, MEMBERS OF THE COMMUNITY, WHO JUSTIFIABLY AND UNDERSTANDABLY HAVE CONCERNS ABOUT THEIR HEALTHCARE AND THEIR FUTURE, SHOULD PAY ATTENTION TO THESE KINDS OF TRANSACTIONS, BECAUSE WE ALL KNOW WE FACE HUGE, HUGE CHALLENGES IN ACCESS AND AFFORDABILITY OF CARE IN MASSACHUSETTS.

THE MORE PEOPLE THAT ARE INTERESTED IN THAT, THE BETTER OFF WE ULTIMATELY WILL BE.

I WILL CONFESS I'M A LITTLE



SOBER BY BEING HERE THIS MORNING  
BECAUSE THE LAST TIME I WAS IN  
FRONT OF THE BOSTON CITY COUNCIL  
WAS 1976, AND MR. O'NEILL WAS  
SITTINGACROSS FROM ME, I WAS  
REPRESENTING THE HOSPITALS ON A  
MATTER WHICH YOU DID HAVE  
JURISDICTION.

HE GAVE ME A CONSIDERABLY HARD  
TIME AND AFTERWARDS, BECKONED ME  
OVER AND SAID, "YOU DID GREAT."  
SO I DON'T EXPECT THAT KIND OF  
ACCOLADE AFTERWARDS, BUT IT IS A  
PLEASURE TO BE BACK HERE AND I  
GUARANTEE I WILL NOT BE BACK  
HERE 45 YEARS FROM NOW.

WITH THAT IN MIND, I WANT TO  
TAWBLG A LITTLE ABOUT THE GOALS  
AND OBJECTIVES OF THIS SYSTEM.  
SEPARATELY, EACH OF OUR  
ORGANIZATIONS, STAN HAS TALKED  
ABOUT BETH ISRAEL, HE'S TALKED  
ABOUT NEW ENGLAND BAPTIST, I  
REPRESENT LEHI HEALTH SYSTEM AND  
I WOULD LIKE TO POINT OUT THAT  
THE CLINIC, DR. HEHI STARTED AT  
THE BAPTIST AND THERE IS A LEHI  
CLINIC WING AT THE NEW ENGLAND  
BAPTIST HOSPITAL SO IN SOME  
WAYS, WE SEE THIS AS A COMING  
TOGETHER OF OLD FRIENDS.

WE ARE COMPLEMENTARY SYSTEMS.  
GIVING UP AUTONOMY AND BECOMING  
PART OF A MUCH LARGER SYSTEM IS  
NOT ALWAYS EASY WE'VE BEEN IN  
DISCUSSIONS ABOUT THIS  
POSSIBILITY FOR THREE YEARS.  
ALL OF US HAVE BEEN IN  
DISCUSSIONS WITH OTHERS TOO.  
BUT IN THE END, WE HAD A  
COMPLEMENTARY GEOGRAPHY, LEHI  
AND ITS COMMUNITY HOSPITALS  
SERVE LARGELY THE NORTHEAST AREA  
OF MASSACHUSETTS, .

>> Brown: I. AND BAPTIST  
BOSTON AND THE SOUTHERN  
COMMUNITIES LARGELY, AUBURN IS A  
MAJOR PROVIDER IN CAMBRIDGE.  
SO WE HAVE COMPLEMENTARY  
GEOGRAPHIES AND WE HAD HAD THE  
OPPORTUNITY TO CREATE A SYSTEM  
THAT WOULD COVER EASTERN  
MASSACHUSETTS AND PROVIDE ALL  
CITIZENS OF EASTERN

MASSACHUSETTS ACCESS TO A HIGH  
QUALITY VERY MUCH LOWER COST  
SYSTEM.

WE ACTUALLY HAVE NOT THE --  
WE'RE NOT JUST BEING HERE TO  
GIVE YOU ASPIRATIONS OF WHAT WE  
MIGHT BE ABLE TO DO.

EACH OF US HAS DONE IT.  
OUR COMMUNITY HOSPITALS HAVE  
THRIVED.

LEHI CLINIC MEDICAL CENTER FIVE  
YEARS AGO BROUGHT IN BEVERLY  
HOSPITAL AND ADDISON GILBERT  
HOSPITAL, BROUGHT IN WINCHESTER  
HOSPITAL.

BI HAS BROUGHT IN ITS THREE  
COMMUNITY HOSPITALS.  
ALL OF THEM, I WOULD SAY IN  
SHARP CONTRAST TO MANY COMMUNITY  
HOSPITALS ACROSS THIS SYSTEM,  
HAVE THRIVED.

WE HAVE PUSHED CARE TO THOSE  
HOSPITALS.

WE HAVE PUSHED SPECIALTIES TO  
THOSE HOSPITALS.

WE HAVE MADE LOWER COST  
HEALTHCARE ACCESSIBLE TO  
COMMUNITIES IN WHICH PEOPLE  
LIVE, SO THEY DON'T HAVE TO  
DRIVE TO THE LARGE, MORE  
EXPENSIVE TERTIARY CARE  
SETTINGS.

LEHI MEDICAL CENTER IS FULL.  
WE ARE NOT SEEKING MORE  
PATIENTS.

WE MOVE PATIENTS WHO AGREE AND  
THEIR DOCTORS AGREE TO LOCAL  
SETTINGS.

B.I. IS FULL.  
IT DOES EXACTLY THE SAME THING.  
WE SURVIVE AND WE PROVIDE HIGH  
QUALITY CARE BY MOVING CARE INTO  
THE RIGHT PLACE, THE BEST  
QUALITY CLINICAL CARE, AT A  
SIGNIFICANTLY LOWER COST.  
AND OUR LOWER COST AND OUR LOWER  
TME HAS BEEN DOCUMENTED OVER AND  
OVER AND OVER AGAIN.

THIS IS NOT ASPIRATIONAL, THIS  
IS WHAT EACH OF US HAVE DONE.  
ICOULD GIVE YOU MULTIPLE,  
MULTIPLE EXAMPLES BUT I'LL JUST  
PICK A COUPLE OF THEM.  
LEHI HEALTH SYSTEM HAS ONE OF

THE LARGEST BEHAVIORAL HEALTH DIVISIONS, CORPORATIONS, IN THE STATE.

WE EVEN HAVE A SIGHT IN BOSTON. THE FACT THAT BEVERLY HOSPITAL KEPT THAT GOING IS A REMARKABLE STATEMENT OF COMMUNITY PRIDE.

WE HAVE KEPT IT GOING.

THINK ABOUT WHAT HEALTHCARE LOOKS LIKE NOW.

WHAT DO WE REALLY KNOW ABOUT HEALTHCARE?

MENTAL HEALTH AND BEHAVIORAL ISSUES SKYROCKET THE COST OF CARE.

I DON'T EVEN HAVE TO MENTION THE OPIOID CRISIS.

B.I. CARE GROUP DOES NOT HAVE THAT CAPABILITY.

WE WILL BE ABLE TO SHARE THAT CAPABILITY ACROSS THE SYSTEM TO BETTER MEET THE NEED THAT WE KNOW ARE THERE.

HOME CARE IS ANOTHER.

HOME CARE IS A FAR LESS EXPENSIVE PLACE TO TREAT PEOPLE. THE FASTER YOU CAN GO HOME, THE BETTER.

I HAD HIP SURGERY FOUR YEARS AGO.

I WENT HOME THE NEXT MORNING. I COULD HAVE GONE HOME THAT NIGHT.

BUT THAT'S BECAUSE THERE WERE SUPPORT SYSTEMS AT HOME.

WE WILL SPREAD THAT THROUGHOUT THE SYSTEM TO SIGNIFICANTLY REDUCE PRICE.

NEW ENGLAND BAPTIST IS THE STANDARD BEARER FOR HOW TO TREAT MANY ORTHOPEDIC PROCEDURES.

THE DOCTORS FROM NEW ENGLAND BAPTIST ARE NOT GOING TO SUDDENLY GO UP TO THE NORTH SHORE OR THE SOUTH SHORE, BUT THE STANDARDS THEY HAVE

DEVELOPED OVER MANY, MANY YEARS WHICH ARE RECOGNIZED NATIONALLY AS BEING STATE OF THE ART, WE WILL BE ABLE TO BRING OUT TO ALL OF OUR ORTHOPODS AND ORTHOPEDIC DPTSZ.

BEST PRACTICES CAN BE SPREAD THROUGHOUT THE SYSTEM.

AND AGAIN, IN THE END, THERE ARE MULTIPLE EXAMPLES OF HOW WE WILL BE ABLE TO IMPROVE CARE, TO REDUCE COSTS.

I'M GOING TO MAKE A QUICK LITTLE SORT OF LEGAL EDITORIAL BECAUSE YOU WILL OFTEN HEAR THAT EVIDENCE SUGGESTS TO YOU THAT WHEN YOU GET BIGGER, YOU GET HIGHER PRICES.

AND CERTAINLY WE SAW THAT EXAMPLE HERE IN MASSACHUSETTS. FROM A SYSTEM THAT WAS CREATED 20 YEARS AGO.

THERE IS NO CASE, NONE IN THE COUNTRY OF AN ORGANIZATION GETTING LARGER IN A MARKETPLACE WHEN THERE IS ALREADY A VERY DOMINANT PROVIDER.

NONE.

THERE ARE NO CASES SIMILAR TO -- LIKE MASSACHUSETTS, WE ARE THE MOST HIGHLY TRANSPARENT STATE IN THE COUNTRY.

I'LL REPEAT THAT.

WE ARE THE MOST HIGHLY TRANSPARENT STATE IN THE COUNTRY.

ALL OF OUR METRICS, OUR COSTS, OUR TME, OUR SERVICES TO POPULATIONS ARE REVIEWED AND PUBLISHED EVERY SINGLE YEAR. THE CHANCES -- WHAT WE ALSO KNOW IS WE HAVE A STACK OF PAPERS THIS HIGH THAT TALKS ABOUT WHAT IS WRONG WITH OUR MARKETPLACE. 24 SEPARATE REPORTS, I HELPED AUTHOR THE FIRST ONE FROM THE ATTORNEY GENERAL'S OFFICE.

IT TALKS ABOUT WHAT'S WRONG WITH OUR MARKETPLACE AND THE DISPARITY, AND THE FACT THAT TOO MANY PEOPLE ARE TREATED IN TOO HIGH COST SETTINGS.

SO WE KNOW WHAT'S WRONG WITH IT, WE KNOW HOW TO FIX IT, WE WILL BRING A COMPETITIVE MARKETPLACE ALTERNATIVE.

AGAIN, WE'RE NOT ASPIRATIONAL, WE'VE DONE THIS OVER AND OVER AND OVER AGAIN BY OURSELVES, WE'LL DO BETTER WHEN WE COME TOGETHER.

A QUICK NOTE ABOUT THE

REGULATORY PROCESS.

WE ARE BEING INTENSIVELY  
REVIEWED BY FOUR SEPARATE  
AGENCIES.

THIS WILL BE PROBABLY THE MOST  
INTENSIVE REVIEW, CLEARLY THE  
MOST INTENSIVE REVIEW OF  
CONSOLIDATION IN MASSACHUSETTS.  
AND IT MAY WELL BE THE MOST  
INTENSIVE REVIEW OF A  
CONSOLIDATION IN THE COUNTRY.  
WE'RE BEING REVIEWED BY THE  
DEPARTMENT OF PUBLIC HEALTH.  
THEY GAVE UNANIMOUS APPROVAL,  
THEY BELIEVE US, BUT THEY HAVE  
THE RIGHT IF SOMETHING COMES UP  
LATER IN THIS PROCESS THAT THEY  
DIDN'T TAKE INTO ACCOUNT TO  
RE-OPEN IT.

THEY MOVED IN ACCORDANCE WITH  
THE SCHEDULE THAT'S REQUIRED OF  
THEM, BUT AGAIN, I EMPHASIZE  
THEY HAVE THE RIGHT TO RE-OPEN  
THIS.

WE ARE BEING REVIEWED BY THE  
HEALTH POLICY COMMISSION.  
WHICH IS UNIQUE TO  
MASSACHUSETTS.

AND WHICH IS REVIEWING THIS  
THOROUGHLY.

WE HAVE THE ATTORNEY GENERAL'S  
OFFICE WITH ITS ANTITRUST AND  
CONSUMER PROTECTION POWERS WHICH  
I WORKED FOR FOR SEVEN OR EIGHT  
YEARS.

IT IS REVIEWING THIS THING  
INTENSIVELY.

THE FEDERAL TRAIT COMMISSION IS FEDERAL TRADE COMMISSION IS  
REVIEWING THIS INTENSIVELY.

WE HAVE PRODUCED PAPER, EMAILS,  
CONVERSATIONS, AND IT'S ONGOING.  
SO ANYONE WHO'S CONCERNED THAT  
THIS IS NOT -- THE TIRES ARE NOT  
GOING TO BE KICKED ON THIS,  
WE'RE JUST HOPING THE TIRES  
DON'T EXPLODE FROM ALL THE  
KICKING.

IT'S THERE.

WE'RE ANXIOUS AND WILLING AND  
OPEN TO GOING THROUGH THIS  
PROCESS.

WE WELCOME THE REVIEW, ALTHOUGH  
I WILL TELL YOU AT TIMES IT'S  
RATHER PAINFUL, BUT IT IS

HAPPENING AND THERE IS NOT A  
STONE THAT IS GOING TO BE  
UNTURNED.

MY FINAL STATEMENT AND OF COURSE  
I WILL BE HERE TO ANSWER  
QUESTIONS IS THAT WHEN YOU LOOK  
AT THE CONCERN ON THE PART OF  
VARIOUS COMMUNITIES AS TO  
WHETHER THIS WILL IMPACT THEIR  
CARE, IT WILL.

FOR THE BETTER.

WE'RE GOING TO BE LOWER PRICED,  
WE'RE GOING TO BE HIGH QUALITY,  
WE'RE GOING TO BE ABLE TO  
CONNECT THEIR CARE THROUGH EVERY  
PORTION OF THEIR TRIP THROUGH  
THE MEDICAL SYSTEM.

WE'VE DONE IT BEFORE, WE WILL DO  
IT AGAIN, BUT TOGETHER WE WILL  
DO IT BETTER.

THANK YOU, I APPRECIATE THE  
OPPORTUNITY.

>> THANK YOU, DAVID.

CITY COUNCIL O'MALLEY, WE'LL DO  
JANE AND JOANNE, THEN THE  
COMMUNITY HEALTH CENTER SO WE'LL  
STAY WITH BIDMC.

YOU HAVE THE FLOOR.

>> GOOD MORNING.

THANK YOU FOR THE OPPORTUNITY TO  
SPEAK.

I'M THE DIRECTOR OF WORKFORCE  
DEVELOPMENT AT BETH ISRAEL  
DEACONNESS CENTER.

I'M HERE TO PROPOSE MY SUPPORT  
FOR THE PROPOSED MERGER.

IN THAT TIME, I DEVELOPED A  
GREAT APPRECIATION FOR THE  
COMMITMENT OF ALL EMPLOYEES TO  
EXCELLENT PATIENT CARE AND  
IMPROVING THE HEALTH OF OUR  
COMMUNITY.

ONE WAY THAT BIDMC SUPPORTS THE  
HEALTH OF OUR COMMUNITY IS BY  
BEING A GREAT EMPLOYER.

OUR JOBS START AT \$15, OFFER  
BENEFITS AND ARE OPEN TO A BROAD  
SPECTRUM OF EDUCATIONAL LEVELS.  
WE RECENTLY SIGNED ON AS AN  
EMPLOYER CHAMPION IN THE BOSTON  
HIRES CAMPAIGN TO ENSURE THE  
BOSTON RESIDENTS CONNECT A GOOD  
JOB THAT OVER GOOD PAY AND BEN  
FISSMENTS WE HAVE A ROBUST

INTERNAL CAREER MOBILITY PROGRAM  
INSIDE THE MEDICAL CENTER, WE  
REGULARLY RUN PIPELINE PROGRAMS  
TO TRAIN OUR EMPLOYEES UP INTO  
HIGHER SKILLED JOBS WE'RE HAVING  
TROUBLE FILLING.

OVER 150 EMPLOYEES HAVE MOVED TO  
NEW JOBS AS A RESULT OF THESE  
TARGETED PROGRAMS.

WE'RE ALSO VERY HANDS-ON  
SUPPORTING THE CAREERS OF OUR  
EMPLOYEES.

FOR THE LAST 10 YEARS THROUGH  
OUR EMPLOYEE CAREER INITIATIVE,  
WE'VE OFFERED FREE PRE-COLLEGE  
COURSES AS WELL AS FREE COLLEGE  
LEVEL SCIENCE COURSES.

WE DO A LOT OF SUPPORT AND  
ADVISING FOR OUR EMPLOYEES  
RANGING FROM 83% TO 93%.

IN ADDITION, ANY EMPLOYEE CAN  
MEET WITH A CAREER COUNSELOR AND  
GET ADD VIEWS VEIST ON MOVING  
THEIR CAREER FORWARD.

IN 10 YEARS, WE'VE CERTAINED  
1285 EMPLOYEES THROUGH THIS  
INITIATIVE.

WE ALSO OFFER OUR EMPLOYEES FREE  
ESOL CLASSES, A FINANCIAL  
COUNSELING PROGRAM, TUITION  
REIMBURSEMENT, SCHOLARSHIPS,  
COMPUTER CLASSES AND CITIZENSHIP  
CLASSES.

IF YOU'RE A GOOD WORKER WHO  
NEVER GOT A COLLEGE DEGREE, THIS  
IS AN EXCELLENT PLACE TO ADVANCE  
YOUR EDUCATION AND BUILD A  
CAREER.

PRIOR TO WORKING THERE, I WAS  
DIRECTOR OF BOSTON CAREER LINK,  
IN ROXBURY.

WORKING AT THE CAREER CENTER, I  
WAS FRUSTRATED HOW DIFFICULT IT  
WAS TO CONNECT JOB SEEKERS TO  
HOSPITALS.

MY TIME AND I WOULD TRY TO CALL  
BUT OUR FOAB CALLS DIDN'T GET  
RETURNED.

WHEN I CAME TO BID.

IN C, ONE OF MY GOALS WAS TO  
BETTER ARE CONNECT COMMUNITY  
RESIDENTS TO BIDMC JOBS.

NOW BIDMC ACTIVELY PARTNERS WITH  
MANY BOSTON AREA COMMUNITY-BASED

ORGANIZATIONS THAT ARE INTERESTED IN CONNECTING THEIR JOB SEEKERS TO OPPORTUNITIES AT THE MEDICAL CENTER.

WE HOST ABOUT 20 INTERNSHIPS A YEAR, COMMUNITY COLLEGE, JVS AND THE HACK DIVERSITY PROGRAM.

WE ALSO PARTNER WITH ABOUT 15, OHS IN BOSTON WHO REFER ABOUT 100 JOB CANNED DAITSZ TO US ANNUAL.

BIDMC HAS OVER 40 SUMMER HIGH SCHOOL INTERNS A YEAR INTO PAID INTERNSHIPS, AND ORGANIZATIONS WHO REFER THESE YOUNG PEOPLE TO US INCLUDE THE BOSTON PRIVATE INDUSTRY HOSPITAL, PARKER HILL, BOWDEN STREET COMMUNITY HEALTH CENTER, AND OTHERS.

WE ALSO HOST INTERNS IN THE ANNUAL JOB SHADOW DAY.

SO I'M PROUD OF BID MC'S TRACK RECORD AS A GOOD EMPLOYER AND THE PROPOSED MERGER IS AN IMPORTANT STEP FOR US TO MAINTAIN AND ENHANCE THIS CRITICAL PROGRAM, SO THANK YOU FOR YOUR CONSIDERATION.

>> VERY GOOD.

WELCOME.

>> GOOD MORNING.

THANK YOU, COUNSELOR FLAHERTY AND MEMBERS OF THE COUNCIL FOR THE OPPORTUNITY TO BE WITH YOU THIS MORNING TO EX-PRECT MY SUPPORT FOR THE EFFORTS OF BETH ISRAEL DEACONESS MEDICAL CENTER AND NEW ENGLAND BAPTIST HOSPITAL TO CREATE A NEW HEALTHCARE SYSTEM IN MASSACHUSETTS ALONG WITH LAHEY HEALTH, MOUNT AUBURN HOSPITAL AND ANNA JAIX HOSPITAL. I AM DIRECTOR OF COMMUNITY RELATIONS AT BETH ISRAEL DEACONESS MEDICAL CENTER.

I'VE WORKED AT THE MEDICAL CENTER FOR OVER 36 YEARS, HAVING STARTED AS A SOCIAL WORKER, AND I'M THE BENEFICIARY OF -- AT THE MEDICAL CENTER AND I'VE BEEN IN THIS POSITION NOW FOR 23 YEARS. IN MY WORK AT THE MEDICAL CENTER AND OUT IN THE COMMUNITY, I HAVE THE PRIVILEGE OF WORKING WITH



OVER 60 COMMUNITY ORGANIZATIONS  
IN THE BOSTON AREA.  
LAST DECEMBER, THE DEPARTMENT OF  
PUBLIC HEALTH HELD A SERIES OF  
PUBLIC HEARINGS ON THE PROPOSED  
NEW SYSTEM, INCLUDING ONE HERE  
IN THE CITY OF BOSTON AT ROXBURY  
COMMUNITY COLLEGE.

I'D LIKE TO SHARE WITH YOU A  
LIST OF THOSE PARTNERS WHO CAME  
TO THE HEARING AND SHARE THEIR  
REASONS WHY THEY THINK THAT THIS  
NEW SYSTEM WILL BENEFIT THEIR  
CLIENTS AND THE RESIDENTS OF THE  
CITY OF BOSTON.

THE LETTERS ARE POSTED ON THE  
DPH WEBSITE FOR THE BENEFIT OF  
THE PUBLIC TO SEE AND WE HAVE  
INCLUDED A LINK IN YOUR PACKAGE.  
SO THOSE ORGANIZATIONS INCLUDED  
THE GREATER BOSTON FOOD BANK,  
THE LEWIS BROWN PEACE INSTITUTE,  
JEWISH VOCATIONAL SERVICES, THE  
BOSTON CENTER FOR INDEPENDENT  
LIVING, THE -- TASK FORCE, THE  
MASS IMMIGRANT AND REFUGEE  
ADVOCACY COALITION, HEALTHCARE  
WITHOUT HARM, THE BROOKLINE  
PUBLIC HEALTH DEPARTMENT, AND  
JEWISH COMMUNITY HOUSING FORT FOR THE  
ELDERLY.

THESE ARE AMONG THE MOST  
RESPECTED LEADERS IN BOSTON WHO  
CARE DEEPLY ABOUT THE CLIENTS  
THAT THEY SERVE.  
THEY WANT THE HIGHEST QUALITY OF  
CARE, EASY ACCESS AND OPTIONS  
FOR CARE AT A REASONABLE COST.  
THANK YOU FOR YOUR TIME AND  
ATTENTION TO THIS IMPORTANT  
ISSUE AND I, TOO, ASK FOR YOUR  
SUPPORT.

>> THANK YOU VERY MUCH.  
WE'LL SHIFT TO OUR COMMUNITY  
HEALTH CENTERS.

WE LOVE OUR COMMUNITY HEALTH  
CENTERS IN BOSTON.  
INTRODUCE YOURSELF FOR THE  
RECORD AND YOU HAVE THE FLOOR.  
>> GOOD MORNING.

I AM THE EXECUTIVE DIRECTOR OF  
BOWDEN STREET HEALTH CENTER.  
FIRST I WANT TO SHARE WITH YOU  
MY PERSONAL STORY ON HOW I GOT

TO BOWDEN STREET AND I'M GOING TO TIE IT BACK TO BETH ISRAEL. SO I HAVE TWO DAUGHTERS, 12 AND 6, I'M A LIFELONG RESIDENT OF BOWDEN STREET, STILL LIVE THERE WITH MY FAMILY, AND WHEN PIE OLDEST DAUGHTER JUST TURNED 1, I GOT A CALL FROM MY MOM SAYING THAT SHE WAS SICK.

I LEFT MY JOB DOWNTOWN AND I CAME TO MY HOME AND MY AUNT ANSWERED THE DOOR AND SAID YOUR MOM IS NOT HERE, SHE TOOK YOUR DAUGHTER TO BOWDEN STREET.

I REMEMBER SAYING WHY DID YOU TAKE HER TO BOWDEN STREET? SHE'S NOT EVEN A PATIENT THERE. SO I GET TO BOWDEN STREET, AND WAS GREETED BY THE STAFF, EXPLAINING MY SITUATION, MY DAUGHTER IS NOT A PATIENT THERE AND I WALKED IN TO ONE OF THE EXAM ROOMS AND I THINK THAT I CAN SHARE THAT WHAT I SAW AS A MOM WAS A PARENT'S WORST NIGHTMARE WHERE YOU WOULD SEE YOUR CHILD NOT REALLY RESPONDING, VERY LETHARGIC, MOANING AND CRYING AND JUST HAVING TURNED 1, NOT ABLE TO EXPLAIN OR EXPRESS WHAT WAS HAPPENING TO HER.

FROM THERE, WE WERE RUSHED TO CHILDREN'S HOSPITAL AND I REMEMBER BEING THERE AND TRYING TO EXPLAIN TO THE ATTENDING PHYSICIAN WHAT WAS HAPPENING OR WHAT HAD BEEN SHARED WITH ME AND THEN HE STEPPED AWAY AND HE TOOK A PHONE CALL AND I'M THINKING, I'M TRYING TO EXPLAIN TO THIS MAN WHAT'S HAPPENING AND HE WALKS AWAY TO TAKE A PHONE CALL. BUT UNBEKNOWNST TO ME, THAT WAS DR. BINACCI FROM BOWDEN STREET CALLING TO EXPLAIN TO HIM HIS ASSESSMENT OF MY DAUGHTER.

LATER THAT NIGHT, I RECEIVED A PHONE CALL AT THE NURSE'S STATION AND THEY ASKED ME TO -- THERE WAS A CALL FOR YOU, CAN YOU COME OUT AND TAKE THIS CALL. AND I DID, AND AGAIN THIS WAS ABOUT 9:30 AT NIGHT AND IT WAS

DR. BINACCI CALLING TO SEE IF I WAS OKAY AND IF I UNDERSTOOD WHAT HAD HAPPENED WITH MY DAUGHTER.

IT TURNS OUT THAT SHE INGESTED A SMALL TINY HIGH BLOOD PRESSURE PILL THAT HAD FELL ON THE FLOOR FROM MY FATHER BY ACCIDENT.

I WAS LOOKING FOR A NEW JOB OPPORTUNITY SEVERAL MONTHS LATER AND MY FRIEND SAID, YOU KNOW, CHECK OUT WEBSITE, I WORK FOR BETH ISRAEL, YOU KNOW, SEE WHAT YOU FIND.

AND I SAID NO, I WANT TO DO MEANINGFUL COMMUNITY WORK.

I DON'T WANT TO WORK FOR A BIG OR LARGE ORGANIZATION.

BUT I WENT ANYWAY, AND I SAW A PHYSICIAN FOR MANAGER OF COMMUNITY HEALTH AT BOWDEN STREET HEALTH CENTER.

I REMEMBER THINKING, OH, MY GOODNESS, THIS CAN'T BE REAL.

I CALLED HER, I SAID YOU GUYS ARE AFFILIATED WITH BOWDEN STREET?

SHE SAID YES, THAT'S ONE OF OUR DEPARTMENTS, WE HAVE AN AFFILIATION WITH THEM.

SO I DON'T THINK IT'S BY ACCIDENT THAT I WORKED AT BOWDEN STREET.

I DO BELIEVE THAT IT WAS FATE THAT BROUGHT ME THERE.

BOWDEN STREET WAS STARTED MANY YEARS AGO, AND WHEN WE ACTUALLY DID A SURVEY WITH OUR COMMUNITY RESIDENTS, WHAT HOSPITAL WOULD YOU LIKE TO BE AFFILIATED WITH WHEN WE WERE LOOKING FOR ANOTHER HOSPITAL TO PARTNER WITH, THE OVERWHELMING MAJORITY SAID BETH ISRAEL.

WE ARE A DEPARTMENT OF BETH ISRAEL DEACONESS MEDICAL CENTER, WE HAVE ACCESS TO THE RESOURCES AND SERVICES THAT ARE PROVIDED THERE, WE HAVE PROVIDERS THAT COME OVER, SPECIALTY PROVIDERS LIKE ORTHOPEDICS, PODIATRY THAT COME OVER AS OPPOSED TO HAVING TO TRAVEL TO GO THERE.

SO THIS MERGER MEANS A LOT TO US

BECAUSE NOT ONLY DO WE HAVE PATIENTS THAT RESIDE IN THE BOWDEN GENEVA AREA, THERE ARE MANY PATIENTS WHO MAY HAVE LIVED THERE MANY YEARS AGO BUT HAVE STRONG TIES TO THE COMMUNITY THAT COME BACK TO BOWDEN STREET BECAUSE OF THEIR PERSONAL CONNECTION.

I THINK HAVING THE OPPORTUNITY TO GO SOMEPLACE THAT WOULD BE CLOSER TO THEM AS A PART OF THIS MERGER OR AS A RESULT OF THIS MERGER WOULD NOT ONLY HELP WITH COORDINATED CARE BUT FOR AFFORDABLE CARE TO LOWER MEDICAL EXPENSES FOR THE ENTIRE ORGANIZATION.

I THANK YOU FOR HAVING AN OPPORTUNITY FOR ME TO SPEAK AND I'D BE HAPPY TO TAKE ANY QUESTIONS AT THE END REGARDING OUR EXPERIENCE AS A COMMUNITY HEALTH CENTER WITH THE ORGANIZATION.

>> VERY GOOD.

THANK YOU.

VERY BUSY IN YOUR CAPACITY, IF YOU CAN STATE YOUR NAME, YOU HAVE THE FLOOR.

>> I'M BOARD PRESIDENT FOR THE SOUTH COVE COMMUNITY HEALTH CENTER.

WANT TO THANK THE CITY COUNCIL AND THE COMMUNITY FOR THE OPPORTUNITY HERE TO COMMENT.

I'M AS I SAID THE CURRENT BOARD PRESIDENT, I'VE BEEN A BOARD MEMBER FOR SIX YEARS NOW.

SOUTH COVE COMMUNITY HEALTH CENTER HAS SERVED THE GREATER BOSTON AND EXTENDING COMMUNITIES IN QUINCY AND MAULDIN, BOSTON IN PARTICULAR, FOR 45 YEARS.

WE SEE 180 VISITS A YEAR AND HAVE EMPLOYED 300-PLUS STAFF LOCALLY IN EACH OF THESE LOCATIONS FROM THE COMMUNITY. OUR RELATIONSHIP WITH BIDMC GOES BACK OVER 20 YEARS, AND THAT RELATIONSHIP HAS BENEFITED OUR PATIENTS, OUR STAFF, AND ALL OF OUR ORGANIZATION.

IN PARTICULAR FOR OUR PATIENTS,

MANY OF THEM WHO DO NOT SPEAK ENGLISH FLUENTLY, NOR IN SOME CASES UNFORTUNATELY HAVE THE ABILITY TO PAY FOR THE CARE. I PERSONALLY HAVE WHAT I WOULD ARGUE IS A VALUABLE FAMILY CONNECTION THROUGH MY OWN CARE AT TIMES, THROUGH FAMILIES WHO HAVE HAD THE BIRTH OF A CHILD AND UNFORTUNATELY THE DEATH OF GRANDPARENTS.

IN EACH OF THOSE CASES, WE RECEIVED THE UTMOST HIGHEST QUALITY CARE FROM B.I.

IN NONE OF THESE CASES DO THEY KNOW WHO I AM.

IT'S ALL BECAUSE WE'RE JUST PATIENTS THAT THEY WOULD AFFORD THE SAME AMOUNT OF QUALITY CARE REGARDLESS.

SOUTH COVE BELIEVES THAT THIS MERGER IS CRITICAL, AND ESSENTIAL TO FINANCIAL WELL-BEING OF NOT JUST B.I. BUT THE OTHER INSTITUTIONS THAT IT SEEKS TO ALIGN ITSELF WITHIN THIS PARTNERSHIP.

THERE ARE SIGNIFICANT REALISTIC BARRIERS THROUGHOUT OUR COMMUNITY THAT WE SERVE, BUT BEYOND, AND I BELIEVE THAT THIS PARTNERSHIP WILL HELP TO ALLEVIATE SOME OF THOSE CONCERNS THAT OUR PATIENTS CONTINUALLY HAVE IN TERMS OF THEIR ACCESS TO CARE.

I APPEAR BEFORE YOU HERE TODAY ON BEHALF OF OUR BOARD AND OUR ORGANIZATION TO OFFER OUR SUPPORT TO WHOLEHEARTEDLY ASK THAT YOU SUPPORT THIS PARTNERSHIP AND I'M ALSO HERE AVAILABLE TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE IN REGARDS TO OUR SERVICE AT SOUTH COVE TO THE COMMUNITY.

>> VERY GOOD, THANK YOU, NELSON. TURN IT OVER AT THIS TIME FOR QUESTIONS.

>> THANK YOU ALL VERY MUCH FOR BEING HERE.

THAT WAS AN INCREDIBLY IN DEPTH SYNOPSIS OF WHAT YOU PLAN ON DOING.

I CERTAINLY APPRECIATE THAT.  
MY QUESTIONS WERE GENERALLY  
ABOUT THE MERGER ENTITY, AND YOU  
ANSWERED THAT, REGARDING PRICES  
DOUBLING AND TRIPLING AND OTHER  
SCENARIOS.

I'M EAGER TO HEAR, THERE WAS A  
PRESS RELEASE THAT HAD HAD THAT  
QUESTION STATED AS FACT, WHICH  
CONCERNS ME.

BUT YOU ADDRESSED IT VERY WELL.  
AND WITH THE HEALTH COMMUNITY  
CENTERS BEING HERE, THAT'S VERY  
HELPFUL AS WELL.

SO I GUESS THE REAL QUESTION I  
WOULD HAVE IS, CAN YOU BETTER  
EXPLAIN TO ME JUST THE COST OF  
PROCEDURES THAT MERGED INTO  
THESE BEFORE THEY DOUBLED AND  
TRIPLED IN PRICES, HOW DOES YOUR  
MERGER DIFFER FROM THE PREVIOUS  
MERGER YEARS AGO?

>> I'D BE GLAD TO.

BEING INTIMATELY INVOLVED IN  
JUST THAT QUESTION FOR THE LAST  
EIGHT OR NINE YEARS, DURING MY  
FOUR TO FIVE YEARS, IT'S HARD TO  
REMEMBER NOW, YEARS AT THE A.

>> Ifill:'S OFFICE, THAT WAS A  
VERY SIGNIFICANT PART OF WHAT  
THE ATTORNEY GENERAL WAS LOOKING  
AT AND WHY WE HAD SUCH WIDELY  
DIFFERING PRICES.

WE'RE THE LARGEST ENTITY THAT  
WAS FIVE TIMES THE SIZE, I DON'T  
USE NAMES, OF ANY OTHER SYSTEM  
IN MASSACHUSETTS, HAD PRICES GO  
WITH 30, 40, SOMETIMES 50% EYER  
THAN EVERYONE ELSE.

IT WAS THROUGH THE EFFORTS OF  
THE ATTORNEY GENERAL'S OFFICE  
WHERE IT BECAME VERY CLEAR THAT  
THOSE PRICES DIFFERED NOT  
BECAUSE OF QUALITY BUT BECAUSE  
OF SIMPLY SIZE, THAT THEY WERE  
THE LARGEST TO THE ORGANIZATION.  
THAT HAS BEEN CONFIRMED IN 24  
SEPARATE REPORTS, SOMETIMES  
REPORTS ON REPORTS OAF THE LAST  
SEVEN OR EIGHT YEARS.

IT WAS CONFIRMED BY THE  
LEGISLATURE'S -- ON PRICE  
VARIATION COMMISSION.

SO WE KNOW WHY WE HAVE THAT

PRICE VARIATION.

WE ALSO KNOW WHY WE HAVE SUCH HIGH PRICES.

WE PUT PEOPLE IN TERTIARY INSTITUTIONS SOMETIMES TWO TO THREE TIMES THE NATIONAL AVERAGE WHEN YOU LOOK AT MEDICARE RESULTS.

TOO MUCH CARE GOES INTO OUR VERY HIGH PRICED ACADEMIC MEDICAL CENTERS, WHICH PROVIDE GREAT RESEARCH, GREAT CARE, THE WORK OF OUR COMMUNITIES, NO CRITICISM THERE BUT WE PUT TOO MUCH CARE INTO THOSE FACILITIES.

SO IN THAT SENSE, WHEN I LOOK AT WHAT WE ARE DOING AND WHY WE WILL BE DIFFERENT, NUMBER ONE, REMEMBER THE PRICE INCREASES THAT ONE SYSTEM WAS ABLE TO EXTRACT FROM THE MARKETPLACE OCCURRED WHEN THERE WAS VIRTUALLY NO OVERSIGHT.

THERE WAS VIRTUALLY NO EVEN UNDERSTANDING OF WHAT THAT MEANT.

THAT OVERSIGHT DID NOT START UNTIL THE LAST FIVE TO EIGHT YEARS, WHEN WE BEGAN TO IDENTIFY WHAT THE PROBLEM WAS, WE CREATED THE HEALTH POLICY COMMISSION, WE CREATED BENCHMARKS AND WE BEGAN TO REPORT ON AN ANNUAL BASIS VIRTUALLY EVERY METRIC ABOUT OUR PROVIDERS AND OUR PHYSICIAN GROUPS AND WHERE THEY STAND WITH RESPECT TO QUALITY, WHERE THEY STAND WITH RESPECT TO PRICE, TO TME.

WE HAVE MORE INFORMATION THAN ANY MARKETPLACE HAS EVER HAD HAD.

OUR ABILITY TO ACTUALLY, EVEN IF WE WANTED TO, EXTRACT A SUPERMARKET INCREASE, IN OTHER WORDS, AN INCREASE BEYOND WHAT OTHERS ARE GETTING SIMPLY BECAUSE WE'VE COME TOGETHER IS IN MY OWN HUMBLE OPINION ALTHOUGH NOT OFTEN VERY HUMBLE, ZERO.

BECAUSE IT'S GOING TO BE EVERYWHERE.

WE'RE GOING TO SEE IT A YEAR OR

TWO LATER, AND SUDDENLY THE  
PATTERN IS GOING UP, WE'LL BE  
CALLED TO TASK, BUT IT'S TO THE  
GOING TO HAPPEN.

I WOULD ALSO STATE THAT WE'RE  
TRYING TO BRING TRUE COMPETITION  
TO MASSACHUSETTS.

THERE IS NONE.

WE DO NOT HAVE A COMPETITIVE  
MARKETPLACE.

THAT'S BEEN DOCUMENTED OVER AND  
OVER AGAIN.

-- THAT SYSTEM WILLNOT BE NAMED.

WE FOR THE FIRST TIME WILL BE  
ABLE TO CREATE THAT.

WE HAVE NOT FIXED OUR PROBLEM BY  
LEGISLATION.

WE HAVE NOT FIXED OUR PROBLEM BY  
LAW ENFORCEMENT.

THE ONLY WAY WE'RE GOING TO FIX  
OUR PROBLEM TO HAVE PRICE AND  
QUALITY ACTUALLY BE A  
COMPETITIVE PART OF THE

MARKETPLACE WHERE WE CAN BEGIN  
TO PUT CHALLENGES TO THOSE WHO  
HAVE HIGH PRICES, WHERE WE CAN  
GET TO A POINT WHERE INSURANCE  
COMPANIES WILL OFFER PRODUCTS TO  
FAMILIES BASED UPON THE PROVIDER  
THEY CHOOSE, RIGHT NOW HIGH  
VALUE PROVIDERS, THOSE WERE HIGH  
COSTS AND HIGH QUALITY -- EXCUSE  
ME, THE LOW VALUE PROVIDERS,  
HIGH COST AND HIGH QUALITY.

BASICALLY ARE BEING SUPPORTED  
AND SUBSIDIZED THROUGH THE  
INSURANCE COMPANY BY THOSE OF US  
WHO CHOOSE HIGH VALUE PROVIDERS,  
LOW COST, SAME HIGH QUALITY.

WE HAVE SO MANY PROBLEMS WITH  
OUR MEDICAL SYSTEM.

WE HAVE GREAT CARE, BUT THE  
PRICE IS A REAL PROBLEM, AND  
WHERE YOU GET THE CARE IS A REAL  
PROBLEM.

PRICE IS LIKE -- MARKET  
ADVANTAGE.

IT'S GOOD FOR THE COMMONWEALTH,  
IT'S GOOD FOR OUR PATIENTS.  
BUT YOU KNOW, IT'S ALSO GOOD FOR  
US.

IT ALLOWS US TO BE AN EFFECTIVE  
COMPETITOR.

I HOPE THAT ANSWERS YOUR



QUESTION, I'M HAPPY TO ANSWER ANY FOLLOW UPS IF I'VE GONE TOO FAR.

>> NO, ABSOLUTELY, NO, I APPRECIATE THE THOROUGHNESS. MY LAST QUESTION BECAUSE I WANT TO BE RESPECTFUL OF EVERYBODY'S TIME, THE MEDICAID PATIENTS IN PARTICULAR, WHAT IS THE POSITIVE OR NEGATIVE EFFECT THIS COULD HAVE ON MEDICAID PATIENTS?

>> EVERY POPULATION WILL HAVE A POSITIVE EFFECT.

MEDICAID PATIENTS WANT HIGH QUALITY CLINICAL CARE.

THEY WANT CARE THAT IS NOT FRAGMENTED, WHERE THEIR DOCTORS AREN'T TALKING TO THEIR OTHER DOCTORS.

THEY WANT TO BE PART OF A SYSTEM WHERE THEIR MEDICAL RECORD FOLLOWS THEM.

WHERE THEIR CARE FOLLOWS THEM. INDIRECTLY, THEY WANT LOWER COST CARE BECAUSE THE EXTENT TO WHICH WE CAN BRING COSTS DOWN ACROSS THE COMMONWEALTH, TEAR , THEIR POSSIBILITIES OF ACCESS WILL INCREASE.

SO FROM MY PERSPECTIVE, EVERY POPULATION INCLUDING MEDICARE, MEDICAID, DISADVANTAGED, ET CETERA, THEIR CARE AND THE QUALITY OF THEIR CARE AND THE COST WILL BE ENHANCED BY OUR COMING TOGETHER AND BEING A STRONGER SYSTEM.

>> THANK YOU VERY MUCH.

>> THE VOLUME OF METRICS I ASSUME YOU'VE SEEN INCREASE OVER YOUR TIME, DOES THAT -- DOES IT BECOME SORT OF CUMBERSOME AND BURDENSOME AND DOES THAT ADD COST IN SOME RESPECTS?

>> WELL, AT TIMES, FIRST OF ALL, YES, THERE WERE NO METRICS WHEN I STARTED.

WE TYPED ON A MANUAL TYPEWRITER. METRICS WE HAVE NOW ARE STARTLING.

GATHERING THE METRICS IS NOT ALL THAT COMPLICATED.

THE ADVANTAGE WE HAVE NOW WITH ELECTRONIC MEDICAL RECORDS, WITH

COMPUTER TECHNOLOGY, MEANS THAT WE ALL KNOW AT THIS POINT, MEDICINE IS NO LONGER AN ART, IT'S A SCIENCE.

OUR ABILITY TO KNOW WHAT THE RIGHT STANDARDS OF CARE ARE, TO KNOW WHAT WORKS, TO ALLOW A PATIENT TO MOVE THROUGH A SYSTEM AND HAVE THE MEDICAL RECORDS FOLLOW THEM, TO ALLOW ORGANIZATIONS LIKE CHIA, WHICH IS OUR DATA LINE HERE IN MASSACHUSETTS, TO EXTRACT FROM PROVIDERS AND FROM PAYORS THE KIND OF DATA THAT WE NORMALLY PRODUCE ANYWAY, TO BE ABLE TO COMPARE OUR PERFORMANCE AGAINST THE NEIGHBOR'S PERFORMANCE, AGAINST WESTERN MASSACHUSETTS AND SOUTHERN MASSACHUSETTS, BIG SYSTEMS, SMALL SYSTEMS, WOULDN'T HAVE EVEN BEEN IN MY DREAMS 45 YEARS AGO.

WHEN I WAS LESS THAN 45. SO WE ARE IN A POSITION WHERE THE SPOTLIGHT ON WHAT WE DO NOW, WHAT WE WILL DO IN THE FUTURE, IS BEYOND ANYTHING WE HAVE EVER EXPERIENCED BEFORE AND CERTAINLY DID NOT EXIST WHEN THE FIRST MEGA SYSTEM WAS CREATED 25 YEARS AGO HERE IN MASSACHUSETTS.

SO YOU WILL KNOW, WHEN THIS COMES TOGETHER, THIS WILL BE THE MOST THOROUGHLY DOCUMENTED CASE OF WHAT HAPPENS WHEN YOU CREATE A LEGITIMATE COMPETITOR IN A MARKET THAT'S ALREADY DOMINATED. YOU WILL KNOW, HAS IT IMPACTED OUR PAYOR MIX, HAS IT IMPACTED OUR PRICES, HAS IT IMPACTED OUR TME, HAS IT IMPACTED OUR ABILITY TO PROVIDE SERVICES TO DISADVANTAGED, HAS IT IMPACTED OUR ABILITY TO PROVIDE MENTAL HEALTH SERVICES.

WE'RE GOING TO HAVE A SCORECARD THAT'S LONGER THAN ANYTHING ANY OF US EVER SAW IN SCHOOL WILL, AND IT'S GOING TO BE WITH US FOR THE FORESEEABLE FUTURE AND BEYOND.

>> SO IT'S A TEST CASE.

>> YES.

>> COUNCILLOR FLYNN?

>> THANK YOU, COUNCILLOR  
FLAHERTY.

I UNDERSTAND PART OF THE REASON  
FOR MERGING IS TO SAVE COSTS  
THROUGH EFFICIENCIES, REDUCED  
ADMINISTRATIVE COSTS.

HOW WILL THIS IMPACT STAFFING  
WITH THIS MERGER, DO YOU  
ENVISION LAYING ANYBODY OFF?

I ALSO SEE, JUST TO MY OWN  
EXPERIENCE, DEALING WITH  
HEALTHCARE, IS THE COURAGEOUS  
PROFESSIONAL JOB OF OUR NURSES  
ACROSS A STATE, THEY DO AN  
EXCELLENT JOB, THEY'RE  
PRACTICALLY UNSUNG HEROS IN THE  
MEDICAL FIELD.

WHAT WILL HAPPEN TO OUR NURSES  
OR OTHER WORKERS DURING THESE  
MERGERS?

>> THE ANSWER TO THAT IS, WE'VE  
MADE NO PLANS FOR ANY LAYOFFS,  
BUT THERE ARE NOT GOING TO BE  
ANY LAYOFFS IN THE PEOPLE WHO  
TOUCH PATIENTS.

THE PEOPLE WHO ISSUE BILLS, THE  
PEOPLE WHO CLEAN, THE PEOPLE WHO  
MONITOR COMPLIANCE.

WE ARE -- YOU HAVE TO REMEMBER,  
THIS IS NOT A MERGER OF TWO  
INSTITUTIONS ACROSS THE STREET  
FROM EACH OTHER.

THESE ARE TWO GEOGRAPHIC AREAS.  
THE ONLY AREAS IN WHICH ANY  
EFFICIENCIES MAY COME FROM STAFF  
DECISIONS ARE AT MY LEVEL.

AT THE CEO LEVEL.

AT THE VERY TOP END OF THE  
EXECUTIVE SUITE, THAT IS WHERE  
YOU MAY SEE SOME PERSONNEL  
CHANGES.

BUT THE STAFF DELIVERY LEVEL IN  
THE HOSPITALS AND THOSE WHO  
ISSUE THE BILLS AND THOSE WHO  
MONITOR PERFORMANCE, THERE'S NOT  
GOING TO BE ANY IMPACT ON  
STAFFING AND PERSONNEL OR  
EMPLOYMENT.

NONE.

>> NO NURSES WILL BE LAID OFF.

>> ON THE CONTRARY, I THINK IT'S  
CLEAR FROM WHAT YOU'RE HEARING  
THAT WE EXPECT TO GROW.

WE EXPECT TO EXPAND SERVICES.  
WE'VE DEMONSTRATED THAT AS TWO  
LEGACY ORGANIZATIONS ALREADY.  
I THINK THE TRACK RECORD SPEAKS  
FOR ITSELF, AND WE FULLY  
ANTICIPATE THAT TO BE THE  
OUTCOME OF SUCCESSFULLY  
EXECUTING ON WHAT WE ARE  
PROPOSING.

SO THIS IS NOT A STRATEGY OF  
SHRINKAGE.

THIS IS A STRATEGY WHERE WE  
EXPECT TO SEE EXPANDED  
CAPABILITIES AND RESOURCES IN  
OUR COMMUNITIES.

>> I WOULD ALSO ADD, IF YOU KNOW  
ANY NURSES LOOKING FOR A JOB,  
PLEASE SEND THEM TO US BECAUSE  
THEY'RE IN SHORT SUPPLY AND  
WE'RE ALWAYS LOOKING.

>> IN THE PAST, ANY MERGERS FROM  
LAHEY OR B.I. ACQUISITIONS SUCH  
AS WINCHESTER HOSPITAL, DID  
PRICES GO UP OR PRICES GO DOWN  
DURING THAT PERIOD OF TIME?

>> NO.

OUR SYSTEMS HAVE BEEN  
DOCUMENTED, IT'S ALL IN THE  
PUBLIC RECORD, REMAINING VERY  
HIGH VALUE LOW PRICED PROVIDERS  
IN THE MARKETPLACE COMPARED TO  
OUR -- TO THE REST OF THE  
MARKETPLACE AND OUR PEERS.

>> WHAT IMPACT WILL THIS HAVE  
ON -- I KNOW YOU MENTIONED SOME  
COMMUNITY HEALTH CENTERS ACROSS  
THE CITY.

WHAT IMPACT WILL THIS  
SPECIFICALLY HAVE ON OTHER  
COMMUNITY HEALTH CENTERS THAT  
YOU DIDN'T MENTION?

>> THAT WE DIDN'T MENTION?  
FOR WHATEVER WE DIDN'T MENTION,  
THE ANSWER IS NO.

WE DON'T HAVE A COMMUNITY HEALTH  
CENTER, FOR INSTANCE, IN  
GLOUCESTER, BUT THE PROGRAMS  
THAT WE HAVE BUILT OUT IN GLOSS  
GLOUCESTER HAVE BEEN DOCUMENTED  
OVER AND OVER AGAIN.

THAT IS A SMALL COMMUNITY  
HOSPITAL THAT SERVES A LIMITED  
POPULATION ON WHAT THEY ALWAYS  
ACKNOWLEDGE IS AN ISLAND.

-- RUMORED TO CLOSE FOR 20 YEARS.

IT IS NOW FLOURISHING, IT HAS HIGHER VOLUMES THAN IT'S EVER HAD BEFORE, IT'S FINANCIALLY STABLE.

WE HAVE OPENED UP CLINICS, DRUG PROGRAMS, 97% OF THE PEOPLE WHO COME TO OUR EMERGENCY ROOM CAN NOW ACTUALLY BE TREATED ON K BAN.

SO AGAIN, FOR EVERY COMMUNITY HEALTH CENTER, EVERY COMMUNITY PROGRAM, THIS COMBINATION WILL ENHANCE THE STRENGTH OF THE SYSTEM, AND ENHANCE THE ABILITY OF US TO DELIVER THOSE KINDS OF SERVICES THAT ARE OUT OF THE HOSPITAL BUT ARE CRITICAL TO OUR POPULATION'S HEALTH.

AND REMEMBER, AGAIN, WE DO THIS FOR ETHICAL REASONS BECAUSE WE'RE MISSION-DELIVERED, BUT AS WE MOVE MORE AND MORE INTO POPULATION HEALTH, WHERE WE'RE NOT PAID ON A FEE-FOR-SERVICE BASIS, WE'RE PAID ON OUR ABILITY TO KEEP PEOPLE HEALTHY, THOSE PROGRAMS ARE ESSENTIAL.

SO WE DO IT BECAUSE IT'S OUR MISSION AND WE DO IT BECAUSE IT'S GOOD BUSINESS, AND SOMETIMES YOU CAN TRUST GOOD BUSINESS MORE THAN MISSION.

SO I THINK WE HAVE A DUAL REASON FOR CONTINUING TO DO THAT, AND WE'LL DO IT MUCH BETTER.

>> AND I REPRESENT A DISTRICT WITH A HIGH CONCENTRATION OF COMMUNITIES OF COLOR, ELDERLY, THE DISABLED, IMMIGRANTS.

WHAT TYPE OF IMPACT WILL THIS HAVE ON MOST VULNERABLE PEOPLE IN OUR SOCIETY?

>> I THINK THE IMPACT ON THE MOST VULNERABLE WILL BE SIMILAR TO THE IMPACT AS CROSS THE BOARD.

WE EXPECT THAT THE OUTCOME OF WHAT WE ARE CREATING HERE WILL BE THE ABILITY TO DEPLOY MORE RESOURCES, EXPAND ACCESS, CREATE MORE AVAILABILITY IN TERMS OF SPECIALTY SERVICES IN LOCAL

COMMUNITIES, SO WE WOULD FULLY ANTICIPATE THE IMPACT TO BE A VERY POSITIVE ONE.

>> THANK YOU.

>> THANK YOU.

COUNCILLOR PRESSLEY.

>> THANK YOU, MR. CHAIRMAN.

MANY OF MY -- WELL, SEVERAL OF MY QUESTIONS WERE ASKED AND ANSWERED RELATIVE TO THE IMPACT ON NEIGHBORHOOD AND COMMUNITY-BASED HEALTH CENTERS AND ALSO THE IMPACT ON TRADITIONALLY UNDERSERVED COMMUNITIES.

I DID JUST WANT TO REVISIT A COUPLE OF THINGS.

CAN WE JUST DRILL DOWN A LITTLE BIT MORE ON WORKFORCE? LITTLE BIT MORE ON WORK FORCE?

I'M CURIOUS AS TO HOW MANY PEOPLE YOU EMPLOY.

IF YOU HAVE ANY SENSES TO THAT.

I'M CURIOUS.

AS AN EMPLOYER AND APPRECIATE YOUR VERBAL EXPRESSED COMMITMENT HERE AROUND WORK FORCE RETENTION.

I'D IMAGINE THAT MANY OF THESE EMPLOYEES HAVE BEEN OF SERVICE AND GIVING OF THEMSELVES FOR MANY, MANY YEARS.

SO I WANT TO MAKE SURE THAT THEY CAN PROVIDE FOR FAMILIES WHICH WE DON'T WANT THE QUALITY OF CARE TO BE IMPACTED.

SO ALSO PICKING UP ON COUNCILLOR FLYNN'S POINT, WE KNOW THERE'S A NURSING STAFFING SHORTAGE CRISIS AND NOT ONLY IS THAT A BURDEN ON OUR ALREADY OVEREXTENDED AND DEDICATED NURSING STAFF BUT DOES IMPACT THE QUALITY OF PATIENT CARE.

SO WHEN YOU SAY YOU'RE LOOKING FOR MORE, I'D BE CURIOUS TO WHERE WE ARE IN TERMS OF NURSE TO PATIENT RATIO AND HOW WE'LL MAKE SURE THAT IS STILL ONE THAT IS FAIR FOR THE WORK FORCE AND MEETING THE NEEDS OF PATIENTS.

THOSE ARE MY TWO QUESTIONS BEFORE I GET INTO A MEDICAID QUESTION.

>> I'LL REITERATE THE STATISTIC I SHARED IN MY EARLIER COMMENTS THAT THE TOTAL EMPLOYEE BASE BETWEEN THE MEDICAL CENTER AND THE BAPTIST IS OVER 11,000 PEOPLE.  
ABOUT A THIRD LIVE WITHIN THE CITY OF BOSTON.  
>> WONDERFUL.  
THANK YOU.  
SORRY I MISSED THAT EARLIER.  
THANK YOU FOR YOUR COMMITMENT.  
I WORRY ABOUT LAY-OFFS.  
AND THE NURSING SIDE, ANY STATISTICS FROM THE AGGREGATE OR NO?  
>> I DON'T HAVE THAT.  
>> OKAY.  
>> I KNOW WE PROVIDE HIGH QUALITY CARE AND WE VALUE OUR NURSES AND ALWAYS LOOKING FOR MORE.  
WE'RE VERY COMFORTABLE WITH OUR CLINICAL CARE.  
I THINK WE'VE -- NOBODY DISAGREED THAT OUR CARE IS NOT HIGH QUALITY.  
IT'S BEEN SHOWN BY PATIENT SATISFACTION STATISTICS OVER AND OVER AGAIN.  
NURSES ARE LARGELY PART OF YOUR PATIENT SATISFACTION STATISTICS.  
>> ABSOLUTELY.  
OKAY.  
ON THE MEDICAID SIDE, I DIDN'T KNOW IF PREVIOUSLY THERE WERE SPECIFIC STRATEGIES, SOMETHING YOU MIGHT POINT TO, INCREASING ACCESS AND INSURANCE STATUS. MAKING SURE IT DOESN'T HAPPEN BY DEFAULT OR ORGANICALLY.  
>> I THINK PROBABLY THE BEST EXAMPLE OF THAT IS OUR PARTNERSHIP WITH OUR COMMUNITY HEALTH CENTERS, THE FACT THAT THE MEDICAL CENTER ITSELF SERVES AS THE COMMUNITY HOSPITAL FOR A VERY DIVERSE POPULATION WITHIN OUR OWN COMMUNITIES.  
WE CONTINUE TO STRIVE TO PROVIDE COMPREHENSIVE SERVICES TO TO ALL AND WILL CONTINUE TO DO SO.  
AS A COROLLARY, FOR A SLIGHTLY DIFFERENT APPROACH BUT CERTAINLY

WE'RE ALSO ACTIVE PARTICIPANTS  
IN THE NEW MEDICAID ACO PROGRAM  
WITHIN THE STATE WITH MANY OF  
OUR PARTNERING ORGANIZATIONS.

>> APPRECIATE YOUR STATEMENT FOR  
THE RECORD.

>> AND I'D ADD THAT LEAHY  
SEPARATELY IS A MEMBER.  
ONE OF THE SMALLEST MEMBERS BUT  
WE'RE A MEMBER IN THAT NEW  
PROGRAM THAT IS ANOTHER  
EXPERIMENT THAT WE THINK MAKES  
SENSE AND HOPE WILL BE  
SUCCESSFUL.

>> WE DON'T RECOGNIZE THIS, BUT  
IN SOME OF OUR COMMUNITY  
AFFILIATES INCLUDING PLACES LIKE  
DID PLYMOUTH, THERE'S MEDICAID  
POPULATIONS.

AS IS THE THEME THROUGHOUT OUR  
PRESENTATION, WE HAVE A GREAT  
TRACK RECORD.

IT'S GREAT WHEN THE FACTS ARE ON  
YOUR SIDE.

DEPLOYING RESOURCES, BUILDING  
NEW SERVICES.

CREATING ACCESS TO THAT  
POPULATION, WHICH IS QUITE  
SIGNIFICANT.

>> OKAY.

GREAT.

I APPRECIATE THAT.

THANK YOU.

>> THANK YOU.

WE'VE BEEN JOINED BY ANNISSA  
ESSAIBI-GEORGE.

LET ME SAY AS A CITY, WE BOAST  
OF HAVING THE BEST HOSPITALS AND  
NETWORK OF COMMUNITY HEALTH  
CENTERS IN THE WORLD.

YOU'RE OUR LARGEST EMPLOYERS,  
LEADERS OF STRATEGIC  
PARTNERSHIPS.

WE APPRECIATE YOUR TIME AND  
ATTENTION AND LOOK FORWARD TO  
CONTINUES WORKING TOGETHER.

THANKS FOR YOUR TIME.

>> THANK YOU.

>> I SEE THAT DR. WAGNER, CEO OF  
TUFTS MEDICAL CENTER IS HERE.

I DON'T KNOW WHETHER OR NOT

HOWARD GRANT IS HERE YET.

IF SO, THEY CAN JOIN.

DR. WAGNER, WELCOME.



GREAT TO SEE YOU.

STATE YOUR NAME AND AFFILIATION  
FOR THE RECORD.

>> GOOD MORNING, COUNSELORS.

THANK YOU FOR THE OPPORTUNITY TO  
TESTIFY THIS MORNING AND TAKING  
TIME TO ENSURE THERE IS GREATER  
TRANSPARENCY AROUND A PROPOSED  
HEALTHCARE MERGER THAT WILL HAVE  
A LARGE IMPACT FOR THE CITY OF  
BOSTON AND THE ENTIRE STATE.

I'M DR. MICHAEL WAGNER.

I'M THE CEO OF TUFTS MEDICAL  
CENTER.

OUR HOSPITALS ARE A PART OF A  
LARGER SYSTEM CALLED WELLFORCE.  
THAT INCLUDES PHYSICIANS IN  
BOSTON AND OTHER COMMUNITIES  
THROUGHOUT EASTERN  
MASSACHUSETTS.

OUR SYSTEM HAS BEEN RECOGNIZED  
FOR ITS COMMITMENT TO KEEP CARE  
LOCAL AND PROVIDING THE HIGHEST  
QUALITY OF CARE AT LOWER COSTS.  
OUR CENTRAL GOAL HAS BEEN  
RECOGNIZED BY THE GLOBE, THE  
ATTORNEY GENERAL, HEALTH POLICY  
COMMISSION AND OTHERS.

WE'RE COMMITTED TO IMPROVING THE  
HEALTHCARE OF DIVORCE AND  
UNDERSERVED COMMUNITIES IN  
BOSTON AND MASSACHUSETTS.

I'M HERE TODAY TO EXPRESS MY  
DEEP CONCERN OVER THE PROPOSED  
MERGER BETWEEN BETH ISRAEL  
DEACONESS AND LEAHY HEALTH.

I HAVE GREAT RESPECT FOR THESE  
TWO ORGANIZATIONS BUT I HAVE  
GREAT CONCERNS ABOUT WHAT THE  
MERGER OF THE TWO SYSTEMS COULD  
DO TO HEALTHCARE COSTS AND  
ACCESS IN BOSTON AND EASTERN  
MASSACHUSETTS.

MY CONCERNS ARE THAT THIS MERGER  
WILL RESULT IN INCREASED  
DISPARITIES, INCREASED COSTS  
WHILE REDUCING ACCESS ESPECIALLY  
FOR UNDERSERVED COMMUNITIES.

LET ME FIRST DISCUSS THE IMPACT  
ON DISPARITIES.

THE PROPOSED MERGER WILL CREATE  
TWO LARGE SYSTEMS, A DUOPOLY.

A MERGED LEAHY SYSTEM, WHICH  
HAS SELECTED PARTNERS FROM

LARGELY MORE AFFLUENT MASSACHUSETTS COMMUNITIES, WOULD HAVE THE LOWEST PERCENTAGE OF MEDICAID CARE OF ANY SYSTEM IN EASTERN MASSACHUSETTS.

14%.

13%.

BY CONTRAST, THE WELLFORCE SYSTEM IS 21%.

TUFTS.

31% OF OUR PATIENTS WORK IN OUR DOORS ARE MASS HEALTH PATIENTS.

56% OF THE KIDS WE CARE FOR ARE MASS HEALTH MEDICAID KIDS.

WHY IS THIS IMPORTANT?

THIS WOULD CREATE A TWO TIER SYSTEM.

THOSE FOCUSED ON THE COMMERCIAL POPULATION, PARTNERS AND THE EMERGENCIED SYSTEM AND THOSE THAT HAVE A DISPROPORTIONATE SHARE OF MASS HEALTH PATIENTS, THE MOST VULNERABLE POPULATION. THE HAVE-NOTS WOULD NOT RECEIVE THE REIMBURSEMENT TO COMPETE WITH HOSPITALS THAT FOCUS ON MORE AFFLUENT AND COMMERCIALY INSURED PATIENTS.

UNLIKE THE ARGUMENT USED IN THE PAST, PROVIDERS DO USE COMMERCIAL REIMBURSEMENT TO CROSS SUBSIDIZE OUR MEDICAID, CARE AND COSTS.

ADDITIONALLY HOSPITALS LIKE TUFTS AND MANY OTHER HOSPITALS WHO ARE NOT PART OF EITHER OF THESE SYSTEMS ARE HIGH MEDICAID PROVIDERS AND AS OF MARCH 1 ARE NOW PARTICIPATING IN THE STATE'S MATT HEALTH ACO THAT WAS MENTIONED EARLIER, THIS SCENARIO CREATES A SITUATION WHICH THE HOSPITALS WITH THE GREATEST RISK EXPOSURE IN THE MASS HEALTH ACO HAVE THE LEAST OPPORTUNITY TO CROSS SUBSIDIZE FROM COMMERCIAL PAYMENT.

ON TOP OF THIS, AN ALREADY EXISTING PRICE DISPARITY, HIGH MEDICAID HOSPITALS HAVE LOWER COMMERCIAL REIMBURSEMENT, THUS CREATING A DOUBLE JEOPARDY FOR OUR SAFETY NET SYSTEM OF CARE FOR THE POOR AND UNDERSERVED.

IN HUMAN TERMS, THIS MEANS  
DISPARITIES ACROSS MASSACHUSETTS  
WILL BE EXACERBATED.

THE SECOND PIECE TO DISCUSS, THE  
ARGUMENT THAT THIS NEW SYSTEM  
WOULD CREATE A COMPETITOR TO  
PARTNERS.

IT FOLLOWS FROM THE ASSERTION  
THAT THE NEW SYSTEM WOULD TAKE  
PATIENTS FROM PARTNERS.

SINCE PARTNERS IS A HIGHER PAID  
PROVIDER, THIS WOULD HELP REDUCE  
HEALTHCARE COSTS.

HEALTH, THIS IS A FALSE  
ARGUMENT.

THE NEW SYSTEM WOULD LIKELY  
SYPHON THE REMAINING COMMERCIAL  
PATIENTS FROM COMMUNITY HEALTH  
CENTERS AND PHYSICIANS.

THIS POSSIBILITY IS MORE LIKELY  
TO OCCUR THAN THE ARGUMENT BEING  
PROPOSED THAT THEY WILL MOVE  
MARKET SHARE FROM PARTNERS.

THE SHIFT TO PATIENTS FROM HIGH  
MEDICAID HOSPITALS AND PROVIDERS  
TO THE NEW COMBINED LEE --  
LEAHY SYSTEM WOULD UP COSTS.

THUS DESTABILIZING THE  
HEALTHCARE PROVIDERS SERVING THE  
MOST VULNERABLE POPULATIONS.

AND LASTLY, THE LIKELY IMPACT ON  
SURPRISING DISPARITIES.

THEY WERE MENTIONED EARLIER.

THEY HAVE BEEN OUTLINED BY MANY.

DAVID PLAY A KEY ROLE BRINGING  
THIS TO LIGHT.

THE QUESTION WE SHOULD BE ASKING  
IS, WHAT IS THE IMPACT OF THIS  
NEWLY COMBINED B.I. LEAHY SYSTEM  
ON PRICING IN THE MARKETPLACE?

THE NEW SYSTEM WILL REMAIN WHERE  
THEY ARE?

WILL THEY REDUCE THEIR PRICE  
BECAUSE THEY CAN DELIVER SAVINGS  
OR WILL THEY INCREASE PRICING  
DUE TO INCREASED LEVERAGE IN THE  
MARKETPLACE?

THE EVIDENCE FROM OTHER MARKETS  
IS THAT PRICES WILL INCREASE.

THE B.I. LEAHY SYSTEM WILL  
ULTIMATELY MOVE THEIR PRICING TO  
A APPROXIMATE THE MARKET LEADER  
PARTNERS, CURRENTLY THERE'S NO  
RESTRICTIONS IN THE MERGED

ENTITIES ABILITY TO RAISE THEIR PRICES.

MY EXPECTATION IS THAT STEWARDS OF THE HEALTHCARE ENVIRONMENT THAT AFFECTS BOSTON BUSINESSES AND FAMILIES, THAT THEY'LL ADVOCATE FOR THE MERGER.

THEY SHOULD LOOK FOR SPECIFIC COST CONTROLS FOR UNIT-BASED PRICING AND TOTAL MEDICAL EXPENSE.

WHY DO I FEEL STRONGLY THAT THE NEWLY CREATED SYSTEM WILL RAISE PRICES TO A APPROXIMATE OR COME CLOSE TO PARTNER'S PRICE STRUCTURE?

BECAUSE B.I. LEAHY LOOKS TO GROW AND THEY NEED TO RECRUIT PHYSICIANS.

IF THEY DON'T RAISE RATES, THEY CAN'T ATTRACT PHYSICIANS.

THEY WILL HAVE AN AGGRESSIVE GROWTH PLAN AND IN ORDER FOR THEM TO RECRUIT PHYSICIANS, THEIR PRICES WILL NEED TO BE COMPARABLE.

MAKE NO MISTAKE, WHEN THEY GROW, THEY WILL FOCUS ON MOVING COMMERCIAL PATIENTS FROM NONPARTNERS AND NON-B.I. LEAHY SYSTEMS AND PROVIDERS.

SO I THINK IT'S IMPORTANT TO ASK, HOW IS THIS MERGER GOOD FOR OUR COMMUNITY?

HOW WILL IT REDUCE HEALTHCARE COSTS FOR THE RESIDENTS AND BUSINESSES OF BOSTON?

WHAT CAN WE DO TO MAKE SURE COSTS DON'T INCREASE AND SERVICES FOR LOW INCOME COMMUNITIES ARE NOT JEOPARDIZED?

AT TUFTS WE CARE ABOUT OUR COMMITMENTS AND THE COMMUNITIES WE SERVE.

OUR COMMITMENT IS TO KEEP THE HEALTHCARE IN THE COMMUNITIES.

THANKS FOR THE OPPORTUNITY TO TESTIFY AND WE'LL TAKE ANY QUESTIONS.

>> THANK YOU.

COUNCILLOR McCARTHY?

>> THANKS FOR BEING HERE.

JUST A QUICK QUESTION.

AS FAR AS THE MERGER, WHEN THE

MERGER WAS TAKING PLACE OR THE TALKS OF, WAS TUFTS INVOLVED AT ALL?

DID YOU THINK THAT -- WOULD YOU HAVE GOTTEN IN THE MERGER IF THEY ASKED YOU?

>> SO THE ANSWER TO THE FIRST PART, WHICH IS WERE WE INCLUDED IN THE CONVERSATION, NO.

>> IF TUFTS REACHED OUT TO YOU, DO YOU THINK YOU WOULD HAVE BEEN ON THE FIRST PANEL OR SECOND PANEL?

>> DAVID MENTIONED THIS. I THINK ALL SYSTEMS END UP TALKING TO EACH OTHER AT SOME POINT AROUND POTENTIAL DISCUSSIONS AND MERGERS. IT WAS WELL-PUBLICIZED THAT TUFTS AND BNC WERE IN EMERGENCIER CONVERSATIONS IN 2015.

TO STAY THAT ORGANIZATIONS ARE IN SOME FORM OF FORMAL OR INFORMAL CONVERSATIONS, IT HAPPENS ALL THE TIME.

THIS SPECIFICALLY WE WEREN'T INVOLVED.

>> SO IN THE CONVERSATION IN 2015, WOULD YOU AGREE OR DISAGREE THAT YOUR OPINION OF THE OUTCOMES WOULD BE THE SAME OR DIFFERENT?

HOW WOULD YOU DO IT DIFFERENTLY.

>> WITH REGARD TO THE DISCUSSION WITH BMC?

>> RIGHT.

>> I THINK THE CONVERSATIONS WITH BMC WERE PRODUCTIVE.

IT WASN'T STRATEGICALLY CORRECT AT THE TIME AND WE REALIZED THAT AND DECIDED NOT TO PURSUE FURTHER DISCUSSIONS.

>> THANKS VERY MUCH.

>> AND DR., WITH RESPECT TO THE CONDITIONS.

SO IF THIS MERGER WENT THROUGH, THE CONDITIONS YOU THINK WOULD BE NECESSARY.

CAN YOU HIGHLIGHT THEM AGAIN?

>> SURE.

ONE IS CLEARLY ABOUT PRICING AND PRICING STRUCTURE.

WE HAVE A PRICING DISPARITY IN

THE MARKETPLACE.

IT DOES CREATE A VERY UNEVEN PLAYING FIELD AND ALSO CREATES A SITUATION IN WHICH THOSE HOSPITALS THAT I MENTIONED HAVE HIGH MASS HEALTH POPULATIONS ARE IN A MORE VULNERABLE POSITION ESPECIALLY AS THEY TAKE ON RISK. SO PRICING IS IMPORTANT.

IT'S IMPORTANT FOR OUR EMPLOYERS AND THOSE PAYING FOR HEALTHCARE. IN TERMS OF -- FROM A CONDITIONAL PERSPECTIVE, THE OTHER THINGS TO LOOK AT, THE AFFILIATION AND FLOW AND CONNECTION WITH RELATIONS TO DOCTORS AND PHYSICIANS IN THESE MERGERS.

IT'S OFTENTIMES OVERLOOKED TO ALSO CONSIDER WHAT NUMBER OF PHYSICIANS, WHERE THEY'RE LOCATED AND HOW THEY'RE ALIGNED WITH HEALTH SYSTEMS.

THIS IS A VERY IMPORTANT COMPONENT.

CERTAINLY CAPPING THE GROWTH AND NUMBER OF PHYSICIANS OR LOOKING CAREFULLY AT PHYSICIAN GROUPS BEING INCLUDED IN THE MERGER SHOULD BE SPECIFICALLY ADDRESSED AS WELL.

LASTLY, I THINK, YOU KNOW, FROM A CONDITIONAL PERSPECTIVE, THE IMPACT THAT I THINK ABOUT A LOT IS AROUND ACCESS TO SERVICE -- KEY SERVICES, PEDIATRICS, BEHAVIORAL HEALTH.

WE DO A LOT OF WORKS IN COMMUNITIES, MOSTLY UNDERSERVED AREAS.

HOW ARE WE AS A COMMONWEALTH GOING TO ASSESS THE POTENTIAL NEGATIVE IMPACT AS SERVICES IN THOSE COMMUNITIES MAY BE NEGATIVELY IMPACTED BY THE FINANCIAL PERFORMANCE OF THE PILLAR ORGANIZATIONS THAT ARE LEFT ALONE OR LEFT STANDING ALONE.

>> THANK YOU.

COUNCILLOR FLYNN.

ANDREA CAMPBELL.

>> THANKS, COUNCILLOR McCARTHY.

THANK YOU, DOCTOR.

AS YOU KNOW, TUFTS MEDICAL CENTER IS IN MY DISTRICT. I'M CONCERNED ABOUT JOBS. IF THIS MERGER IS ALLOWED TO GO THROUGH, HOW DO YOU BELIEVE IT WAS IMPACT TUFT'S ABILITY TO COMPETE AND COULD IT IMPACT THE NUMBER OF JOBS AT TUFTS?

>> YEAH.

MANY -- SO FIRST OF ALL, MAKE A COMMENT.

MANY OF THE HEALTH ORGANIZATIONS IN CITY MADE A COMMITMENT AROUND THE 15-HOUR LIVING WAGE.

IT WAS MENTIONED B.I. MADE THAT COMMITMENT.

BMC AND TUFTS ALSO MADE THAT COMMITMENT.

OUR WORK FORCE, WE HAVE 5,500 EMPLOYEES.

ANOTHER 600 PHYSICIANS THAT WORK OUTS OF OUR DOWNTOWN CAMPUS.

WE WORKED HARD TO GROW.

WE ADDED PROBABLY 600 JOBS THE LAST SEVERAL YEARS.

WE'VE HAD AN AGGRESSIVE GROWTH PLAN.

I WORRY ABOUT OUR ABILITY TO CONTINUE TO PROVIDE SERVICES IN PEDIATRICS, IN THE COMMUNITY, WHICH WOULD HAVE A DOWNTOWN IMPACT IN TERMS OF OUR PEDIATRIC ENTERPRISE.

I WORRY ABOUT OUR ABILITY TO RECRUIT PHYSICIANS AND DO IT EFFECTIVELY.

OUR GROWTH, WE'VE GROWN AGGRESSIVELY AND TAKEN ADVANTAGE OF THE FACT THAT WE'RE THE SMALLEST ACADEMIC MEDICAL CENTER IN TOWN.

WE'RE NOT LOOKING TO FILL BEDS. WE WANT TO INCREASE CARE IN THE COMMUNITY.

WE'LL CONTINUE ON THAT STRATEGY AND CERTAINLY MY HOPE THAT WE WILL WORK VERY HARD TO PREVENT ANY JOB LOSSES.

>> DOCTOR, AS RELATES TO UNDERSERVED PATIENTS, COMMUNITIES OF COLOR, THE ELDERLY.

IMMIGRANTS, LOW INCOME FAMILIES. THOSE WITHOUT HEALTH INSURANCE.

WHAT IMPACT OR POTENTIAL WOULD THIS HAVE ON THAT SEGMENT OF SOCIETY?

>> SO WHAT I WORRY ABOUT IS -- MAYBE I'M TOO CONCERNED ABOUT THIS.

WHAT I WORRY ABOUT IS THAT WE WILL MORE THAN LIKELY SEE HOSPITAL CLOSURES. WE SAW IT IN NORTH ADAMS, SAW IT IN QUINCY.

THE QUESTION IS, IF WE SEE FURTHER HOSPITAL CLOSURES BECAUSE OF A REDUCTION IN INPATIENT UTILIZATION AND CONSOLIDATION, CONSOLIDATION IS PREDOMINANTLY FOCUSED AROUND COMMERCIALLY MORE AFFLUENT COMMUNITIES AND THOSE IN HIGH MEDICAID MASS HEALTH COMMUNITIES ARE EXCLUDED OR DISADVANTAGED IN THE MARKETPLACE, THOSE ARE THE HOSPITALS THAT ARE AT GREATEST RISK.

I'M NOT GOING TO GO THROUGH MY LIST OF THE HOSPITALS I WORRY ABOUT BUT HOSPITALS THAT WE WORK WITH ON A REGULAR BASIS.

THE DEVASTATING IMPACT, NOT ONLY FOR THE ACCESS TO CARE BEHAVIORAL HEALTH SERVICES PRIMARY CARE, BUT ALSO THE JOB LOSSES THAT WOULD OCCUR IN THOSE COMMUNITIES ARE NOT INSIGNIFICANT.

SO THAT'S THE SCENARIO THAT I THINK ABOUT A LOT IN TERMS OF WHAT WE CAN DO FROM A POLICY PERSPECTIVE TO ENSURE THAT THOSE HOSPITALS REMAIN VIABLE AND IMPORTANT PILLARS OF EMPLOYMENT AND CARE DELIVERY.

HELPFUL?

>> YES.

ONE FINAL OBSERVATION.

I'M AT THE HOSPITAL AT LEAST ONCE A WEEK.

I SEE THE DEDICATED WORKERS UP FRONT.

I ESPECIALLY SEE THE DEDICATED NURSES WORKING SO HARD, SO PROFESSIONAL, DETERMINED, COMPASSIONATE.

WE'RE REALLY LUCKY IN THIS STATE



TO HAVE SOME OF THE BEST NURSES  
AROUND.

IT'S A TESTAMENT TO ALL OF OUR  
HOSPITALS.

THE NURSES PROVIDE AN  
EXCEPTIONAL QUALITY AND MAKING  
SURE OUR PATIENTS ARE SAFE.

WE NEED TO ALWAYS DO MORE FOR  
OUR NURSES TO MAKE SURE THEY'RE  
TREATED WITH RESPECT AND  
DIGNITY.

>> THANK YOU.

I AGREE COMPLETELY.

>> SO DOCTOR, THANKS FOR YOUR  
TIME AND ATTENTION AND THE GREAT  
WORK YOU DO AS WELL AS THE GREAT  
CARE THAT YOUR HOSPITAL AND  
DOCTORS AND NURSES PROVIDE.

YOU'RE A PLEASURE TO WORK WITH.

GOOD TO SEE YOU.

>> THANK YOU.

>> CALL UPON TIM FOLEY, ARNIE  
GILBERT, JAMES JENNINGS AND

DAVID CUTLIFF TO SERVE AS OUR  
NEXT PANEL.

I DON'T SEE TIM AND JAMES.

WELCOME.

OKAY.

SO WHOEVER --

>> I'LL GO FIRST.

GOOD MORNING.

>> WELCOME.

>> I'M A RESIDENT OF JAMAICA  
PLAINS AND HERE FOR THE  
AFFORDABLE HEALTHCARE COALITION.  
I WANT TO START BY THANKING THE  
BOSTON CITY COUNCIL,  
PARTICULARLY COUNCILLOR McCARTHY  
FOR CALLING THIS PETITION FOR  
THIS HEARING TODAY, WHICH IS  
CRITICAL.

I WANT TO EMPHASIZE I'M NOT A  
HEALTHCARE SPECIALIST.

I'M HERE REPRESENTING THE OVER  
60 DIVERSE COMMUNITY MEMBERS,  
LEADERS AND REPRESENTATIVES OF  
IF COMMUNITIES I SERVE.

WE HAVE GRAVE CONCERNS ABOUT THE  
HOSPITAL MEGAMERGER.

MANY OF OUR MEMBERS ARE HERE  
TODAY BEHIND ME.

SOME OF US ARE TEACHERS AND SOME

ARE NOT.

THIS REPRESENTS THE BIGGEST CHANGE IN OUR HEALTHCARE SYSTEM IN A GENERATION ACCORDING TO THE HEALTH POLICY COMMISSION.

IT WILL IMPACT MORE THAN ONE MILLION PATIENTS ACROSS EASTERN MASSACHUSETTS INCLUDING THOSE THAT RELY ON COMMUNITY HOSPITALS AND DIVERSE NEIGHBORHOODS.

THE TRACK RECORD SHOWS THE HOSPITALS DID NOT SERVE OUR POOREST COMMUNITIES.

BY JOINING TOGETHER, THEY ARE FORMING A SECOND GOLIATH IN THE MARKET.

IT'S CLEAR THAT IT WILL LEAVE THE REMAINING HOSPITALS, SERVE THE POOREST COMMUNITIES BEHIND. SO I WANT TO ASK, WHY WOULD WE DO THIS NOW WHEN OUR DISPARITIES IN THE HEALTHCARE SYSTEM ARE SO GREAT?

IF APPROVED, THERE WILL BE HIGHER COSTS AND REDUCED ACCESS FOR WORKING CLASS AND THE COMMUNITIES OF COLOR.

EVENTUALLY COMMUNITY HOSPITALS WILL HAVE TO CLOSE.

THIS IS BASED ON THE RESEARCH CONDUCTED BY DR. JAMES JENNINGS OF TUFTS UNIVERSITY AND PUBLISHED AT THE "BOSTON GLOBE." THE MEGAMERGER WILL CONTROL ONE IN THREE HOSPITALS.

IT WILL CONTROL ONE OUT OF THREE PRIMARY CARE VISITS IN EASTERN MASSACHUSETTS.

EVERY STUDY HAS SHOWN AS THEY GAIN MARKET POWER, COSTS HAVE INCREASED.

THE MERGER WILL TARGET AFFLUENT HOUSEHOLDS OF INCOME OF OVER \$112,000 A YEAR WHILE LOW INCOME IN MASS HEALTH PATIENTS WILL BE LEFT BEHIND.

TO FURTHER DEMONSTRATE THIS, IN 2016 ONLY 10% OF LEAHY'S PATIENTS WERE MASS HEALTH AND 18% FOR THE REST.

THIS COMPARES TO THE 31% OF TUFTS PATIENTS AND 51% OF BOSTON MEDICAL CENTER PATIENTS, WHICH ARE ON MASS HEALTH.

BOSTON COMMUNITY HOSPITALS  
OUTSIDE THE MEGAMERGER WILL NOT  
BE ABLE TO COMPETE AND WILL  
ULTIMATELY BE FORCED TO REDUCE  
THEIR SERVICES AND CLOSE.  
PEOPLE OF COLOR IN THE WORKING  
CLASS COULD LOSE THEIR DOCTORS,  
BE FORCED TO TRAVEL LONG  
DISTANCES AND PAY MORE FOR THEIR  
SERVICES.

I THANK THE CITY FOR BRINGING  
THIS MERGER PROCESS OUT OF THE  
DARKNESS AND INTO THE LIGHT AND  
I URGE YOU TO TAKE THE NEXT STEP  
AND ASK THE ATTORNEY GENERAL TO  
FULLY INVESTIGATE THE IMPACTS OF  
THIS MERGER BEFORE IT'S TOO  
LATE.

THANK YOU.

I'LL BE HAPPY TO TAKE ANY  
QUESTIONS.

>> ALL RIGHT.

GOOD MORNING, BOSTON CITY  
COUNCIL MEMBERS.

I'M BARNEY GILBERT.

I AM A STRATEGY TEAM MEMBER OF  
THE GREATER BOSTON INTERFAITH  
ORGANIZATION, WHICH HAS OVER 40  
MEMBER CONGREGATIONS.

MANY OF YOU PROBABLY KNOW.

I'M CHAIR OF THE GBIO HEALTHCARE  
TEAM AND I A MEMBER OF GO TEACH.

I'M INVOLVED AND HERE TODAY  
BECAUSE I'M ALSO A MEMBER OF THE  
HEALTHCARE INDUSTRY.

BUT I, LIKE MANY OTHER  
MASSACHUSETTS CITIZENS, HAVE HAD  
OUR FAMILY'S HEALTHCARE COSTS TO  
ESCALATE.

WORE A FAMILY OF FIVE.

ALTHOUGH THERE'S NO LIFE  
THREATENING ISSUES IN MY FAMILY,  
WE HAVE A NUMBER OF CHRONIC  
HEALTHCARE ISSUES.

SO WE'RE PAYING CLOSE TO \$25,000  
A YEAR BETWEEN COPAYS,  
DEDUCTIBLES, PREMIUMS AND OTHER  
NONCOVERED EXPENSES.

FRANKLY, I WOULD CHALLENGE  
ANYBODY HERE TO GO HOME AND  
TALLY UP YOUR MEDICAL EXPENSES  
AND SEE WHERE THEY HAVE GOTTEN  
TO AND HOW MUCH THEY HAVE GROWN  
IN THE LAST FEW YEARS.

OUR POSITION IS THAT WE'RE NOT NECESSARILY OPPOSED TO THE MERGER.

BUT WE ARE DEEPLY CONCERNED WITH THE SAME ISSUES BEING PRESENTED HERE.

ONE, THE IMPACT ON OTHER PROVIDERS AND TWO, THE IMPACT OF COSTS.

WE OPPOSE ANY MERGER THAT THERE'S DOES NOT INCLUDE STRICT CONDITIONS PREVENTING HIGHER COSTS AND PRICES AND WHICH DOES NOT INCLUDE SUBSTANTIAL CONSEQUENCES FOR A FAILURE TO DO SO.

WE TESTIFIED LAST WEEK IN FRONT OF THE PUBLIC HEALTH COUNCIL THAT WE WERE DISTRESSED TO SEE THE DETERMINATION OF NEEDS DEPARTMENT HAD REMOVED THE ONLY CONDITION IN THEIR STAFF REPORT THAT DIRECTLY ADDRESSED COST INCREASES.

THE ADDITIONAL -- THE ORIGINAL CONDITION WAS REMOVED AT THE LAST MOMENT PRIOR TO -- AFTER ANY OPPORTUNITY FOR ANY PUBLIC COMMENT.

THAT CONDITION HAD REQUIRED NUCO TO ENSURE THE TOTAL MEDICAL HEALTH EXPENSE DID NOT EXCEED THE HEALTHCARE BENCHMARK OF ANY CALENDAR YEAR, WHICH IS NOW 2.1%.

THIS CONDITION WAS NOT THE SOLE SOLUTION TO THE PROBLEM.

TO THE CONTRARY, WE CONSIDER THIS TO BE THE BARE MINIMUM FIRST STEP.

BUT IT WAS REMOVED AND REPLACED BY A CONDITION THAT ONE WOULD ONLY BE TRIGGERED AT THE DISCRETION OF THE HEALTH POLICY COMMISSION, THAT DOES NOT HAVE ANY SIGNIFICANT ENFORCEABLE CONSEQUENCES AND THERE IS MORE OF A REPORTING CONDITION RATHER THAN A LIMIT ON COST AND PRICES. SO OUR BOTTOM LINE?

WE RECOGNIZE THAT NUCO'S TESTIMONY TODAY THAT THEY WANT HIGH QUALITY CARE AT A LOWER COST.

WE LOOK FORWARD TO THIS I.  
THIS IS WHAT THE ATTORNEY SPOKE  
OF.  
IF THEY'RE RIGHT, IT'S A WIN-WIN  
FOR EVERYONE.  
IF THEY'RE WRONG, THEY WIN AND  
WE THE MASSACHUSETTS CITIZENS  
LOSE.

SO WE OBSERVE THAT MASSACHUSETTS  
CITIZENS CANNOT AFFORD TO ALLOW  
ANY MORE MERGERS SOLELY ON THE  
BASIS OF WELL-INTENDED AND  
UNACCOUNTABLE GOAL STATEMENTS.  
OUR GOVERNMENT, ALL BRANCHES OF  
OUR GOVERNMENT HAVE A  
RESPONSIBILITY TO DO WHATEVER WE  
CAN TO REQUIRE THAT IF THE  
MERGER TAKES PLACE, THAT IT WILL  
LIVE UP TO ITS GOALS.

SO WE URGE YOU TO ADVOCATE TO  
THE ATTORNEY GENERAL AND TO THE  
HEALTH POLICY COMMISSION THAT IF  
THIS MERGER GOES FORWARD AND NOT  
BEEN PERMANENTLY APPROVED, IT'S  
A TENTATIVE CONDITIONAL  
APPROVAL, THAT IF IT'S TO GO  
FORWARD, IT MUST BE ENCUMBERED  
BY STRONG CONDITIONS THAT WILL  
EXPLICITLY REQUIRE INCREASES IN  
PRICES THAT WILL REQUIRE  
DOCUMENTATION OF COMPLIANCE SO  
THAT THERE CAN BE AN ACCURATE  
REVIEW AND WILL CONTAIN CLEAR  
AND SUBSTANTIAL CONSEQUENCES FOR  
FAILURE TO MEET THE CONDITIONS.  
WE THANK YOU FOR YOUR TIME.

>> THANK YOU.

ELIZABETH, WELCOME.

>> THANK YOU.

GOOD MORNING, COUNCILLORS.

I'M ELIZABETH L. DAILEY.

I'M A LEAD RESEARCHER FOR 1199  
UNITED CO-WORKERS EAST.

THANK YOU FOR THIS OPPORTUNITY  
TO OFFER TESTIMONY TODAY.  
ON BEHALF OF 1199 SEUI AND THE  
TAXPAYER GROUP ESTABLISHED TO  
OFFER TESTIMONY ON THE PROPOSED  
MERGER THAT IS THE SUBJECT OF  
TODAY'S HEARING.

AS YOU KNOW, WE REPRESENT MORE  
THAN 56,000 INDIVIDUALS EMPLOYED  
IN MASSACHUSETTS HOSPITALS, IN  
NURSING HOMES AND PROVIDE HOME

CARE.

WORKERS KNOWN AS BETH ISRAEL  
DEACONESS HOSPITAL FOR 45 YEARS.  
WE OFFER THIS TESTIMONY ON  
BEHALF OF THOSE BID MEMBERS AND  
ON BEHALF OF FRONT LINE  
CAREGIVERS AND AS MASSACHUSETTS  
CONSUMERS OF HEALTHCARE.

1199 FORMED IN SEPTEMBER OF 2017  
AFTER THE MERGER APPLICATION WAS  
FILED WITH THE DETERMINATION OF  
NEED PROGRAM OF THE DEPARTMENT  
OF PUBLIC HEALTH.

WE ATTENDED ALL THREE OF THE  
PUBLIC HEARINGS ON THE MATTER  
AND SUBMITTED WRITTEN COMMENTS.  
1199 SEUI ACTING VICE PRESIDENT  
TIM FOLEY IS PRIVILEGED TO HOLD  
A SEAT ON THE HEALTH POLICY  
COMMISSION.

WE WILL CONTINUE TO WEIGH-IN ON  
THIS ISSUE THROUGH THAT PROCESS.  
WE'RE VERY CONCERNED ABOUT  
RAPIDLY INCREASING HEALTHCARE  
COSTS.

JUST ABOUT ALL RESEARCH  
INDICATES THAT HOSPITAL MERGERS  
RESULT IN HIGHER PRICES AND  
COSTS FOR CONSUMERS, INSURERS,  
THE STATE, MUNICIPALITIES AND  
OTHER PAYERS.

WE REMAIN VERY SKEPTICAL THAT  
THE CONDITIONS IMPOSED ON THIS  
MERGER BY THE STATE WILL PROVIDE  
ADEQUATE PROTECTION FOR  
CONSUMERS.

SECONDLY, WE'RE CONCERNED THE  
MERGE ENTITY BEING REFERRED TO  
AS NUCO WILL RESULT IN A LOSS OF  
TRANSPARENCY AND ACCOUNTABILITY  
DUE TO THE CONSOLIDATED FILING  
OF FINANCIAL DOCUMENTS.

WE SEEK A REQUIREMENT THAT THE  
MERGER PROVIDE FINANCIAL  
RECORDS.

NEXT, WE'RE CONCERNED ABOUT THE  
HEALTH OF COMMUNITY HOSPITALS  
IMPACTED BY THIS MERGER.  
PARTICULARLY THE HOSPITALS ON  
THE NORTH SHORE AND IN THE  
MERRIMACK VALLEY AND BOSTON'S  
DISPROPORTIONATE SHARE OF  
HOSPITALS.

THERE COULD BE A LOSSES OF

SERVICES AND LOSS OF HEALTHCARE ACCESS THE FOR PATIENTS AND THE COMMUNITIES.

AT THE SAME TIME, WE'RE CONCERN ABOUT THE SMALLEST COMMUNITY HOSPITALS INVOLVED IN THIS TRANSACTION.

WE KNOW FROM EXPERIENCE THAT IT'S OFTEN THE SMALLEST AND WEAKEST HOSPITALS IN AN INTEGRATED HEALTH SYSTEM THAT THEY ARE THE BRUNT OF CUTS. WE REQUESTED IF GRANTED FINAL APPROVAL OF THE MERGER INCLUDE A REQUIREMENT TO KEEP ADDISON GILBERT AND ANNA JAKES OPEN AS FULL SERVICE HOSPITALS FOR A MINIMUM OF FIVE YEARS.

FINALLY, WE REMAIN VERY CONCERNED THAT ALMOST NO STRUCTURES ARE IN PLACE TO ADEQUATELY ENGAGE THE THOUSANDS OF STAFF AT THE MERGING HOSPITALS.

AT BID PLYMOUTH WHERE MORE THAN 1,000 WORKERS AND DEPARTMENTS ARE REPRESENTED ACROSS THE HOSPITAL AND THE MASS NURSE'S ASSOCIATION REPRESENTS RNs, THE UNION DIFFERENCE IS CLEAR. WHEN BUSINESS DECISIONS ARE MADE THAT MIGHT RESULT IN A REORGANIZATION OR REDUCTION IN STAFF, WORKERS MIGHT SEEK APPROPRIATE SOLUTIONS. WHEN WORKERS ARE LAID OFF, THERE'S ORDERLY PROCESSES IN PLACE.

MOREOVER, 1199 MEET MONTHLY TO DISCUSS MUTUAL INTERESTS. FOR EXAMPLE, OUR MEMBERS HAVE RECENTLY STARTED A SERIES OF MONTHLY MEETINGS WITH THE HOSPITAL CEO AND CHIEF OF NURSING TO IDENTIFY AND COLLABORATE ON A RANGE OF PROJECTS INTENDED TO IMPROVE THE PATIENT EXPERIENCE.

BECAUSE SUCH COLLABORATIVE STRUCTURES EXIST AT THIS SINGLE HOSPITAL AMONG THE 13, WORKERS ARE EMPOWERED TO SPEAK UP ON BEHALF OF THEMSELVES AND PATIENTS.

THE HOSPITAL HAS RECOGNIZED THE WORKERS THAT ARE DOING THE FRONT LINE WORK EVERY DAY ARE VALUABLE PARTNERS.

IT IS ESSENTIAL THAT WORKERS AT ALL LEVELS OF AN ORGANIZATION CAN VOICE CONCERNS ABOUT BEST PRACTICES FOR PATIENT CARE AND FOR WORKPLACE SAFETY.

WORKERS SHOULD BE ASSURED OF AN ORDERLY AND FAIR PROCESS FOR TRAINING OPPORTUNITIES, OVERTIME, PAY INCREASES, PROMOTIONS AND/OR FOR ANY REDUCTIONS IN STAFF.

WORK EXPECTATIONS SHOULD BE DEVELOPED IN CLOSE COLLABORATION WITH THE ENTIRE FORCE.

OVER THE YEARS, WE'VE SEEN TOO MANY INSTANCES OF MANAGEMENT AND HOSPITAL HUMAN RESOURCED DEPARTMENTS PROTECTING THE COMPANY AND NOT THE WORKERS THAT BRING THE PROBLEMS TO LIGHT.

1199 SCUI CANNOT SUPPORT THE PROPOSED MERGER WITHOUT FORMAL STRUCTURES AND PROCESSES IN PLACE THROUGHOUT THE NUCO FACILITIES THAT WILL FOSTER A TRUE CULTURE OF EMPLOYEE ENGAGEMENT AND SUPPORT.

WE COMMEND THE BOSTON CITY COUNCIL FOR YOUR INTEREST AND FOR HOLDING THIS IMPORTANT PUBLIC HEARING TODAY TO HEAR FROM A RANGE OF STAKEHOLDERS ABOUT THE POTENTIAL IMPACT ON HEALTHCARE IN THE CITY OF BOSTON.

THANK YOU FOR HEARING OUR CONCERNS AND I'M HAPPY TO ANSWER ANY QUESTIONS YOU MIGHT HAVE.

>> THANK YOU, ELIZABETH.

COUNCILLOR McCARTHY.

>> THANK VERY MUCH FOR TAKING YOUR TIME.

QUICK QUESTION.

I'M NOT SURE WHO CAN ANSWER.

I'M GUESSING BONNIE MAYBE.

AS FAR AS THE RESTRICTIONS, WHEN YOU GO FOR THE PUBLIC HEALTH COMMITTEE, WHO PUTS THOSE RESTRICTIONS ON?

CAN THEY ADD OR SUBTRACT THAT TO



THE MERGER OR IS THE MERGER AS IS?

>> THE DEPARTMENT -- THE DETERMINATION OF NEED DEPARTMENTS, STAFF, REVIEWS THE APPLICATION, CREATE AS REPORT THAT INCLUDES THE CONDITIONS THAT THEY RECOMMEND BE PUT UPON THE MERGER. THEY PUT THAT RECORD OUT TO THE GENERAL PUBLIC FOR A COMMENT AND THEN THAT REPORT IS ACCEPTED OR NOT BY THE PUBLIC HEALTH COUNCIL.

IN THIS CASE IT WAS AMENDED THREE DAYS PRIOR TO THE VOTE AFTER THE PERIOD FOR A PUBLIC COMMENTARY WAS CLOSED. SO ONE OF THE CONDITIONS THAT WAS IN THE ORIGINAL REPORT WAS REMOVED AND A DIFFERENT CONDITION PUT IN ITS PLACE. AFTER THAT VOTE, NOW THE HTC WILL COME OUT WITH ITS REPORT AND MAKE ITS RECOMMENDATION TO THE COMMISSIONER AND THEN THE COMMISSIONER WILL HAVE THE DISCRETION TO ADD OR CHANGE CONDITIONS THAT IT DOES NOT NECESSARILY DO BACK FOR ANOTHER VOTE.

>> THE CONDITION THAT WAS REMOVED WAS CAPPED ON COST?

>> YES.

A CONDITION -- THE ORIGINAL CONDITION NUMBER 4. WHAT IT DID, IT HELD NUCO TO THE BENCHMARK. SO IT'S THE GROWTH AND COST THAT IS DETERMINE EACH YEAR. IT'S SLIGHTLY BELOW THE INFLATION RATE. IT'S NOT EVEN THE STRONGEST CONDITION THAT WE WOULD LIKE TO SEE, BUT IT'S THE ONLY CUT THAT PUT SOME RESTRICTIONS ON COST AND THAT DID REQUIRE -- THAT DID REQUIRE NUCO TO PROVIDE DOCUMENTATION TO ENSURE THAT IT'S MEETING THAT REQUIREMENT. >> THANKS VERY MUCH. COUNCILLOR FLYNN. THANK YOU. A QUICK QUESTION FOR ELIZABETH.

I KNOW YOU HIGHLIGHTED THE FRONT  
LINE WORKERS, 1199, THE MASS  
NURSE'S ASSOCIATION AS WELL.

I KNOW YOU BOTH DO TREMENDOUS  
WORK AND INTERACTING WITH THE  
PATIENTS.

ARE YOU AFRAID OF, YOU KNOW, A  
MERGER TAKES PLACE THAT SOME OF  
THAT HANDS ON PERSONAL CONTACT  
WE HAVE BETWEEN OUR NURSES AND  
OTHER HEALTHCARE PEOPLE, WE'LL  
LOSE OF SOME OF THAT COMPASSION  
AND LOSE SOME OF THAT  
INTERACTION BECAUSE NOW WE'RE  
DEALING WITH A BIGGER COMPANY  
AND THAT MAY NOT BE FOCUSED ON  
THE DAY-TO-DAY OR INTERACTION  
BETWEEN THE PATIENT AND THE  
PROVIDER?

>> INDEED.

I THINK THERE'S TREMENDOUS  
PRESSURE THROUGHOUT THE MARKET  
TO KEEP COSTS UNDER CONTROL.  
I THINK TOO OFTEN WHEN WORKERS  
DON'T HAVE ADEQUATE  
REPRESENTATION OR A VOICE ON THE  
JOB, TOO OFTEN THE BRUNT OF  
THOSE COST CONTROLS ARE BORNE BY  
THE FRONT LINE CAREGIVERS.  
SO THAT CAN CREATE INSTANCES  
WHERE PATIENT CARE IS LESS THAN  
IDEAL.

>> THANK YOU.

I WANT TO SAY THANK YOU FOR WHAT  
1199 HAS DONE FOR SO MANY YEARS  
ACROSS THE STATE AND PROVIDING  
GREAT COMPASSIONATE CARE TO SO  
MANY PEOPLE.

>> THANK YOU.

>> AND HAVE YOU GUYS WEIGHED IN  
THROUGH THE COMMON PERIOD?

>> YES.

WE HAVE PARTICIPATED.  
WE WERE PART OF THE WHOLE  
PROCESS WITH THE PUBLIC  
HEARINGS, WHICH WERE -- THE  
PUBLIC HEARINGS WERE IN  
WORCESTER AND ONE IN ROXBURY.  
MANY OF OUR GRADUATE MEMBERS  
WERE COMING OUT OF WORK AND  
WORKING AND PICKING UP THEIR  
KIDS.

SO THAT'S WHY THEY'RE HERE  
TODAY.

BECAUSE THEY WANT TO MAKE A  
STATEMENT THAT, YOU KNOW, THEY  
WANT TO BE A PART OF THE  
CONVERSATION.

YOU MAY HAVE -- THEY'RE  
OBVIOUSLY COLLABORATING WITH  
THAT THEIR ORGANIZATIONS, BUT --  
WE WANT THE RESIDENTS THEMSELVES  
TO BE A PART OF THE  
CONVERSATION, WHICH THEY WERE  
NOT.

>> VERY GOOD.

>> THANK YOU FOR TAKING TIME TO  
BE HERE.

WE'RE GOING CONTINUE WITH PUBLIC  
TESTIMONY.

SO I APPRECIATE YOUR TIME AND  
ATTENTION.

>> THANK YOU.

>> WE'RE GOING TO CALL -- IF  
THERE'S FOLKS HERE WISHING TO  
OFFER PUBLIC TESTIMONY, THERE'S  
SIGN-UP SHEETS TO MY LEFT, TO  
EVERYONE'S RIGHT.

WE'LL START WITH ISABELLA  
CONNORS.

SANTA ROSANO AND ARTIMIS DIAZ.  
THERE'S A PUBLIC TESTIMONY  
MICROPHONE BEHIND THE WOMAN  
THERE WITH THE CAMERA.

GOOD MORNING.

IF YOU COULD STATE YOUR NAME AND  
AFFILIATION FOR THE RECORD.

YOU HAVE THE FLOOR.

>> GOOD MORNING.

>> GOOD MORNING.

I'M SANTA ROSARO.

I'M A RESIDENT OF JAMAICA  
PLAINS.

[SPEAKING SPANISH]

I'M A COMMUNITY ACTIVIST AND A  
MEMBER TO MAKE HEALTHCARE  
AFFORDABLE COALITION.

[SPEAKING SPANISH]

FIRST I'D LIKE TO THANK THE  
COUNCIL OF THE CITY FOR GIVING  
US THIS OPPORTUNITY TO EXPRESS  
OUR PREOCCUPATION FOR THE

MEGAFUSION.

THIS MEGAFUSION, IF APPROVED,  
IT'S INEVITABLE THAT -- IT WILL  
REDUCE --

[SPEAKING SPANISH]

REDUCE THE ACCESS TO THE  
HOSPITALS, COMMUNITY HOSPITALS.  
AND COSTS OF MEDICAL INSURANCE  
WOULD BE -- SKYROCKET.  
THIS WOULD AFFECT DIRECTLY THE  
WORKING CLASS AND THE COMMUNITY  
OF COLOR.

[SPEAKING SPANISH]

WE WANT TO MAKE SURE THE  
INSURANCE SUBSIDY TO MASS HEALTH  
WILL HAVE A CLEAR TRAJECTORY TO  
SERVE COMMUNITIES AFFLUENT.  
NOT OUR COMMUNITIES.

[SPEAKING SPANISH]

FOR THIS -- EXCUSE ME.  
THE MUNICIPAL OF BOSTON  
EXPRESSED A VERY STRONG  
OPPOSITION IN THIS MERGER THAN  
AS A TYPICAL GENERAL TO  
INVESTIGATE THIS PROCESS VERY  
CLOSELY.

THANK YOU.

>> THANK YOU VERY MUCH.

GOOD MORNING.

>> GOOD MORNING.

>> STATE YOUR NAME AND  
AFFILIATION FOR THE RECORD.

>> OKAY.

I'M ISABELLA CONNOR.

THIS IS MY COLLEAGUE.

WE'RE HERE REPRESENTING ONLY  
STUDENTS FROM MASSACHUSETTS  
COLLEGE OF PHARMACY AND HEALTH  
SCIENCE.

WE'RE HERE TODAY IN OPPOSITION  
OF THE 13 HOSPITAL MERGER,  
MEGAMERGER.

AS A STUDENT IN A HEALTHCARE  
INSTITUTION, WE HAVE LEARNED A  
LOT ABOUT THE MEDICAL FIELD AND  
HOW HOSPITALS FUNCTION AND WE  
BELIEVE IT'S VITAL TO STOP THIS  
MERGER SINCE IT WILL HAVE  
DETRIMENTAL EFFECTS IN VARIOUS  
GROUPS IN THE COMMUNITY.

IN THE MERGER, IT WOULD HAVE  
NUMEROUS ADVERSE EFFECTS ON LOW  
INCOME COMMUNITIES WHICH INCLUDE  
BUT NOT LIMITED TO REDUCED  
ACCESS TO HEALTHCARE, LACK OF  
HEALTHCARE SERVICE AND INCREASE  
IN PREMIUM FOR MEDICAL SERVICES.  
THIS RESULTS IN ELIMINATION OF  
LOCAL AND LOW-COST HOSPITAL.

THEY WOULD BE A SHORTAGE OF ESSENTIAL HEALTHCARE SERVICES AVAILABLE TO THE LOCAL COMMUNITY SINCE THEY WOULDN'T BE ABLE TO COMPETE WITH BETH ISRAEL AND LEAHY'S.

PEOPLE WOULD BE FORCED TO GO TO MORE EXPENSIVE HOSPITALS WHICH THEY COULD AFFORD.

IF THIS MERGER GOES THROUGH, BETH ISRAEL AND LEAHY WILL CONTROL MORE THAN 30% OF HOSPITALS, PRIMARY CARE PHYSICIAN VISITS AND THE EMERGENCY ROOMS IN MASSACHUSETTS.

THIS IS CONTROL OVER THE HEALTHCARE INDUSTRY IN EASTERN MASSACHUSETTS WILL RESULT IN A SURGE OF PRICES, THIS IS PROVEN BY A STUDY CONDUCTED IN MARCH OF 2016 BY RESEARCHERS IN NORTHEASTERN UNIVERSITY.

THIS RISE IN PRICE COULD BE DUE TO MONOPOLY BEHAVIOR AND COULD AFFECT THE SCALE.

A LARGE NUMBER OF LOW ENERGY FAMILIES WOULD BE FORCED TO TRAVEL LONG DISTANCE AND PAY HIGHER PRICES FOR BASIC ACCESS TO HEALTHCARE.

ADDITIONALLY, THIS MERGER WOULD EVENTUALLY DRIVE THE REMAINING COMPETITORS TO REDUCE THEIR SERVICE OR SHUT DOWN COMPLETELY.

IF THIS MERGER GOES THROUGH, INSURANCE PREMIUMS WOULD RISE DUE TO THE CONSOLIDATION OF THESE 13 HOSPITALS.

ACCORDING TO A STUDY CONDUCTED IN 2015 BY THE AMERICANS HEALTH INSURANCE PLANS, THE RISE OF CONSOLIDATIONS IN OHIO, MISSOURI AND GEORGIA HAVE BEEN STRONGLY CORRELATED IN INCREASED MONTHLY PREMIUMS.

THE AFTERMATH OF THE MERGE WOULD QUITE POSSIBLY BE FOR MASSACHUSETTS AS WELL.

WE HAVE DEDICATED OUR FUTURE TO HELP IMPROVE THE LIVES OF OTHERS.

EVERYBODY SHOULD HAVE EQUAL ACCESS TO AFFORDABLE AND

EFFICIENT HEALTHCARE.

THIS MERGER WOULD TAKE  
HEALTHCARE SEVERAL STEPS  
BACKWARDS.

WE WOULD NEED TO STAND ON THIS  
TO MAINTAIN EQUALITY AND  
HEALTHCARE.

FOR EVERYONE'S BENEFIT AND  
EQUALITY IN MASSACHUSETTS, I  
URGE YOU ALL TO VOTE AGAINST  
THIS 13 HOSPITAL MEGAMERGER AND  
MAKE THE HEALTHCARE AFFORDABLE  
TO THE PEOPLE OF MASSACHUSETTS.

>> THANK YOU.

>> THANK YOU.

GOOD MORNING.

WELCOME.

STATE YOUR NAME AND AFFILIATION  
FOR THE RECORD.

[SPEAKING SPANISH]

>> GOOD MORNING.

MY NAME IS ARTEMIS I'M I'M A  
RESIDENT FROM SOUTH BOSTON.  
I'M A COMMUNITY ACTIVIST AND THE  
MEMBER OF THE MAKE HEALTHCARE  
AFFORDABLE COALITION AND AN  
ACTIVE MEMBER OF OUR ACTION  
GROUP.

[SPEAKING SPANISH]

>> I WANT TO THANK THE BOSTON  
CITY COUNCIL FOR THE OPPORTUNITY  
AND BRINGING TO LIGHT THIS  
PROCESS AND OPENING THIS UP SO  
THE RESIDENTS OF BOSTON, THE  
GRASS ROOTS, HAVE THE  
OPPORTUNITY TO EXPRESS OUR  
PROFOUND CONCERNS REGARDING THIS  
MEGAFUSION LED BY BETH ISRAEL  
AND LEAHY.

[SPEAKING SPANISH]

>> IF THIS MERGER IS APPROVED,  
THESE HOSPITALS WILL HAVE THE  
POWER OF MARKET AND THEY WILL  
HAVE THE POWER TO CRIMINALIZE  
OUR LOCAL HOSPITALS TO CENTERS  
THAT ARE MORE -- THE HIGHER  
PRICE CENTERS.

THESE ARE NOT ONLY CREATE  
LOGISTIC PROBLEMS IN TERMS OF  
TRANSPORTATION FOR OUR ELDERLY  
AND FOR OUR SPECIAL NEEDS  
INDIVIDUALS, BUT IT WILL ALSO  
CREATE A HUMANITARIAN CRISIS.

[SPEAKING SPANISH]

>> THIS IS WHY I RESPECTFULLY  
REQUEST TO EXPRESS AN OPPOSITION  
TO THE MEGAMERGER AND ASK THE  
ATTORNEY GENERAL TO INVESTIGATE  
THIS PROCESS IN A COMPLETE AND  
TRANSPARENT FORM.

THANK YOU.

ANY ADDITIONAL TESTIMONY?

>> YES.

GOOD MORNING.

HOW ARE YOU?

IF YOU CAN STATE YOUR NAME AND  
AFFILIATION FOR THE RECORD.

>> OKAY.

HI.

MY NAME IS LYDIA.

I'M A PROUD MEMBER OF THE HEALTH  
CARE AFFORDABLE COALITION.

THERE'S OVER 60 MEMBERS FROM  
THROUGHOUT THE COMMUNITIES.

AND I JUST WANT TO TALK MORE  
ABOUT THE -- OUR EFFORT.

UNFORTUNATELY THERE WASN'T  
ENOUGH ATTENTION REGARDING THE  
ISSUES, SO WE HELD OUR OWN MINI  
ROUNDTABLE DISCUSSION THROUGHOUT  
JAMAICA PLAINS.

SO KIND OF INFORM -- WE'RE ALL  
COMMUNITY ACTIVISTS LIKE WITHIN  
OUR OWN COMMUNITY.

SO WE INFORMED OUR OWN  
COMMUNITY.

THERE WASN'T ENOUGH ATTENTION  
AROUND IT.

SO MOST OF OUR NARRATIVES THAT  
WE HEARD, THE FOLKS HAD  
EXPRESSED THE IMPACT REGARDING  
THE MERGER AND HOW MUCH IT WOULD  
IMPACT OUR DAILY LIVES AND TAKE  
CONTROL OF THEIR FINANCES, THE  
PERSONAL DAILY LIVES.

FOLKS IN THE COMMUNITY COULDN'T  
ATTEND THE PUBLIC HEARING  
BECAUSE THEY WERE AT 5:00.

ALSO THEY DIDN'T HAVE THE  
LANGUAGE CAPACITIES.

SO I WANTED TO ADD THAT AS WELL.

I JUST WANTED TO EXPRESS, TOO,  
THE REASON WHY WE'RE HERE AT THE  
BOSTON CITY HALL IS BECAUSE WE  
DO REALIZE THAT YOU GUYS HAVE  
MORE POWER AND INFLUENCE AND  
HOPING TO SEEK YOUR SUPPORT AND  
URGING THE ATTORNEY GENERAL

BECAUSE IT WAS THERE'S MORE ATTENTION TO THIS MERGER AND TO LIKE A FULL REPORT IN CONDUCTING TRANSPARENT REVIEW OF THE MERGER.

AND THEN -- WE WERE HOPING THAT YOU COULD ADVOCATE MORE ABOUT HELPING US AMPLIFY OUR EFFORTS AND REVIEWING THE MERGER. ON THAT NOTE, I DID WANT TO TALK ABOUT -- UNFORTUNATELY ONE OF OUR COALITION MEMBERS COULDN'T MAKE IT TODAY.

SO HE DID ASK US TO SUBMIT A TESTIMONY ON HIS BEHALF. HIS NAME IS CHRISTOPHER NOBLE, ALSO A STUDENT.

I'M GOING TO READ IT.

THE MASSACHUSETTS STATE LEGISLATURE APPROVED THE BUDGET LAST SUMMER THAT INCLUDED \$16 BILLION A YEAR TO COVER THE 1.9 MILLION RECIPIENTS THAT DEPEND ON THIS PROGRAM TO LIVE.

MASS HEALTH IS AN INVALUABLE RESOURCE FOR THE OVER 30% OF THE COMMONWEALTH THAT RELY ON THEIR COMPREHENSIVE COVERAGE.

THE PRICES THAT THE STATE HAD TO PAY, PARTICULARLY FOR PHARMACEUTICALS IS THE HIGHEST IN THE NATION.

IT'S A DESPERATE NEED FOR REFORM.

IN ORDER TO CONTINUE PROVIDING THE ESSENTIAL SOCIAL PROGRAMS, THE STATE NEEDS TO ENACT DRASTIC HEALTHCARE REFORM THAT WILL STIR COMPETITION IN THE PUBLIC INTEREST AND RESULT IN A LEAN AND EFFICIENT HEALTH SYSTEM, THAT ENSURES THE NEEDIEST ARE COVERED.

THE HOSPITAL MERGER WILL NOT FACILITATE HEALTHY COMPETITION THAT DRIVES DOWN PRICES BUT IT WILL FOSTER THE CREATION OF WEALTH FOR A CORPORATION OVER THE HEALTH OF THE PEOPLE OF MASSACHUSETTS.

MASSACHUSETTS DOES NOT NEED ANOTHER PARTNER HEALTHCARE. WHAT MASSACHUSETTS NEEDS IS A SINGLE PAYER HEALTH SYSTEM.



LAST DECEMBER, THE MASSACHUSETTS STATE SENATE APPROVED THE HEALTHCARE COSTS CONTAINMENT BILL THAT INCLUDED A BENCHMARKING BILL THAT WOULD DELAY THE GROUND WORK FOR ENACTING A SINGLE PAYER HEALTH SYSTEM.

AND FOR THE NEW SYSTEM, IT WOULD MOVE MORE COST-EFFECTIVE AND THE STATE WOULD BE PAYING CURRENTLY. BUT THERE'S NO OPPORTUNITY FOR THE COMMONWEALTH TO INCLUDE AN EXCLUSIVE GOVERNMENT PROGRAMMING.

BY ENACTING PROGRESSIVE HEALTHCARE MEASURES THAT INCLUDES ACCESS WHILE ALSO REIGNING IN COST FOR THE INDUSTRY.

SO THIS MEGAHOSPITAL MERGER WILL NOT IMPROVE ACCESS AND NOT IMPROVE THE OUT OF POCKET EXPENSES THAT MOST FOLKS PAY IN MASSACHUSETTS WHO ARE ALREADY STRUGGLING TO MAKE ENDS MEET. HEALTHCARE COSTS IN MASSACHUSETTS ARE LIKE THE HIGHEST IN THE NATION.

AND THE HIGHEST IN THE WORLD. IS THAT GOING TO BE OUR LEGACY? FOR THE BETTERMENT OF THE PEOPLE OF MASSACHUSETTS AND FOR THE SPIRIT OF MAKING ACCESS, HIGH QUALITY HEALTHCARE FOR THOSE THAT NEED IT, PLEASE HELP US THROW YOUR POLITICAL WEIGHT BEHIND PROGRESSIVE HEALTHCARE, NAMELY SINGLE PAYER.

THANK YOU FOR THIS OPPORTUNITY. >> THANK YOU VERY MUCH FOR YOUR TIME AND ATTENTION AND YOUR TESTIMONY.

ANYONE ELSE WISHING TO OFFER PUBLIC TESTIMONY AT THIS TIME MAY DO SO.

SEEING AND HEARING NO ADDITIONAL DESIRE FOR PUBLIC TESTIMONY, THAT WILL CONCLUDE THE TUFT PUBLIC TESTIMONY PORTION.

I'LL TURN IT OVER FOR FINAL COMMENT FROM THE LEAD SPONSORS.