



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0569

*** RE:**

Submitting report related to: Request for a Report on Community Benefits of Anchor Hospitals in Other Cities

*** SUMMARY:**

Request for a Report on Community Benefits of Anchor Hospitals in Other Cities

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**