A. INTRODUCTION

As described in Chapter 1, "Project Description," based on projections issued by the national Centers for Disease Control, Memorial Sloan Kettering Cancer Center (MSKCC) expects that new cancer cases in New York City will increase from the current rate of 40,000 annually to 60,000 annually by 2050. While this increase is a projection among all age groups, this rise is being driven by two populations: older patients, whose cases are more acute and require more complex treatment, and younger patients who are being diagnosed with prostate, colon, and breast cancer at alarming rates. To meet this increase in patient volume and the new interventions that are needed to treat the growing number of acute cases, MSKCC will need to supplement its existing capacity with a purpose-built structure with 28 operating rooms (with four dedicated to interventional radiology procedures) and up to 206 patient beds including intensive care unit (ICU) and single rooms for immunocompromised patients, as well as medical support areas.

To fulfill this need, MSKCC is requesting a series of zoning actions to establish a zoning envelope to facilitate the development of a new 31-story (up to 594 feet including mechanical bulkhead), approximately 903,065 gross square foot (gsf) inpatient hospital building (the Proposed Project), also referred to as the "MSK Pavilion." It would be located on York Avenue between East 66th and East 67th Streets and would consist of operating rooms, including recovery and intensive care facilities, 206 single-bedded patient rooms, clinical support, a double-height lobby, and five mechanical floors to house intensive technologies and air exchange systems. A two-story patient bridge across East 67th Street (Patient Bridge) connecting floors 5 and 6 of the Proposed Project with floors 8 and 9 of the Memorial Hospital building would serve as the primary connector for patients in either building to access medical services in the other building.

Absent the Proposed Project (No Action condition), the Sloan and Scholars buildings would remain on the Development Site and would continue to provide contract housing and administrative office space for MSKCC. No new patient rooms or operating rooms would be provided, and the patients who would have used those facilities would not be served.

This chapter assesses the potential impacts of the future with the Proposed Project (With Action condition) on community facilities (specifically healthcare facilities) as compared to the No Action condition with MSKCC-affiliated contract housing remaining on the Development Site rather than a new in-patient hospital pavilion being built in its place.

B. PRINCIPAL CONCLUSIONS

The assessment of direct effects on community facilities and services concludes that although 12 to16 existing rooms in Memorial Hospital would be lost for the Patient Bridge connection, the Proposed Project would significantly expand the existing in-patient care facilities at MSKCC, and its operation would not result in any significant adverse direct effect impacts to community

facilities and services. Temporary impacts during construction are examined in Chapter 16, "Construction."

In accordance with the 2021 *City Environmental Quality Review (CEQR) Technical Manual*, since no residential units are included in the Proposed Project, which would increase population in the area, there is no need to analyze indirect effects of the Proposed Project, and there is no potential for significant adverse indirect effect impacts to community facilities and services as a result of the Proposed Project.

C. PRELIMINARY SCREENING

According to the *CEQR Technical Manual*, a community facilities and services assessment is warranted if a project has the potential to result in either direct or indirect effects on community facilities. Community facilities include public schools, libraries, publicly funded childcare services, and healthcare facilities, as well as fire and police protection. Direct effects occur when a proposed project physically alters or displaces a community facility. Indirect effects result from increases in population that place added demand on community facility service delivery, and CEQR guidance provides that an indirect effects assessment of health care facilities and fire and police protection are typically only warranted when a proposed project would result in the introduction of a new neighborhood where none existed before. The Proposed Project would have direct effects on a health care facility, MSKCC; it would not have direct effects on other types of community facilities. Since no residential units are included in the Proposed Project, which would increase population in the area, there is no need to analyze indirect effects of the Proposed Project. Therefore, the assessment is limited to direct effects of the Proposed Project on health care facilities.

The study area for this analysis of community facilities and services encompasses the area in which the Proposed Project could reasonably be expected to have the most immediate effect. In this case, since patients come to MSKCC's main campus from all over the world, the study area is the MSKCC main campus.

D. EXISTING CONDITIONS

HEALTH CARE FACILITIES

Health care facilities include public, proprietary, and nonprofit facilities that accept government funds (usually in the form of Medicare and Medicaid reimbursements) and that are available to any member of the community. Examples of these types of facilities include hospitals, nursing homes, clinics, and other facilities providing outpatient health care.

MSKCC traces its history to the New York Cancer Hospital, founded in 1884 on Central Park West as the nation's first cancer hospital. In 1934 John D. Rockefeller, Jr. donated land on York Avenue and the hospital moved east to where it stands on York Avenue. Memorial Hospital at East 68th Street opened in at East 65th Street and York Avenue in 1939 with 200 patient rooms, a one-million-volt x-ray machine for treatment, and laboratories. In 1945 the Sloan-Kettering Institute (SKI) was founded on the belief that the results of laboratory research would cure cancer. Howard Laboratory was built adjacent to Memorial Hospital and opened in 1948. Other new buildings were added over time: the James Ewing Hospital (1950) along First Avenue now the Schwartz Building housing laboratories and offices. The Sloan building was built in 1962. Memorial Hospital was reconstructed on its same location between 1970 and 1973. The Scholars

building was built in 1985, and the Rockefeller Research Laboratory building was built opened in 1989.

With the shift toward outpatient cancer treatment, MSKCC looked beyond the immediate campus. The Evelyn H. Lauder Breast Center and its companion Iris Cantor Diagnostic Center opened at 205 East 64th St. in 1992. The Rockefeller Outpatient Pavilion, located at 160 East 53rd Street, opened in 1999. More recent construction includes the Mortimer Zuckerman Research Center completed in 2009 on East 68th Street, the Josie Robertson Ambulatory Surgery Center at 1133 York Avenue opened in 2015 and the David Koch Center for Cancer Care opened in 2020 (see **Figure 3-1**).

Over the years, with its commitment to linking research with clinical care, MSKCC has served as a model of the comprehensive cancer center as envisioned by the National Cancer Act of 1971. Today MSKCC is acknowledged to be one of the world's foremost medical centers devoted entirely to the cure of cancer and the care of cancer patients. However, due to physical constraints, MSKCC's Memorial Hospital, which is licensed for 498 beds, operates at capacity most of the time. The majority of rooms have two patient beds, whereas hospitals are now being built with only single rooms based on best practices and New York State Health Code mandates for new construction.

Facing the anticipated increases in cancer cases in the future, there is a clear need for additional operating rooms and inpatient beds in single-bedded rooms. Providing state-of-the art operating rooms and new single-bedded rooms is necessary if MSKCC is to continue providing world-class care.

E. THE FUTURE WITHOUT THE PROPOSED PROJECT (NO ACTION CONDITION)

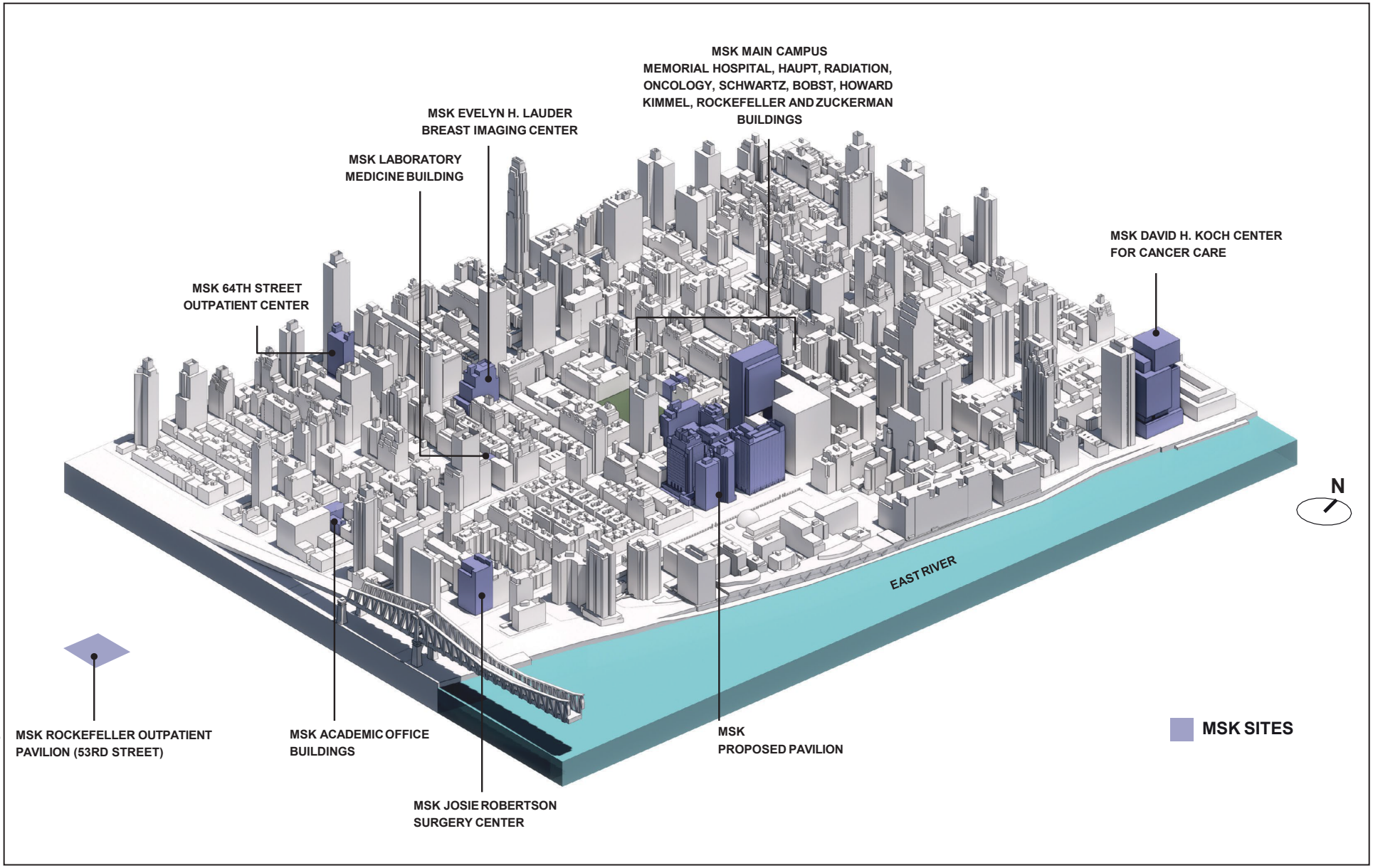
In the No Action condition, the two existing buildings on the Development Site, Scholars and Sloan would remain in place providing contract housing for MSKCC affiliates and approximately 45,000 sf of administrative offices.

Memorial Hospital would continue to operate with 498 patient beds, a number of which are in shared rooms, increasing potential concerns over infectious diseases. The total number of operating rooms would not increase by 28 over current conditions and any improvements to existing operating rooms would be limited by the existing structure and the floor-to-floor heights as well as their smaller square footages. Further any renovation or construction in Memorial Hospital would be difficult as all the facilities are expected to be in heightened demand due to the expected increase in cancer cases.

F. THE FUTURE WITH THE PROPOSED PROJECT (WITH ACTION CONDITION)

The Proposed Project is designed to meet the identified need for additional inpatient hospital facilities. It has been designed to allow MSKCC to provide the highest level of care for rising acuity, to enhance its diagnostic abilities and reduce recovery times, to provide patients with a seamless experience through digital communications and wireless connectivity, and to drive additional advancements in cancer research and patient outcomes. The Proposed Project would allow MSKCC to house the technology and inventions it needs to meet the complexity of care necessary for the patients of the future, including cutting-edge robotics, improved digital

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Source: Cannon Design/Foster + Partners

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

MSK PAVILION

Upper East Side MSKCC Facilities

Figure 3-1

infrastructure, and enhanced operating rooms. With its up to 206 beds for acutely ill patients and 28 state-of-the-art operating rooms, the Proposed Project has been designed to provide the capacity required for the influx and acuity of future cancer patients, and the families who care about them. With the additional up to 206 beds to be provided by the Proposed Project, it is estimated that the number of inpatient beds in use on the Main Campus could rise 688 to 692 beds (considering beds lost for the Patient Bridge).

The proposed two-story Patient Bridge connecting floors 5 and 6 of the Proposed Project with floors 8 and 9 of Memorial Hospital (across East 67th Street) would connect patients to medical services in both the Proposed Project and the campus north of East 67th Street at all times, and it is essential to the proposed configuration. As described in Chapter 1, "Project Description," the proposed Patient Bridge would provide critical access to facilitate the sharing of functions, facilities, and equipment for the benefit of patients. The Patient Bridge would also streamline MSKCC's clinical and translational research capabilities and allow ease of access in triaging patients from different facilities including operating rooms and intensive care units (ICUs). However, linking the Patient Bridge to the existing floors in Memorial Hospital would require the removal of 12 to 16 existing beds on the south end of floors 7, 8, 9 and 10. Even with the loss of 12 to16 beds in in Memorial Hospital, there would be a net increase of 186 beds, all of which would be in single bedded rooms, and increase the number of single bedded rooms at MSKCC. Further, the Proposed Project would be providing 28 new state-of-the art operating rooms. In the With Action condition, MSKCC would continue to deliver the services it currently provides while increasing its capacity to provide the highest standard of cancer care and significant benefits to the community that depends on it for diagnosis and treatment. Therefore, there would be no significant adverse direct effect impacts to community facilities and services as a result of the Proposed Project. ✷