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**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**PROJECT 11-025  
US RENAL CARE BOLINGBROOK DIALYSIS**

**PUBLIC HEARING**

**JULY 11, 2011**

**ORIGINAL**

**NATIONWIDE SCHEDULING**

**OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield**

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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

PUBLIC HEARING  
Re: Project #11-025  
U.S. Renal Care Bolingbrook Dialysis

Public hearing held on July 11, 2011, at Village of  
Bolingbrook, Board Room, 375 W. Briarcliff Road,  
Bolingbrook, Illinois, before Courtney Avery, Facilitator.

\*\*\*\*\*

Reported by:  
Karen K. Keim  
CRR, RPR CSR-IL, CRR-MO  
Midwest Litigation Services  
401 N. Michigan Avenue  
Chicago, IL 60611

1 START TIME: 10:25 a.m.

2

3 MS. AVERY: Good morning everyone, thanks for  
4 your patience. We apologize for starting a little late.  
5 We had some weather issues around the City this morning.

6 I'm Courtney Avery. I'm the Administrator for  
7 the Illinois Health Facilities and Services Review Board.  
8 Joining us today is Ms. Cathy Clarke, who is the  
9 Administrative Assistant, Mr. John Hayes, who is our Board  
10 member.

11 The purpose and intention of today is to  
12 afford an opportunity for interested parties to present  
13 oral and/or written comments related to Project 11-025,  
14 U.S. Renal Care Bolingbrook Dialysis of Illinois. The  
15 applicant is USRC Bolingbrook, LLC and USRC Alliance, LLC.  
16 In accordance with the requirements of the Illinois Health  
17 Facilities Planning Act, notice is given of receipt to  
18 establish a 13-station end stage renal dialysis, ESRD,  
19 facility, Project No. 11-025, U.S. Renal Care Bolingbrook,  
20 Dialysis, Bolingbrook, Illinois.

21 Again, the applicants are USRC Bolingbrook,  
22 LLC and USRC Alliance, LLC. The applicants are proposing  
23 this station -- a 7,219 gross square feet of leased space,  
24 to be located at 396 Remington Boulevard in Bolingbrook,

1 and the cost of the project is \$2,486.029.

2 Again, the public hearing is being held by the  
3 Illinois Department of Public Health pursuant to the  
4 Planning Act. The hearing is open to the public and will  
5 afford an opportunity for interested parties to present  
6 their comments relevant to the project only. All  
7 allegations or assertions must be relevant to the need for  
8 the proposed project and be supported with two copies of  
9 documentation or materials that are printed or typed on  
10 size 8 1/2 x 11 paper.

11 The public hearing is taking place today  
12 pursuant to Part 1130.910 and is scheduled for 10:00 a.m.  
13 July 21st, 2011, located at the Village of Bolingbrook in  
14 the Board Room, at 375 West Briarcliff Road in Bolingbrook,  
15 Illinois. The consideration by the State Board for this  
16 project has been tentatively scheduled for August 16th,  
17 2011. Any person wanting to submit written comments on  
18 this project must submit these comments no later than 9:00  
19 a.m. on July 27th, 2011.

20 If you have not registered your participation  
21 in this public hearing, I would ask that you please see Ms.  
22 Clarke to do so. To ensure that the Health Facilities  
23 Planning Board's public hearings protect the privacy and  
24 maintain the confidentiality of an individual's health

1 information, covered entities as defined by the Health  
2 Insurance Portability Act of 1996, such as facilities,  
3 hospital providers, health plans, and health  
4 clearinghouses, submitting oral or written testimony that  
5 discloses protected health information of individuals shall  
6 have a valid, written authorization from that individual.  
7 The authorization shall allow the covered entity to share  
8 the individual's protected health information at this  
9 hearing.

10 Those who came with prepared text for your  
11 presentation may choose to submit the text without giving  
12 oral testimony. If you're giving oral testimony, please be  
13 as brief as possible. We will limit each participant to  
14 approximately three minutes. Should anyone want to speak  
15 for more than the time that is allowed, when time permits  
16 you may do so after everyone has an opportunity to  
17 participate. As per the legal notice, if available, please  
18 provide two copies of your testimony. Prior to beginning  
19 your oral testimony, please give the Court Reporter the  
20 complete spelling of your full name. Oral testimonies will  
21 be taken in the order in which we signed in, and if you  
22 have any questions, please hold those until we conclude  
23 today's proceedings.

24 We will proceed now. So I afford the

1 opportunity for the applicants to speak first, unless you  
2 want to go with the one that signed in for number one, and  
3 I think that was Phil O'Connor.

4 (Pause)

5 MR. CLAR: Good morning, and welcome to the  
6 Village of Bolingbrook. My name is Roger Clara. I've been  
7 Mayor of Bolingbrook for 27 years.

8 Bolingbrook, according to the 2010 census is  
9 73,300 people, and about 45 percent of that population are  
10 minorities. We're a very diverse community with a variety  
11 of Asian residents, Korean, Cambodian, Pakistanian, and  
12 Indian, as well as a large number of Hispanic and African  
13 American population. I'm writing in support of the U.S.  
14 Renal Care Certificate of Need application to establish a  
15 13-station dialysis facility in Bolingbrook, Illinois.  
16 U.S. Renal Care is known for providing high quality care  
17 for patients of chronic and acute renal disease. U.S.  
18 Renal Care also provides patients with a choice of full  
19 range of quality care, including in center and at-home  
20 dialysis for dialysis services.

21 Rick Mace of Bolingbrook Hospital has attested  
22 to the fact that the hospital is experiencing a significant  
23 increase of patients requiring dialysis services. At the  
24 same time, the availability of such services in the

1 existing facilities have become limited, which causes delay  
2 in patient discharge and increases inpatient length of  
3 stay. Many patients are currently being sent out of town,  
4 requiring burden of gas expenses and time and family  
5 members commuting three times weekly to maintain their  
6 health on dialysis.

7 As Bolingbrook has seen a growing number of  
8 Hispanic and African American patients, who are at a  
9 disproportionate risk of diabetes and high blood  
10 pressure -- which are the leading cause of kidney  
11 failure -- lack of available access to dialysis care will  
12 continue to increase without additional dialysis services  
13 available. We anticipate that the volume of patients  
14 requiring dialysis services will continue to increase and  
15 wish to ensure that there will be adequate health resources  
16 here in Bolingbrook to meet the needs of the patients here  
17 in our community. As such, I strongly support this project  
18 and ask the Board to approve the Certificate of Need  
19 application for the U.S. Renal Care dialysis facility here  
20 in Bolingbrook.

21 Thank you.

22 (Pause)

23 MR. O'CONNOR: I'm always happen to defer to  
24 Mayor Claar. First of all, thank you, and thank you to the

1 Board for the -- for holding this hearing in Bolingbrook  
2 and giving me and others an opportunity to testify. I  
3 filed two copies of written testimony with you, so I will  
4 merely briefly summarize, in accord with your direction,  
5 the major conclusions.

6 First of all, my name is Philip R. O'Connor.  
7 I am testifying in support of the application by U.S.  
8 Renal, with particular emphasis here on that for  
9 Bolingbrook. By way of background, I formerly served as  
10 the Illinois Director of Insurance and the Chairman of the  
11 Illinois Commercial Commission and in both capacities dealt  
12 extensively with competitive issues and regulated  
13 industries, and that is what informs my views here today.  
14 Further, the Board is in a position of evaluating  
15 applications such as this, sort of on a middle ground,  
16 between the way in which applications for utility services  
17 are evaluated, which is the case of, really, a  
18 first-in-the-field standard and orientated towards  
19 exclusivity. On the other hand, the granting of licenses  
20 for insurance companies in the state is done so without  
21 reference to competitive issues but rather just to  
22 financial solidity and to the performance of those  
23 companies in other markets. The Board sort of weighs these  
24 issues and has its own particular set of standards, but in

1 the end, the issue is what is it that is good for patients  
2 in terms of a variety of issues.

3 In my view, there are four issues that relate  
4 to this application. One is the highly likely increase and  
5 demand for dialysis in the combined HSA 7 and 9 due, in  
6 great part, to the rapid and ongoing demographic changes.  
7 Second, is the issue of ease and convenience of patient  
8 access to dialysis in these two areas that are both growing  
9 well beyond the rate of other areas in the state. Third is  
10 the implications for the cost levels and for cost shifting  
11 in the wider healthcare system to the extent that  
12 accessibility and reliability of dialysis treatment are  
13 less than optimal. And then, finally, the issue of  
14 treatment options for patients that might be adversely  
15 affected to the extent that providers of dialysis do not  
16 readily offer home-based, self-administered care as well as  
17 care based in renal dialysis centers. So let me just  
18 quickly address each of these.

19 In terms of patient demand, an examination of  
20 the census data for these areas in 2010 change shows fairly  
21 significant increase in population in the two areas taken  
22 together of about 7 percent total. But more significantly  
23 is the increase in African American and Hispanic  
24 populations. We know that in each of those populations the

1 incidents of end stage renal disease is much higher than in  
2 the population as a whole and certainly much higher than  
3 what we might think of as an incumbent demographics of  
4 these areas. So, among African Americans it's about 3.6  
5 times higher incident rate than among whites, and with  
6 Hispanics, about 1.6 times. So, that's a rather  
7 significant change and may indicate that there would be  
8 more need for these services than past patterns might  
9 indicate. The written testimony provides all of the  
10 empirical background for this statement. So, you know,  
11 we're facing a situation in these areas where, by reason of  
12 change, we could see something different than the current  
13 estimates suggest.

14 Patient access. Let me focus, rather than on  
15 the traffic issues, where our region -- our metropolitan  
16 area, unfortunately, is now tied for worst place, we would  
17 call it, with Washington, D.C. for travel time. In the  
18 arterial areas in the suburbs are really where the  
19 congestion is and, of course, that's where these sorts of  
20 facilities tend to be located. But most importantly in  
21 terms of patient access, again I come back to the  
22 demographic changes. It would be unrealistic for us to  
23 believe that simply by African Americans or Hispanics  
24 living in a different area than they might have resided

1 before that the characteristics of seeking medical care  
2 would change, and there are some marked differences. For  
3 example, with respect to end stage renal disease, there are  
4 big differences between African Americans and whites on a  
5 number of lines, but one of them that's interesting is  
6 about 47 percent of African Americans seeking -- coming to  
7 dialysis have not had prior nephrologist care, whereas that  
8 number for whites is around 41 percent. May seem -- 6  
9 percent may seem a small difference, but when you look at  
10 demographic change, it could end up having a big impact on  
11 the condition of people when they are first accessing renal  
12 dialysis.

13 Let me move ahead on patient cost and cost  
14 shifting. The market for dialysis is highly concentrated  
15 in HSA's 7 and 9. One of the things I did in preparation  
16 for this was to perform an HHI calculation. That's the  
17 Herfindahl-Hirschman Index. That's the initial screen  
18 that's used by the U.S. Department of Justice in antitrust  
19 analysis, and it's notable that in HSA 7, on a possible  
20 scale of 10,000, which is the most -- that's absolute total  
21 monopoly -- the dialysis market in HSA 7 has an HHI of  
22 5,232, whereas in HSA 9, it's at 2,439. The Justice  
23 Department regards 1,800 -- both of these numbers are well  
24 above that -- as the stage of calling it highly

1 concentrated. That's not to say there is any competitive  
2 conduct. It's only to say it's highly concentrated and  
3 worthy of scrutiny.

4 I notice as well that in HSA 7, of the 1,056  
5 approved stations, about 84 -- I'm sorry, 83 percent of  
6 that market is accounted for by just the top two providers,  
7 whereas in HSA 9, the four largest providers account for 84  
8 percent. You'll see in the written testimony that in  
9 comparison to other industries we're familiar with, those  
10 are really quite high as a matter of concentration.

11 Let me conclude on just a couple of points.  
12 That level of concentration does raise issues of a lack of  
13 price competition. We know that if there is elevated price  
14 due to a lack of restraint in costs, that affects  
15 reimbursement levels. But very importantly, the -- we come  
16 back again to the demographic changes. We know, for  
17 example, that Hispanics have much lower level of both  
18 private insurance and eligibility for government programs,  
19 often due to immigration status, but, nevertheless, are  
20 able to receive this care. Well, that means more cost  
21 shifting, more charitable care. It just complicates a  
22 whole set of issues that are being faced by this Board and  
23 by the medical system.

24 Finally, in terms of patient options, I would

1 only note that I think we're all aware that the research  
2 indicates that patients -- many patients, I should say, are  
3 quite satisfied with alternatives to in-center dialysis.  
4 One of the things that U.S. Renal is clear about in its  
5 application is that it is prepared to actively offer  
6 alternatives, such as peritoneal dialysis. That can  
7 probably only be good for patients when it's Done  
8 appropriately.

9 So, I would only conclude in saying that I  
10 think the overall picture of the market, the economics of  
11 the health system, argue in favor of the approval of these  
12 applications. So, again, I would refer you to the written  
13 testimony, and I would be happy to respond to any  
14 questions, I presume after other people have had an  
15 opportunity.

16 MS. AVERY: We won't have any questions for  
17 now, but August 16th, I'm sure.

18 (Pause)

19 MR. MORALES: Thank you. Good morning. My  
20 name is Rick Morales. I'm a Village Trustee here in  
21 Bolingbrook, and I guess I'm also one of the 25 percent of  
22 the Hispanic population here in town as well.

23 As a Village Board Trustee, I'm here today to  
24 voice my strong support for the U.S. Renal Care Certificate

1 of Need application to bring a new dialysis facility to  
2 Bolingbrook.

3           The Village of Bolingbrook continues to  
4 experience explosive growth in population. As we continue  
5 to grow, Bolingbrook is becoming more diverse as Hispanics  
6 and African American families lay their roots in our  
7 vibrant community. Village of Bolingbrook demographics for  
8 the 2010 census show that 25 percent of the over 73,000  
9 residents are Hispanic and over 20 percent are African  
10 American. Hispanics and African Americans are twice as  
11 likely to develop diabetes and hypertension, which are  
12 leading causes of kidney disease. We need to have adequate  
13 healthcare resources to meet the demands of our growing  
14 community and, in particular, our minority community who is  
15 at a disproportionate risk of disease that ultimately lead  
16 to the need of dialysis services.

17           The growing need for dialysis services has  
18 been confirmed by our community hospital, Adventist  
19 Bolingbrook, who has seen firsthand the significant  
20 increase. And, unfortunately the availability of services  
21 is limited. This new facility will provide convenient  
22 access for Bolingbrook patients. Furthermore, by bringing  
23 other dialysis providers to the community, patients will  
24 have more options, thereby hopefully raising the quality of

1 care given by all providers. It is important that patients  
2 have a range of options on where and how they will receive  
3 care. All too often patients don't.

4 In closing, I strongly encourage the Illinois  
5 Health and Services Review Board to approve U.S. Renal  
6 Care's application for Bolingbrook. This project will  
7 address an important healthcare need while providing  
8 greater access to high quality dialysis services for all  
9 residents, especially the minority community.

10 On a personal note, my father-in-law in his  
11 final months of his life was on dialysis. Services were  
12 limited, and the quality, I think, the resources, while  
13 more options are available, will improve. I witnessed this  
14 firsthand, and I strongly urge you to consider this  
15 application.

16 Thank you.

17 (Pause)

18 MR. PAULSEN: My name is Jeff Paulsen, a  
19 Professional Registered Nurse. I'm here today to voice my  
20 strong support for U.S. Renal's application for a dialysis  
21 facility in Bolingbrook. I'm a Registered Nurse and have  
22 spent almost two years working at Adventist Bolingbrook  
23 Hospital, where I saw firsthand the need for more dialysis  
24 services in the area.

1 Patients on dialysis are very often sick and  
2 need immediate care. They shouldn't have to experience  
3 long wait times. Unfortunately, as a nurse, I have seen it  
4 happen all too often, and it's just devastating. Because  
5 of the limited access to dialysis, many times their  
6 discharged from the hospital is significantly delayed.  
7 I've seen patients wait hours for dialysis services to  
8 become available. These patients are already ill to begin  
9 with, and they're weak and tired, and its unacceptable to  
10 ask them to wait.

11 Having dialysis services readily available  
12 when a patient needs them makes all the difference. In  
13 Bolingbrook, in particular, as population continues to  
14 grow, so does the need for more dialysis services. We  
15 witness that need at Adventist Bolingbrook Hospital.  
16 Unfortunately, the need isn't going to go away. It's going  
17 to increase. Couple the population growth with increase in  
18 diabetes, the most common cause of kidney failure, and you  
19 have a huge demand for dialysis services. We have to be  
20 able to meet the demand for this critical service to  
21 provide the best care possible for patients.

22 In addition to meeting the need, it's also  
23 important to ensure patients have access to dialysis  
24 services close to home. Patients shouldn't have to drive

1 long distances to and from their dialysis appointments.  
2 Having another dialysis facility located in Bolingbrook  
3 would help adjust both the need of services and access for  
4 the patient in those services.

5 Thank you for the opportunity to voice my  
6 strong support for the proposed Bolingbrook dialysis  
7 center. After considering both the need and access issue,  
8 I'm confident the Illinois Health and Facilities Review  
9 Board will approve this important application, paving the  
10 way for much needed dialysis services in the Bolingbrook  
11 community.

12 Thank you for your time.

13 (Pause)

14 DR. RAUF: Thank you, everyone, for allowing  
15 me to present today. I'm Dr. Anis Rauf. I am a  
16 nephrologist here in Bolingbrook, and just to tell you a  
17 little bit about my background I'm a native Chicagoan. I  
18 grew up in the north side of Chicago and grew up in the  
19 Chicago public high school system, worked extremely hard,  
20 was fortunate enough to attend Northwestern University as a  
21 biomedical engineer, where I first learned about dialysis  
22 and I learned about the complex mechanisms involved in  
23 dialysis. I became interested in medicine, and I pursued  
24 medical school at Midwestern University, which is local,

1 Downers Grove, and then I was fortunate enough to train in  
2 the urban city of Chicago, University of Illinois at  
3 Chicago, where I firsthand saw dialysis at its best and at  
4 its worse. I saw patients, young patients, African  
5 Americans with difficult-to-control hypertension,  
6 uncontrolled diabetes suffer from this devastating disease.  
7 I became very interested in nephrology.

8 I was offered a position at the Mayo Clinic in  
9 Rochester, Minnesota to do a nephrology there, but I had  
10 very strong ties to the community. But I loved the Mayo  
11 Clinic philosophy, so I spent a year there, and what I  
12 learned at Mayo Clinic is very simple: The best needs of  
13 the patient come first. And I learned firsthand from where  
14 the custodian of the hospital worked at the same level as  
15 the most world-renown cardiovascular surgeon, Dr. Schaff,  
16 putting the needs of the patient first, and that was a nice  
17 phase of my life, where I learned why I went into medicine,  
18 why I wanted to help patients achieve their goals. And I  
19 secured a nephrology fellowship back in town, in Loyola,  
20 and I was able to complete a nephrology training program.

21 But I really had strong roots in the western  
22 suburbs of Chicago. I wanted to practice here. My parents  
23 are seek. They really felt very comfortable with this  
24 area. But when I went out and looked for a job in the

1 area, there was only one group in town at that time. They  
2 weren't looking to hire a nephrologist. So, I took a bold  
3 move. I looked at my mom and my dad, said, "Parents,  
4 should I move out of town or should I just go out on my  
5 own." My mom gave me some words of wisdom and said, "Son,  
6 you have worked hard. You want to treat your community  
7 patients. Why don't you just give it a try?"

8           So, I started a brand new practice from  
9 scratch in June of 2007. I opened my first office in  
10 Lombard. I started the practice from my house with a box  
11 of charts. My wife, Humera, helped me as my receptionist,  
12 my cell phone assistant, answered every single page for the  
13 first six months, and I noted an explosive amount of growth  
14 during my first three months of practice. I found that I  
15 was getting quite a bit of referrals from the Bolingbrook  
16 community as well as from other communities. I quickly  
17 opened a second office in Hinsdale, a third office in  
18 Bolingbrook as Adventist Bolingbrook Hospital opened its  
19 doors in 2008. In six months I was ready for a new  
20 partner. Dr. Mohammed Ahmed, who is also here today, will  
21 be speaking, was also a well-trained nephrologist, and with  
22 nephrology, we not only bring nephrology skills, we also  
23 are probably one of the few Board-certified critical care  
24 nephrologists. So, we bring special expertise to the area,

1 and that actually helped us grow very quickly.

2           And I've noticed that there has been an  
3 explosive growth of the need for end stage renal disease  
4 services in the area, and I feel that with coming to the  
5 area as a new nephrology provider, I was able to offer a  
6 choice. Very quickly I've seen that the patients that were  
7 waiting to see a nephrologist, their waiting times  
8 declined. Very quickly primary care physicians were  
9 supportive of a new nephrology group, were supportive of  
10 seeing a different provider, and I too think that having a  
11 different provider in the area will only improve quality.  
12 Competition is great. Competition is healthy, and I think  
13 competition just improves quality, and that's what I want  
14 to say today.

15           And over the past four years since I've been  
16 in practice, I've personally had patient encounters where  
17 patients were not happy with the current provider in town.  
18 They're not happy because they're not getting the preferred  
19 shifts, or just because I'm not the medical director, my  
20 patients may not be getting their optimum shifts. So, my  
21 patients are being put on Tuesday, Thursday, Saturday,  
22 third shift, and I'm a sole nephrologist with one partner.  
23 We cover 18 square miles, and I have to tell you that every  
24 single dialysis provider in our area is the same, and

1 sometimes we need a choice. Patients need a choice, I need  
2 to have some choice, and I find that it's very difficult to  
3 practice my specialty of nephrology if I've got a patient  
4 on Monday, Wednesday, Friday at five a.m. at Bolingbrook,  
5 and if that same unit may have a chair available or may not  
6 have a chair available, and they're putting a second  
7 patient on Tuesday, Thursday, Saturday third shift, I have  
8 to come and see that dialysis unit four times, five times,  
9 just to complete my rounds.

10 Because of our explosive growth, we were lucky  
11 enough to hire a physician assistant with five years of  
12 nephrology experience in late 2010, and we've also hired  
13 our third nephrologist just last week, actually, Dr. Suneel  
14 Udani. He actually has very strong training in the area of  
15 public health. He and our group will plan on doing  
16 community outreach programs and understand how to diminish  
17 this devastating disease. We've already done several CME  
18 sessions in the area community, awareness programs. We've  
19 also brought the kidney mobile to Bolingbrook Hospital in  
20 2009, where we actually took time out of our busy schedules  
21 and made ourselves available for the patients, just to keep  
22 the education going.

23 I just want to make sure I didn't leave any  
24 point out.

1           Now, it's important for the decision makers,  
2     the Illinois Health Planning Board, to realize if they  
3     don't have personal experience with dialysis, if they don't  
4     know a friend or relative who is on dialysis, patients go  
5     to dialysis centers three times a week. If the center is  
6     30 minutes away, a drive time of at least 3 hours per week  
7     and dialysis of 10 to twelve hours per week. If someone in  
8     the family must drive them, it's equally intrusive. I  
9     think it's ideal -- we actually mapped out all of our  
10    chronic disease patients, and we find that the majority of  
11    them are very close to Bolingbrook Hospital. We find that  
12    the existing unit is always full. We always have  
13    difficulty getting our patients there. Often times our  
14    patients are being put in Naperville, our patients are  
15    being put in Plainfield. It's very did for us to cover  
16    those areas, and it's very difficult for patients.

17           And they have very detailed policies at each  
18    specific unit. Bolingbrook, from what I understand, if  
19    they don't have a AV fistula or a working fistula, often  
20    times it's very difficult to get them in, and I find that  
21    having another choice for dialysis provider can change  
22    that. Just like our practice, competition breeds quality,  
23    and I think ultimately we're interested in putting the  
24    needs of our patients first. And I'll leave that Mayo

1 brother's quote, "The best interests of the patient is the  
2 only interest to be considered."

3 Thank you all.

4 (Pause)

5 DR. AHMED: Hi. Thank you all for coming.

6 I'm Dr. Mohammed Ahmed. I also grew up in the  
7 Chicagoland area. I finished my undergrad training at the  
8 University of Chicago. From there I went to medical school  
9 at the Chicago College of Osteopathic Medicine in Downers  
10 Grove. I completed my general Internal Medicine and  
11 Nephrology training at the Loyola University at Maywood,  
12 Illinois, after which I had a desire to understand further  
13 the complex care of the medical patients, so I embarked on  
14 a critical care fellowship at the Mayo Clinic.

15 What I learned at Mayo Clinic very quickly is  
16 what enables Mayo Clinic to perform world-class medicine,  
17 is that the only interest to be considered is the need of  
18 the patient, so that for each patient, for each person  
19 involved in the care of the patient, the only goal is to  
20 provide the utmost care for each individual patient, and  
21 within the last three years of my practice, I have tried to  
22 embody this philosophy with every patient encounter.

23 The last three years of Dr. Rauf and I  
24 embarking on this very impossible feat of creating a

1 successful practice from scratch have been the most  
2 challenging years of my life. I have been through the most  
3 academically-rigorous undergraduate education at the  
4 University of College. I've completed two rigorous  
5 fellowships, and I must say that creating this practice has  
6 had the most profound toll on both my personal and family  
7 life. What has fueled my drive in moving forward is to  
8 know that I am providing the best care for each one of my  
9 patients.

10 In every hospital where Dr. Rauf and I  
11 practice, there has only been only one nephrology provider.  
12 Our entry into DuPage County now provides a choice to our  
13 patients, and with competition, as Dr. Rauf indicated, the  
14 benefactors of this competition are the referring doctors  
15 and the patients themselves. As outlined by Dr. Rauf, our  
16 practice has seen an explosive growth over the last three  
17 years, not only because of the additional training that we  
18 bring to the area, but also due to the substantial  
19 demographic change in our community. The number of African  
20 American and Hispanic populations have grown substantially,  
21 and the increased prevalence of diseases associated with  
22 end stage renal disease among this population is growing  
23 very rapidly as well.

24 Now, in putting together a plan for a facility

1 to help deal with this issue, I have had the opportunity  
2 and spent extensive time talking about dialysis problems  
3 with other physicians, nurses, hospital discharge planners,  
4 and hospital management groups. Several patients and  
5 social workers have reported access problems to me. Many  
6 of these problems probably relate to the robust need of  
7 existing -- robust use of existing dialysis stations. This  
8 growing, I might truly add, exploding need creates a  
9 situation where facility managers or owners establish rules  
10 for access that potentially have tragic outcomes in some  
11 patients, and to this I cite three particular examples.

12           Number one, in May of 2011 I had the privilege  
13 of caring for a patient with end stage COPD, emphysema.  
14 This patient is on continuous oxygen therapy at very high  
15 amounts. The patient was originally living in the Joliet  
16 area, and she was getting dialysis provided by the  
17 Silvercross Hospital. Due to her worsening health, she  
18 moved in with her sister, who lives in the Bolingbrook  
19 area. This patient requested to switch her dialysis  
20 facility from Silvercross to Bolingbrook where her sister  
21 lives. Now, she has had three attempts at having an AV  
22 fistula placed, which is a surgical access that is the  
23 desired access for dialysis patient. Despite three  
24 attempts at placing this AV fistula, all three surgical

1 attempts had failed, so she was stuck with having a  
2 dialysis catheter as her dialysis access of choice. She  
3 had made several attempts by herself, her family members  
4 and social workers and myself to have her transferred to  
5 the local facility at Bolingbrook -- in Bolingbrook and,  
6 unfortunately, because she does not have an access that is  
7 the desired access to transfer patients to the Bolingbrook  
8 facility, she has been refused to transfer, and she  
9 continues to drive 30 minutes -- her sister continues to  
10 drive her 30 minutes each way to get dialysis provided.  
11 Not only does the sister have to provide the means for  
12 transportation, she has to wait for about four and a half  
13 hours to pick her sister up. So, you can imagine the loss  
14 in time that this patient experiences and the amount of  
15 miles that she's having to travel to pursue dialysis, when  
16 we have a dialysis provider in the area. If this patient,  
17 furthermore, becomes sick on dialysis when she's at  
18 Silvercross, she will be admitted to Silvercross Hospital  
19 where she will lose continuity with her lung specialist,  
20 her cardiologist and, most importantly, her nephrologist,  
21 as I don't practice in that area.

22 Another patient who has encountered similar  
23 difficulties is a patient with end stage diabetes. He has  
24 peripheral vascular disease, he has severe high blood

1 pressure, and, of course, end stage renal disease. He has  
2 had multiple podiatric procedures for necrosis or end stage  
3 disease of his foot, requiring several hospitalizations.  
4 The patient has had multiple attempts at AV fistula to  
5 satisfy the requirement to be transferred to the local  
6 dialysis facility in Bolingbrook, and despite having a  
7 fistula replaced and two separate revisions for his access,  
8 they have both failed. He is also being dialyzed currently  
9 with a dialysis catheter, and to that end, because he does  
10 not have the favored dialysis access of an AV fistula, he  
11 has also been refused to be transferred to the Bolingbrook  
12 facility. My last -- and I should also add that this  
13 patient dialyzes in the Naperville area, and he has gotten  
14 sick on several occasions and had to be admitted to Edwards  
15 Hospital where, again, when he's admitted to that hospital,  
16 there's duplication of tests that were already done at  
17 Bolingbrook, and also he loses continuity with his vascular  
18 surgeon, he loses continuity with his infection specialist,  
19 he loses continuity with his cardiologist.

20 My last illustration is a patient with a  
21 diagnosis of end stage renal disease as well.  
22 Unfortunately, this patient has been plagued with a very  
23 difficult-to-understand, difficult-to-treat abdominal  
24 complaint. She has very severe abdominal pain that is

1 quite debilitating for her, and she has very poorly  
2 controlled hypertension. This patient has had multiple  
3 tests to evaluate the pain, but no conclusion has yet been  
4 made, but it has severely impacted her life on dialysis.  
5 This patient has had so many admissions to Bolingbrook  
6 Hospital -- and I quote -- that she has been admitted  
7 within the last three months 22 times at Bolingbrook  
8 Hospital, and it's because of several reasons. Number one,  
9 she has abdominal pain on dialysis, and when she gets  
10 admitted -- when she is being dialyzed at Plainfield, when  
11 she has abdominal pain, she's admitted to the nearest  
12 hospital there. When she's admitted there, there's again  
13 reduplication of a lot of testing that's already been done  
14 at Bolingbrook, and there's a loss of continuity with all  
15 of her specialists, including her GI specialist and myself.  
16 In addition to that, when she has a bout of this abdominal  
17 pain, she is not able to drive the distance to get to the  
18 Plainfield facility so she misses dialysis, and when she  
19 has missed dialysis, she has come in and required urgent  
20 dialysis at Bolingbrook, which, again, does a number of  
21 things. It has multiple repercussions on the financial  
22 outcome of this patient.

23                   So, my co-applicants and I have had  
24 discussions with hospital management in Bolingbrook and



1 for the past six years, most recently and currently with  
2 Advanced Renal Care. I'm here to voice my support for a  
3 new U.S. Renal Care dialysis center in Bolingbrook.

4 Over the past six years, I've had the  
5 opportunity to work with many dialysis patients in need of  
6 dialysis therapy, starting with surgical needs, and most  
7 recently I've focused on their medical and dialysis  
8 specific needs. Dialysis therapy, as you know and have  
9 heard, is a life-sustaining therapy which is critical to  
10 patient success. Patients typically visit the dialysis  
11 centers three times a week. They have to leave their  
12 homes, come out to the dialysis centers, and have a  
13 treatment that lasts anywhere from three to four hours. As  
14 you've also heard, that doesn't include the amount of time  
15 it takes for them to get to the center, wait for the  
16 treatment to begin -- sometimes the waiting times can be  
17 long -- and then the amount of time it takes for them to  
18 get home. Many of these patients are elderly, they're  
19 ailing, they're disabled, so they require other services to  
20 help them get to and from their dialysis treatments.

21 For many patients and probably for most  
22 patients, the dialysis center becomes their second home  
23 because they're there so often. They become friends with  
24 and rely on the people that take care of them. They trust

1 them to provide them the services and the care that they  
2 need. The treatment is also very intimate. A lot of times  
3 patients come in and they don't feel very well. They have  
4 their treatments very early in the morning, they come in in  
5 their pajamas, they don't have any make-up on. They're  
6 very, I guess, vulnerable to the caregivers. That is why  
7 as a caregiver, as a P.A., I see these patients on dialysis  
8 every week. The patient's comfort and care is my highest  
9 priority.

10 I am very happy to support U.S. Renal Care's  
11 proposal to add a dialysis center in Bolingbrook. I  
12 believe every patient should have a choice of where they go  
13 for these treatments, and often they don't have a choice.  
14 As I mentioned, the proximity of the treatment center to  
15 where they live is very important for the dialysis  
16 patients, and introducing a closer, more convenient or  
17 simply preferred option for dialysis would drastically  
18 improve patient's experiences during their dialysis  
19 therapist.

20 I am encouraged by the proposal to open a new  
21 dialysis center in Bolingbrook. Expanding options for  
22 treatment would truly give patients the choice they need.  
23 I urge this Board to approve the U.S. Renal Care's proposal  
24 for a Bolingbrook facility. The new facility will expand

1 access and provide patients a much-needed choice when it  
2 comes to the critical and life-sustaining care that so many  
3 patients, as you have heard, do require currently and will  
4 require in the future.

5 Thank you.

6 (Pause)

7 MS. PETTY: Good morning. Thank you for the  
8 opportunity to voice my strong support for a U.S. Renal  
9 Care facility in Bolingbrook. My name is Jeanne Petty, and  
10 I've been a Registered Nurse for 16 years.

11 I have such a passion for providing quality  
12 care to people and I'm a staunch patient advocate. I'm  
13 here today because in my opinion, dialysis patients in the  
14 area are in desperate need of options. Many patients are  
15 lacking the basic access they need, and as a result are  
16 forced to travel very far to receive this critical and  
17 life-sustaining care. Proximity to care, particularly for  
18 dialysis patients, is critical to their wellness.

19 I am very concerned that there is not enough  
20 access for the many different kinds of dialysis patients in  
21 the region. When patients are not able to get the care  
22 they need close to home, they are left to find another, far  
23 less convenient clinic to visit. Dialysis does not just  
24 happen once. This life-sustaining treatment requires the

1 patient dialyze three times a week, up to four hours each  
2 treatment. For many patients, traveling a distance takes a  
3 great toll on them both physically and financially.

4 Limited access also delays the hospital  
5 discharge process, which leaves ill patients waiting until  
6 a dialysis clinic has room for them, which realizes an  
7 additional burden on the Medicare system. With  
8 demonstrated limited access to the only dialysis clinic in  
9 Bolingbrook, the addition of another provider will benefit  
10 the needs of the patients in this community and enhance the  
11 quality of care for this needed population. Healthcare  
12 should be about the people we treat, not about the dollars  
13 they generate.

14 I am very troubled by the detrimental impact  
15 the limited access has on patients. Introducing another  
16 option for patients will expand the access they have and  
17 improve the quality of care they receive. I see a real  
18 demand for this with my patients, and I'm confident that  
19 they would utilize a new Bolingbrook facility.

20 Again, thank you for the opportunity to voice  
21 my support for what I believe to be a crucial project. I'm  
22 confident the State Board will make the right decision by  
23 approving U.S. Renal Care's application to open a  
24 Bolingbrook facility.

1 Thank you.

2 (Pause)

3 MS. REGIS: Good morning. My name is Laura  
4 Regis, and I thank you for the opportunity to publicly  
5 support U.S. Renal Care's application for a Bolingbrook  
6 facility. I've been a Registered Nurse for 30 years, and  
7 I've had the opportunity to see firsthand what good quality  
8 of care means to a dialysis patient. I'm also on the front  
9 line, watching the demand for this kind of care grow. In  
10 order to meet this demand and provide quality options to  
11 current and future patients, I believe a Bolingbrook  
12 facility is the right choice.

13 A Bolingbrook location would provide more  
14 convenient option for a countless number of patients who  
15 are forced to find transportation to other areas for  
16 dialysis as they are turned away by the local provider. As  
17 you may know, dialysis doesn't mean a clinic visit just  
18 once in a while. Patients do come three days a week, and  
19 each treatment can take four or more hours. Many times  
20 patients are elderly or very ill, and too often they're  
21 covering a significant distance to get from home to the  
22 clinic and back. Coupled with the time for dialysis  
23 treatment, the patient -- and most often a family member  
24 providing the transportation -- must invest additional time

1 with travel. Referencing a case noted by Dr. Ached,  
2 dialysis family members spend up to six hours a week  
3 transporting their loved one to Joliet for the  
4 life-sustaining treatment of dialysis due to being turned  
5 away by the local facility. Travel expense, with the cost  
6 of gas being at its zenith is an additional stressor to a  
7 family already financially burdened with medical expenses.

8 Proximity to care is important to all aspects  
9 of healthcare, and even more so for the population that  
10 needs dialysis. Asking the sick and elderly and their  
11 families and friends to drive far distances for care that  
12 ought to be right in their community is unfair and can be  
13 detrimental to their health. I believe patients should  
14 have the option to choose the care that best suits them and  
15 in a facility of their choice. Unfortunately, too many  
16 patients don't have that option.

17 This facility would also be a much-needed  
18 clinic for the growing number of dialysis patients in and  
19 around Bolingbrook. The need for dialysis in Bolingbrook  
20 is indeed growing. In addition to the aging Baby Boomer  
21 generation in Bolingbrook, the community has seen  
22 substantial growth of Mexican American and African American  
23 residents. These populations are twice as likely to suffer  
24 from hypertension and diabetes, the two leading causes of

1 kidney failure. A Bolingbrook facility would put the care  
2 at the center of where it's needed.

3 Thank you for the opportunity to support this  
4 very important project. The dialysis population is  
5 growing, and I don't believe that this community is  
6 prepared. An additional facility in Bolingbrook would  
7 certainly help us meet the growing need, and I urge the  
8 healthcare Planning Board to approve U.S. Renal Care's  
9 application.

10 Thank you.

11 (Pause)

12 MS. ENGLER: Hi. My name is Debbie Engler.  
13 I'm a Registered Nurse employed by the U.S. Renal Care in  
14 their Home Therapies program at Lombard/ Bolingbrook. I  
15 want to thank you for the opportunity to speak today.

16 I've been a nurse for 20 years, and have been  
17 in dialysis for the past 8 years. I began the dialysis  
18 part of my career at a Davita unit in a small, northwestern  
19 Illinois community of Freeport. I moved to the suburbs in  
20 2005, when my husband was downsized from his engineering  
21 job at Honeywell. Why does the move to the suburbs matter?  
22 I've been looking for a place where the patient matters,  
23 where the patients were the most important part of the  
24 picture, and where we could give the care that we would

1 want for our parents, our grandparents or other people we  
2 genuinely cared about. I have worked at different  
3 companies in the area and have run into companies that  
4 don't put their patients as the top priority. This goes  
5 from the top executives down to the personal caregivers. I  
6 believe I have found the company where the patient really  
7 does come first.

8 Dr. Rauf and Dr. Ahmed both work 24 hours, 7  
9 days a week, and often give their personal cell phone  
10 numbers to patients and encourage them to call them  
11 directly. When was the last time your doctor did this for  
12 you? It's just not heard of. So, when they decided to  
13 open their units, I jumped at the chance to be part of  
14 their dreams of providing this type of personal care.

15 This comes to the need for a U.S. Renal Care  
16 unit in the Bolingbrook area. I believe our patients  
17 deserve the ability to choose where they want to get their  
18 dialysis care, without traveling a significant distance  
19 from their homes. The only choice they now have is the  
20 Fresenius Medical Care unit. I can give you an example of  
21 this with a situation that presented itself a couple of  
22 weeks ago. I had a patient that needed to be placed in a  
23 hemodialysis unit for temporary hemodialysis. I went to  
24 dialysisfinder.com. That's where social workers or people

1 that are going to place or find a dialysis center go, and  
2 this is the list I found (indicating), and I'll give it to  
3 you. If you look at it -- I can read them. They start  
4 with Fresenius units, Fresenius Bolingbrook, Fresenius  
5 Naperville, Naperville North, Willowbrook, Downers Grove,  
6 and then you go in to you made it to Aurora or Joliet. So  
7 those are the only units that you're going to have within  
8 those areas -- within this area. I see no other choice for  
9 my patients than to travel out of their communities, if  
10 they want to have a choice of provider.

11 So let me give an example of the choices I  
12 would have if I would need hemodialysis. I live in the St.  
13 Charles area. I have a choice of a Davita unit in Elgin or  
14 Tri-Cities, in Independent, unit in the Aurora Geneva area.  
15 I also have four Fresenius units that I could go to, one in  
16 Elgin, one -- two in West Chicago, and one in Glendale  
17 Heights. They would all be within 15 minutes of my home.  
18 So, dialysis care is very demanding for our patients, and  
19 long travel times can be major barriers to wellness.

20 I believe the patients in the Bolingbrook area  
21 deserve a choice within their community, too. Again, I  
22 want to thank you for the opportunity to speak regarding  
23 this matter today, and I urge you to approve the U.S. Renal  
24 Care's application to open a Bolingbrook dialysis facility.

1 (Pause)

2 MS. ABBOTT: Good morning. I am reading this  
3 letter for State Senator A.J. Wilhelmi. My name is  
4 Michelle Abbott.

5 This letter is written in support of the U.S.  
6 Renal Care Bolingbrook Dialysis Certificate of Need  
7 application. The Bolingbrook community is in great need of  
8 additional dialysis resources to provide care to the  
9 growing population of residents who require such services.  
10 Both the high incidence of end stage renal disease and the  
11 growing Hispanic population in Bolingbrook make it  
12 essential that the Board approve this project to provide  
13 much-needed dialysis resources for the Bolingbrook  
14 community.

15 The Bolingbrook area has seen a dramatic  
16 increase in its Hispanic population, as demonstrated by  
17 2010 census data. In the last 10 years, the Bolingbrook  
18 Hispanic community has grown nearly 145 percent, from 7,371  
19 in 2000 to 17,957 in 2010. Similarly, this growth also  
20 represents a higher proportion of Bolingbrook residents,  
21 from 13.1 percent in 2000 to 24.5 percent in 2010. This  
22 proportion of Hispanic residents exceeds similar  
23 demographic populations for both the state of Illinois and  
24 Will County, at 15.8 percent and 15.6 percent respectively.



1 Care facility to be built in Bolingbrook.

2 As a dialysis patient myself, I believe that a  
3 new facility in Bolingbrook will provide me and countless  
4 others a much-needed choice who seek care. Having a nearby  
5 quality and convenient quality-care center in Bolingbrook  
6 would drastically improve my quality of life. There is not  
7 enough access to the quality of care that I need to stay  
8 well.

9 Dialysis treatment, as you know, doesn't just  
10 happen once. It requires patients to visit centers  
11 regularly, both for treatment and routine checkups. That's  
12 why the convenience and location of a dialysis center is so  
13 important. For me, a Bolingbrook location would also be  
14 ideal. Needing dialysis treatment is not a choice, but I  
15 believe that it should have options for choosing to seek  
16 treatment -- for people to choose treatment. Right now I  
17 have no choice, really.

18 For many years I've had to receive therapy at  
19 Fresenius Medical Center Willowbrook, but I'm becoming  
20 dissatisfaction with the care that the staff has provided.  
21 Unfortunately, it is my only option, because it is the only  
22 dialysis center in the area. Opening a U.S. Renal Care  
23 facility in Bolingbrook would truly give me access to  
24 quality options -- a quality option that I would certainly

1 utilize as a patient, but I have -- to have the right  
2 treatment options. I know there are many others that would  
3 agree.

4 I am thrilled that the new facility will allow  
5 me to continue seeking -- seeing my doctors, Dr. Ached and  
6 Dr. Rauf. I have had a very positive experience with both  
7 of them. I truly feel that they are partners in my health  
8 and wellness. Something that is particularly appealing  
9 about the new facility is that is Dr. Ahmed and Dr. Rauf  
10 would directly help manage my therapy that I receive. I  
11 find comfort in knowing that the doctors I trust would be  
12 in charge of my care.

13 As I said before, dialysis is not something I  
14 choose, but I do believe it should -- I should have a  
15 choice as to where I seek important treatment. U.S. Renal  
16 Care is known for providing a range of high quality care  
17 options, including in-center and at-home services. I  
18 believe this establishment of a new U.S. Renal Care  
19 facility would significantly improve the quality of my care  
20 and the quality of care of others in a similar situation.

21 I encourage the Board to approve the  
22 application before it, and I thank you for your listening  
23 to me at this time.

24 MS. AVERY: Thank you.

1                   Is there anyone else?

2                                   (Pause)

3                   MS. AVERY: Okay. Seeing none, is there  
4 anyone that already testified that would like to provide  
5 additional information, or the applicants?

6                                   (Pause)

7                   MS. AVERY: I would like to remind everyone if  
8 you would like to submit additional written comments to the  
9 State Board, you can do so at the Illinois Department of  
10 Public Health. The address is 525 west Jefferson Street,  
11 Second Floor, Springfield, Illinois, 62761-0001. You can  
12 send it to my attention, Courtney Avery, or you may fax it  
13 to (217) 785-4111. And note that the comments must be  
14 submitted no later than July 27th at 9 a.m. Again, this  
15 project is scheduled for the State Board consideration at  
16 its August 16th meeting, which will be held at the Holiday  
17 Inn Conference Center located at 411 South Larkin in  
18 Joliet, Illinois. You can also find all of this  
19 information on our web site at [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

20                   If you have any other questions, you can reach  
21 me at my office or in Springfield, and those numbers are  
22 also listed on the web site, and so is my e-mail address.

23                   Again, if we don't have any questions about  
24 these proceedings, I would deem this public hearing

1 adjourned. Thank you.

2

3 END TIME: 11:29 a.m.

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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



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KAREN K. KEIM  
CRR, RPR, CSR-IL, CCR-MO

<p style="text-align: center;"><b>A</b></p> <p><b>Abbott</b> 38:2,4  <b>abdominal</b> 26:23,24                  27:9,11,16  <b>ability</b> 36:17 44:6  <b>able</b> 11:20 15:20                  17:20 19:5 27:17                  31:21  <b>about</b> 5:9 8:22 9:4,6                  10:6 11:5 12:4                  16:17,21,22 24:2                  25:12 32:12,12                  36:2 41:9 42:23  <b>above</b> 10:24  <b>above-entitled</b> 44:5  <b>absolute</b> 10:20  <b>academically-rigo...</b>                  23:3  <b>access</b> 6:11 8:8 9:14                  9:21 13:22 14:8                  15:5,23 16:3,7                  24:5,10,22,23                  25:2,6,7 26:7,10                  28:8 31:1,15,20                  32:4,8,15,16 40:7                  40:23  <b>accessibility</b> 8:12  <b>accessing</b> 10:11  <b>accord</b> 7:4  <b>accordance</b> 2:16  <b>according</b> 5:8  <b>account</b> 11:7  <b>accounted</b> 11:6  <b>Ached</b> 34:1 41:5  <b>achieve</b> 17:18  <b>Act</b> 2:17 3:4 4:2  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