

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)  
PROJECT HEARING REPORT**

Applicant: USRC Lemont, LLC – US Renal Care Lemont Dialysis

Project Number: 12-058

Hearing Date: Thursday, August 23, 2012

Location: 1115 Warner Street, Lemont, Illinois

Time: 11:00 AM-12:30 PM

Hearing Officer: Alexis Kendrick, Compliance/Legislative Manger

Staff Support: Courtney Avery, Administrator

HFSRB Representative: James Burden M.D., Board Member

Hearing Requested by: US Renal Care

**RECEIVED**

AUG 29 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 13

Oppose: 1

Registered Attendance Only

Support: 9

Oppose: 2

Neutral: 0

Total individuals registered: 25

5  
cmc



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

Public Hearing Appearance Only Registration Form

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) Ken Larson

Address 15044 W 147TH ST.

City Harvey IL State IL Zip 60491

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support      Oppose      Neutral

live



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

**Public Hearing Testimony Registration Form**

**Facility Name:** US Renal Care Lemont

App. CPA

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) Rick MANISCALCO

Address \_\_\_\_\_

City PLANO State TX Zip \_\_\_\_\_

Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

\_\_\_\_\_  
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III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle )

Oral

Written



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

**Public Hearing Testimony Registration Form**

**Facility Name:** US Renal Care Lemont

App. URA

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) SHAWN MAW

Address 70 W. MADISON

City CHICAGO State IL Zip 60602

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

\_\_\_\_\_  
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\_\_\_\_\_  
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III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle )

Oral

Written

4  
me



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

App. CRP

Public Hearing Testimony Registration Form

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) ANIS A. RAUF

Address 105 Covington

City SPRINGFIELD State IL Zip 62523

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advoca Renal Care, LTD

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle )

Oral

Written

None



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

**Public Hearing Testimony Registration Form**

*Appearance CRA*

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION  
Name (Please Print)

*LISA HARDTMAN Lemont Center*

Address *12450 Walker Rd*

City *Lemont* State *IL* Zip *60446*

Signature *Lisa Hardtman*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

*Lemont Center Health Care*

III. POSITION (please circle appropriate position)

Support       Oppose

IV. Testimony (please circle)

Oral       Written

16  
CWR



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

**I. IDENTIFICATION**

Name (Please Print) ANIS A. RAY

Address 105 Conington

City OAKBROOK State IL Zip 60523

Signature Anis Ray

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advance Renal Care

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



17  
cm

✓ #5

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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) IRENE RAMOS

Address 1210 MONMOUTH DR

City LESMONT State IL Zip 60439

Signature *Irene Ramos*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STAFF NURSE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



18  
care



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) T. KRA VETS MD

Address 815 N. Larkin # 205

City JOLIET State IL Zip 60435

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support      Oppose      Neutral

15  
CME



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) SAM VINSON

Address 2339 W. MARSON

City CHICAGO State IL Zip 60603

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

WIGARETTI + Harris representing

US Renal

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

20  
am



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) Neha Butala

Address 812 Campus Drive

City Joliet State ILL Zip 60435

Signature NB

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Home Dialysis Service

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

19  
mr



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

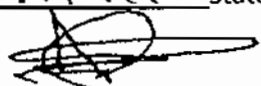
**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) Asim Shazzad

Address 2927 White thorn cir

City Naperville State IL Zip 60564

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Home Dialysis Services  
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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enc



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

**Public Hearing Testimony Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) GARY S. MUELLER

Address 9 N 129th INFANTRY DRIVE

City JOLIET State IL Zip 60435

Signature *Gary S. Mueller*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (please circle appropriate position)

Support      Oppose

IV. Testimony (please circle )

Oral      Written

1  
me



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

*Testimony*

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) LOUISE WALLIN

Address 23160 S KANKAKEE

City MANHATTAN State IL Zip 60442

Signature Louise Wallin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

Testimony ✓



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

**I. IDENTIFICATION**

Name (Please Print) CORINE HOLMAN

Address 225 NOBLES AVE.

City LOCKPORT State IL Zip 60441

Signature Corine Holman

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**III. POSITION** (Circle appropriate position)

Support       Oppose       Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) EDGARDO T CANCO

Address 1315 Rowell Ave.

City Loliet State IL Zip 60433

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support       Oppose       Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) Rich Waliczek

Address 341 KROMRAY RD

City LEMONT State IL Zip 60439

Signature Rich Waliczek Jr.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) MARTHA NAWROCKI

Address 1345 ARBOR DR

City LEMONT State IL Zip 60439

Signature Martha M Nawrocki

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

7  
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STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) CRAIG CORKERY

Address 617 E. 3rd ST. #3B

City LOCKPORT State ILL. Zip 60441

Signature *Craig Corkery*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CONCERNED CITIZEN FOR  
HEALTH CARE

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) GERALD L. MILLIGAN

Address 7118 W. 115<sup>TH</sup> PLACE

City WORTH State IL Zip 60482

Signature Gerald L. Milligan

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MYSELF (DR. RAUF)

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

8  
AM





STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
Public Hearing Appearance Only Registration Form

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) SHIRLEY TANGUAY

Address 605 MCCARTHY ST.

City LEMONT State IL Zip 60439

Signature Shirley Tanguay

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION  
Name (Please Print) Preeti Nagarkatte, M.D.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature P Nagarkatte

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support      Oppose      Neutral

11  
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STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) NORMAN TANGUAY

Address 605 Mc CARTHY ST

City LEMONT State IL Zip 60439

Signature Norman Tanguay

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

13  
cme



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) <sup>(13)</sup> Vicki Funk

Address 1801 E Washington St.

City Sollet State IL Zip 60433

Signature Vicki K. Funk

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support       Oppose       Neutral





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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

(14)

Name (Please Print) Joan Funk

Address 405 Burke Dr

City Sollet State IL Zip 60433

Signature Joan E. Funk

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

12  
case



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** US Renal Care Lemont

**Project Number:** 12-058

I. IDENTIFICATION

Name (Please Print) PHILIP R. O'CONNOR

Address 1318 W. GEORGE ST

City CHICAGO State IL Zip 60657

Signature Philip R. O'Connor

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  
U.S. RENAL CARE

WRITTEN + ORAL TESTIMONY (TECHNICAL)

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral

August 23, 2012

Dear Mr. President;

I spoke at the board meeting in Bolingbrook - the case was number 1117 - Silver Cross Dialysis Center transferring to DaVita.

To make this short, I explained that everything would change and the two vice-presidents from Silver Cross Hospital and the DaVita lawyer said everything would stay exactly the same. As of September 1, 2012 every nurse will have given their notice or have already left and most of the techs., The medical supplies that were left over from Silver Cross have or are running out so DaVita is now using 4" x 4" gauze pads with a piece of tape, both not sterile to put over a permcath not Tegaderms.

My husband and I have a private foundation for sick and deformed animals - I would get an infection in less than a week - so I buy Tegaderms and Chloraprep sponges myself (\$518 for 25).

I just wanted you to know that the two Silver Cross vice-presidents and the DaVita lawyer lied,.

Now, of course, the patients are not getting what they promised you and we are suffering.

Thank you,



Louise Wallin  
23160 S Kankakee St  
Manhattan, IL 60442  
815 463-0506

Good morning Ladies and Gentlemen.

My name is Craig Corkery and I am a dialysis patient of Doctor Gurfinkal's U.S. Renal Cares Doctors group in New Lenox.

I am here to support my doctors and U.S. Renal Care in their efforts to open a new dialysis facility in Lemont. With the advent of more seniors "Baby Boomers" in need of Renal Care and CKD becoming an issue recently, I believe the need for professional care is at hand.

Plain and simple, I would really like to see a center in Lemont. This is a great group of doctors. They are attentive and they put their patients' needs ahead of everything else. I can truthfully say this because of the care that Dr. Gurfinkal and his group is providing me.

My wife and I live in Lockport, and this center would be convenient for me. There isn't even a center in Lemont right now. I truly believe that there is a need for one, especially with how fast this area is growing. Patients around here need something accessible and close to home. Convenience really makes a difference when you're spending three days a week at treatment.

This is a great opportunity for the people of Lemont to support dialysis patients in Lemont and a great opportunity for us to support some first-rate doctors. I urge you to approve this U.S. Renal Care facility in Lemont.

Thank You for your time today.

(779) 456-2782

I am Louise Wallin, a dialysis patient for a little over two years at Silver Cross Hospital until DaVita took over.

I can tell you from the bottom of my heart that we need more choices to determine where to have dialysis. I believe the patient should have the right to decide whether we want to help make money for a corporation or get medically professional dialysis with the medical supplies that are the most suitable and safe for each patient.

I am currently buying Tegaderms and Chloraprep sponges because they are too expensive for DaVita. A center run by doctors would understand the need for necessary medical supplies.

I am on dialysis for 3 hours, but I am at the center for 4 to 5 and ½ hours since there are not enough nurses to take care of the patient load.

I think you will be surprised how many people will be coming to a professional medical facility.

Thank you for letting me talk.,

Hello. My wife and I are here to support our doctors and support U.S. Renal Care to open a dialysis facility in Lemont.

Our town is growing so fast, and there is not enough room for patients in our treatment centers. When you decide on this new clinic, it is important that you consider how fast our population is growing. There are a lot of nursing homes and senior centers in the area. That means there are a lot of people who need dialysis.

Please approve this new center for dialysis patients in Lemont. Thank you very much.

Edgardo Cinco

1315 Rowell Avenue

Joliet Illinois

Hello. I am Richard Waliczek. I am here today for the simple reason that I want a dialysis center in Lemont. Until recently, I was driving over 35 minutes each way to treatment. And if I hit traffic, it was worse. I love my doctors, but that is just too far for me. It's too far for anyone. I should be able to have that same care I'm getting now, but closer to home.

I had been trying for a year and a half to get a closer unit. And even the ones I had been looking at were pretty far. Every time it looked like I'd get a closer seat, they'd tell me "you'll get the next one; you'll get the next one." To me, that's just saying there aren't enough seats. And I know that the surrounding communities don't really have much either. Getting a facility in here would help the patients there, too. You just know there are more people in the area who could use a facility like this.

I have a son that's three years old. My wife works, so on the days I have dialysis, we put him in daycare. We don't like putting him there, but we don't have a choice. By the time I drop him off, get to treatment, pick him up, and get home, it's basically the end of the day. And I'd like to be able to spend that extra time with my son. It would also give me some peace of mind if <sup>I</sup>he didn't have to be in the car for so long when I am so tired like that.

Like I've heard other people say before: we were lucky this past year and had a pretty mild winter. But no one can guarantee that we'll be so lucky this year. Driving in the snow is not fun for anyone, and I certainly don't want to do it after treatment. But it's not like we can skip. So the best option in this case is to open a facility in Lemont so that patients like me can be closer to home for our treatment.

Marty Nawrocki – Testimony

Thank you for giving me the opportunity to speak to you today. I am here because I have chronic kidney disease, and I may soon have to be on kidney dialysis. I have done my research, and I know that there aren't any facilities in Lemont, and that concerns me. That is why I give my support to U.S. Renal Care and my doctors to open a new facility in Lemont and I urge you to do the same.

Right now, I still drive to places I need to get to. *The day may come when* ~~But after next year, I am not going to be~~ driving. I will have to find a way to get to people and maybe to dialysis treatment. I already know it will be a hassle.

There is a shuttle bus that people who don't drive can use to get to the dentist or the doctor or what-have-you, but a lot of my friends say the shuttle bus is always tied up. When dialysis patients have to take the bus, it's tied up for hours because there is no close treatment. They say it really gets to be a problem.

If there was a closer facility, it would really free up that bus. And there is definitely a need for such a facility. In Lemont, we have all of these nursing homes and retirement communities. There are an awful lot of seniors in the area. And as people get older, they're the ones who need this so much more. And they need the transportation, too, because so many of them cannot drive. It would be great to have a facility here. Three times a week! Think about how much that ties up your day. And if it takes a long time to get to and from treatment, that's even more of your day that's gone.

I support opening a new facility in Lemont not only for myself, but for friends and neighbors who also need it. Lemont doesn't have a facility, and I know that when the day comes that I have to start treatment, I am going to need one close by, so I'm not going all around town or waiting hours and hours for the bus.



To whom it may concern,

I am Gerald Milligan, and I have been on dialysis for just over six months. I am here today because I am frustrated with my current treatment center. And I want to tell you why we need a choice in this town for dialysis. There's only one show in town right now, and it would be good for me and other patients to get some options around here.

Where I go now is over 15 miles from my house. I drive myself, and it's a long drive, especially after my treatments. Dialysis can be exhausting, and even on good days, the last thing I want to do is be in the car for a long time. The appointments take up a big part of my day, and I'd like to get home so I can relax or be with my family.

I'd also like to go to a center that will focus on my needs. I want to be treated like more than just a seat-filler. A lot of other people at my clinic feel the same way, too. I know some appointment times are in high demand, but I need to go somewhere that can try to work with me.

I have an eight-year-old daughter who ~~starts~~<sup>STARTED</sup> school ~~next~~<sup>THIS</sup> week. I'd like to be able to drop her off and pick her up from school on time. But the way it stands now, I won't be able to do that. It's so full over there, and I can't get a time slot that works. My wife is going to have to race home from work to pick up my daughter on my treatment days. Even rushing, it will be cutting it close.

I know my family supports me, and they don't mind adjusting their schedules a little bit to accommodate me. But they shouldn't have to do that. It's not fair to them, and it's just plain inconvenient. It's bad enough that I have to sit there for four hours, four times a week and waste half of my day. I'd like to know it's not causing my family a bunch of difficulty. They do not need to be jumping through hoops for me. I should be able to go a facility where they want to help me and want to work with me. That's why we need a choice in this town. And that's why I think you should allow these doctors to open a facility in Lemont.

Gerald Milligan  
(708) 361-0023

*I HAVE BEEN TO MAYO CLINIC SEVERAL TIMES  
AND DR. RAUF AND HIS ASSOCIATES GIVE CARE  
THAT IS EQUAL TO WHAT I HAVE RECEIVED THERE.*

**I am Shirley Tanguay and I am here today with my husband Norman who is on dialysis. We are here because we wanted to tell you in person that a dialysis clinic in Lemont would surely be a blessing to me and Norman.**

**He has been on dialysis for 4 years. I know Norman could drive himself there, but that doesn't work because he still needs a ride home. When he gets home after his 4 hour treatments, he is just so drained there is no way he can drive himself. It would not be safe.**

**So that means that for the past 4 years we have had to rely on friends and volunteers from our church to drive Norman 30 minutes each way to get his dialysis. One woman comes all the way from Plainfield every week to drive him. There are no buses or trains that can get him there from our house.**

**It is very stressful sometimes when we think we don't know who will bring him. More than anything, I just want my husband to be comfortable and not have to worry about this. It should not be this hard on dialysis patients. They already go through enough. Its so stressful on both of us.**

**Me and Norman were very happy when we heard there may be a place opening in Lemont. It would be so much easier to get people to take him and it would give me and Norman some peace of mind and take a lot of stress out of our lives.**

**It would be such a blessing. I'm so grateful that you are listening to us. Thank you.**

**DR. PREETI NAGARKATTE PUBLIC HEARING TESTIMONY**  
**U.S. RENAL CARE LEMONT DIALYSIS**

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Thank you for the opportunity to speak to you regarding this important project. I am Dr. Preeti Nagarkatte and, if approved, I will be the medical director of the U.S. Renal Care Lemont Dialysis facility. I fully support a USRC dialysis clinic for one reason—my patients, and other people in the area, need it for access to lifesaving care.

First and foremost, I consider being a doctor to be an incredible privilege—one in which I am allowed into the most important and personal aspect of peoples' lives. It's not something I take lightly or take for granted. Guided by the philosophy that patients always come first, I view my patients as partners. Together, we can get them on a healthy path so they aren't suffering with kidney disease, but instead LIVING well in spite of it.

I was attracted to medicine for two reasons – first, an ability to give something back by making differences in patients' lives – one patient at a time. Bringing tangible results and hope are critical to the human condition – it is the only reason we all exist and continue to learn. Second, I have always been fascinated by the science, and particularly the chemistry of the human body. Nephrology affords me the privilege of working with patients over long periods of time – decisions we make today together often yield positive long-term results.

Taken together, this is exactly why I am working with USRC to bring a much-needed dialysis center to Lemont. As a nephrologist practicing in the Lemont area and having been trained locally in Chicago, at both the Pritzker School of Medicine (University of Chicago) and Rush University Medical Center, I have

seen the growth in the ESRD population in both the Lemont area and the greater Chicagoland area as a whole. We are proposing this facility primarily to meet the need of ESRD patients that reside in Lemont.

However, we also recognize that the Board has identified a need in this health service area. As of the latest inventory, the Board has identified a need for 65 additional stations to serve the residents of this health service area. This project will help address this need by making an additional 13 stations available for residents of Lemont and this health service area.

The calculation of needed stations in this health service area is supported by census statistics regarding population growth. As you are well aware, the prevalence of ESRD differs between various ethnic and age groups which will affect a population's overall ESRD rate as the mix of the population changes. The communities comprising this health service area have undergone significant changes between the years 2000 and 2010. This health service area has seen a dramatic increase in both the Hispanic and Latino, and African populations, with such populations growing by over 187,000 individuals and 70,000 individuals, respectively.

Furthermore, the population 65 and over has grown by almost 7% which is over 28,000 individuals. The growth in this population represents a significant aging of this community and results in greater need for ESRD services. As these populations are at higher risk for ESRD, the increase in these populations directly results in increased need for dialysis stations.

I can also tell you Lemont is home to many nursing homes and retirement communities. These residential facilities don't offer dialysis and therefore, they have to transport their patients out of town to and from dialysis three times a week. I've spent time talking with these facility administrators and I know they too support this project as it will improve access and quality of life for their residents.

Speaking of support, in addition to assisted living facilities, we are also very grateful to have the support of the Lemont Township Supervisor, elected officials and area hospitals including Adventist Bolingbrook and Provena St. Joseph. But most importantly, nobody supports this more than the patients themselves.

In closing, I want to thank you for your time and consideration. As a physician, nothing is more important to me than knowing my patients have the quality of life and care they need to live the life they deserve. A new Lemont facility will give them access to life saving treatment, but equally important—it will give them peace of mind and comfort knowing they have the care they need close to home.

**I am Norman Tanguay and I am here today because I want a dialysis center in Lemont. I am a resident of Lemont and I have been on dialysis for 4 years. Because there is no dialysis center in Lemont now, I have to travel far to get my treatments, at least 30 minutes each way.**

**It wouldn't be as bad if I could drive myself. I would be fine on the way there, but there is no way I could drive all that way home after dialysis. Some days I am alright, but many days it just knocks the living helk out of me. I'm just so drained.** *IM ALMOST 80 YEARS OLD  
SENIOR CIT AT THE CENTER 90-95%*

**My wife Shirley who is with me here today doesn't drive. So every week we have to line up volunteers from our church and depend on them to get me to and from dialysis 3 times every week. They are very nice to help, but do you have any idea how stressful it is to worry about rides every week? I don't want to have to rely on anybody. They have a life too. How much longer am I going to have to depend on them?**

**I came here today on my day off dialysis. And I came because it would make a difference to me and my wife to have a dialysis center close to our home in Lemont. This center would only be a few minutes from our house. I am just so happy thinking about how much easier this could be on us.**

**Please help me and my wife and many other people by saying "YES" to this dialysis clinic. You have no idea how much it would mean to us. Thank you for listening.**



Good morning, my name is Vicki Funk. My mother is on dialysis, and we're here because we support Dr. Nagarkatte and U.S. Renal Care.

My mom has been on dialysis for about 2 years now. But Dr. Nagarkatte was able to keep her off of dialysis for 8 years before that. She really is a great physician, and she is always available to answer questions that my mom and I have.

Aside from Dr. Nagarkatte's involvement in this new facility, it's important to approve it because of the fact that there are not any dialysis centers in Lemont right now. A neighbor takes my mom to treatment, and I bring her home, and I can tell you that patients need a facility that's close. They get tired after treatment, and the patients who can drive themselves should not have to drive a long way to get home—it's just not safe. It would certainly be a benefit to be close to home.

Please let this dialysis facility in Lemont go forward. It is important for kidney disease patients like my mother and everyone else here today.

Hello, I am Joan Funk. I have kidney disease, and I have been on dialysis for around 2 years.

Patients like me need a facility that is convenient and close to home. And we need somewhere that we are comfortable, because we're spending 12 or more hours a week at treatment.

When I heard Dr. Nagarkatte was involved with this project, I was on board right away. She is a great doctor, and she has helped me a lot over the years. But more importantly—like I said earlier—kidney patients need good care close to home. Dialysis is very tiring, and we shouldn't make patients drive a long way after treatment. I am glad my neighbor and my daughter can drive me, because I am just too tired after treatment to drive myself.

Please approve this dialysis center for the kidney patients of Lemont.

Thank you.

**TESTIMONY OF PHILIP R. O'CONNOR, Ph.D.**  
**TO THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**IN THE MATTER OF U.S. RENAL CARE LEMONT DIALYSIS FACILITY**

*Introduction and Background*

My name is Philip R. O'Connor. I am testifying in support of the application submitted by the limited liability company applicant associated with U.S. Renal Care, Inc. ("U.S. Renal") to the Illinois Health Facilities and Services Review Board for a Certificate of Need ("CoN") for the U.S. Renal Care dialysis facility to be located in Lemont, Illinois.

At the request of the legal representatives of U.S. Renal, I have examined a number of issues relevant to consideration of this CoN application. I believe that there are compelling reasons for approval of the application.

My analysis and my resulting conclusions are informed by my background in economic regulation and by my lengthy experience related to health insurance as well as life, property and casualty insurance. I have served as Illinois Director of Insurance, the State's chief insurance regulator and as Chairman of the Illinois Commerce Commission, the State's utility regulatory agency. I hold a doctorate in Political Science from Northwestern University with a concentration in methodology, demographics and metropolitan development. I have also had an extensive consulting career involving economic competition in regulated industries. A copy of my resume is attached to this testimony as Appendix 1.

During my tenure as Illinois Director of Insurance, I was deeply involved in some of the earliest efforts to adjust medical insurance reimbursement methods to encourage improved utilization and to support development of lower cost treatment venues.

### *Framework for Consideration of a Certificate of Need*

In its consideration of the U.S. Renal Care application, the Board may exercise its expert judgment by taking into account information beyond that which is included in the general planning model.

Therefore, the Board is in the position of considering U.S. Renal's application in terms of what it means for people requiring renal dialysis for a range of renal conditions. The Board is also in a position to consider issues of access and availability in specific locations within the planning areas and to determine how to take into account information that may not be fully contemplated by the planning model.

It is important to consider the extent to which demographic changes in a planning area or in a community may not be fully considered in the general planning model. It is my understanding that the most recent iteration of the Board's planning model was carried out using 2008 baseline population estimates. Although the five-year model specifies a multiple of 1.33 of 2008 ESRD patients to project 2013 patient figures, Board judgment is likely required when the configuration of the population in terms of age structure and ethno-racial make-up departs significantly from those assumed by use of a standard multiplier.

### *Age and Ethno-Racial Demographics: Implication for ESRD*

The prevalence of ESRD across racial, ethnic and age cohorts can be analyzed in any number of ways. However, there are certain widely understood realities.<sup>1</sup>

First, the frequency of ESRD increases substantially for the portion of the population 45 years and older, with the 65-74 age group having the highest overall rates of prevalence. Chart 1 shows the ESRD diagnosed age curve in 2008, with prevalence peaking in the 65-74 age group. Chart 2 illustrates the dramatic increase between 1980 and 2008 in diagnosed ESRD among the various age cohorts. In 1980, prevalence rates were well below 1,000 per million for all age

groups. By 2008, a rate of nearly 6,000 per million had been attained by the 65-74 age group.

Second, prevalence rates for African-Americans and Hispanics are considerably higher than for non-Hispanic Caucasians, regardless of age. Chart 3 illustrates the relative diagnosed ESRD prevalence rates over time for the various ethno-racial groupings. While rates for all groups have risen since 1980, that for African-Americans has risen much more steeply. However, as Chart 3 also shows, the rate for Hispanics has risen more steeply than that for the population overall.

Chart 4 shows that in 2008, diagnosed ESRD prevalence in the general African-American population, with a rate of 5,205 per million, was roughly equal to the prevalence of ESRD in the portion of the overall general population that is over the age of 75. In the case of the general Hispanic population, prevalence at a rate of 2,458 per million was nearly half-again higher than that of the general population at 1,699 per million.

### *Three Key Issues to Consider*

I see three issues that, when considered together, result in a compelling argument for approval of U.S. Renal's CoN application.

These issues are:

- Demographic changes in HSA 7 in terms of the growth in at-risk ethno-racial groups that are reflected in Lemont, the aging of the population in Lemont and overall population growth in Lemont far greater than the HSA 7 average;
- Ease and convenience of patient access to dialysis modalities in the area surrounding Lemont in light of the growth in the area that is becoming increasingly traffic congested; and

- The value to ESRD patients of options that include both facility-based and self-administered home-based treatment.

With respect to all three of these issues, outcomes are likely to be better if U.S. Renal is allowed to open and operate a 13-station facility in Lemont.

### *Two Key Demographic Developments to Consider in HSA 7 and Lemont*

Charts 5 and 6 and Appendix 2 contain illustrations and underlying data relevant to the following.

Given the higher rates of ESRD for older populations and for African-American and Hispanic populations, two significant demographic changes in HSA 7 indicate an upward trend in ESRD and therefore in the need for accessible dialysis services. Data from the 2010 U.S. Census shows that since the prior census in 2000 there was only a modest increase of just over 31,000 people in HSA 7, or less than 1%. However, within that small overall increase, there has been a significant surge in the portion of the population belonging to demographic groups that exhibit considerably higher risk of end stage renal disease than does the general population.

#### *1) The Population Has Aged Significantly*

- While the HSA 7 lower-risk population under the age of 45 was declining by 173,678, the HSA 7 higher-risk population 45 years and over increased by 204,791. Thus the under 45 population has fallen from 64.8% to 59.2% and the 45 and over population rose from 35.2% to 40.8%. This is an aggregate net population shift from the younger to the older group of 378,469. The bar graphs in Chart 5 show how the relative changes in the under 45 and 45 and over age group populations changed.
- The shift in the age balance in Lemont has been more dramatic than that in HSA 7 at large. The Village grew by 22% between the 2000 census and 2010, from 13,098 to 16,000. However, the pattern in growth across age-

cohorts diverged significantly. The portion of the population under 45 that is at less risk of ESRD grew by only 4.9% while the higher risk group of 45 and older grew by 2,500 people or 51.7%. The age cohort most at risk, between 65 and 74 grew by 500 or 69.7%. Lemont today has a far older population than just a decade ago and older than that in the 2008 planning model iteration. This has implications for changes in the ethno-racial demographics of Lemont.

## 2) *The African-American and Hispanic Population Has Surged*

- The African-American and Hispanic populations in HSA 7 have surged by over a quarter of a million people, more than 8 times the total growth of just over 31,000 people, a 34.2% combined growth rate. The aggregate increase of 262,497 was made up of an increase of 187,944 Hispanics and 74,553 African-Americans, 47% and 20.2% respectively. The bar graphs in Chart 6 illustrate the changes in the African-American and Hispanic populations compared to the aggregation of all other groups.
- The current combined African-American and Hispanic share of Lemont's population is relatively small at 5.5% compared to the overall HSA 7 share of 30.2%. However, Lemont's share has grown rapidly since the 2000 census, with the Hispanic population accounting for almost the entirety of the change. The Hispanic population more than doubled, from 393 to 822 to a total share of 5.1%.
- There is a particular compounding effect of the rapid increase in the portion of Lemont's population and the rapid rate of growth in the Hispanic and African-American population shares. The rapid aging of the general population suggests that there could be considerable turnover in homeownership as older residents relocate or pass away between now and the 2020 census. If this occurs, then there is a reasonable basis for anticipating an increase in the rate of growth in the Hispanic and African-American populations. However, if the housing turnover were not to take place, then the population bulge of older residents will likely further

increase. Further, with respect to the age profile of Lemont, the central fact is that time does not stand still. In the 12-24 months between filing for a dialysis center CoN and the center going on-line, as many as half of the nearly 2,200 people in the 35-44 age group in the 2010 census will have migrated to the 45 and over group, with the 45 and over group from that census moving into even more high risks groups as they age.

### *Patient Access*

Beyond the basic issue of increased ESRD prevalence rates that may be correlated with increased portions of the HSA 7 population that are African-American and Hispanic, there is the question of ease, convenience and certainty of timely access to dialysis services. Patient access is also closely related to cost issues, as addressed below.

A key principle in the creation of dialysis centers was that such centers could provide a combination of better, easier, more convenient access for patients trying to lead normal lives in contrast to the higher-cost, less "user-friendly" hospital setting. Indeed, the Board's mission includes helping to better assure access to lower cost yet high quality services.

There are various ways to consider improvements in patient access.

First, the Chicago metropolitan area, of which HSA 7 is a part, is experiencing increased traffic congestion due to the inherent lag in road and public transit improvements in line with population growth. For example, Chicago area drivers are tied for "worst place" with drivers in the Washington D.C. area for time wasted due to traffic congestion.<sup>2</sup>

It is customary to focus on expressway congestion that contributes to the City of Chicago having the most acute congestion and lost time calculations. However, two facts should attract our interest in considering the nature of congestion as it relates to the issue of dialysis dispersion and accessibility in the suburban areas



that comprise HSAs 7. First, many of the drivers losing time and being delayed by expressway traffic congestion within the City of Chicago are commuters who reside or work in the suburban areas. These drivers will include people who require dialysis services themselves or are responsible for transportation of family or friends to dialysis centers. Second, in contrast to the Chicago Central Business District and balance of the City where 61% and 49% of congestion occur, respectively, on arterial roadways rather than on expressways, the figure for the remainder of the 6-county area is a far higher 93%.<sup>3</sup>

Most dialysis centers are located on or proximate to arterial roadways in the suburban areas that are the main sources of congestion. While dialysis center locations relative to arterials are not susceptible to much change, the placement of additional centers in HSA 7 will certainly facilitate patient access.

Second, it would be unrealistic to believe that patterns of seeking access to health care services are identical across demographic groups. The increase in African-American and Hispanic populations in HSA 7 necessarily raises the question of what should be done to better assure that the many new residents accounting for this demographic change will have sufficient information, language skills, social networks, transport and, perhaps most importantly, other medical care such as pre-dialysis treatment by a nephrologist. For example, among new entrants to ESRD treatment, there was a marked difference between African-American and white patients who had not had prior nephrologist care, those figures being 47% and 41.4% respectively.<sup>4</sup>

To the extent that outreach and other programs either succeed or fail to largely close the gap described above, there will be varying impacts on dialysis demand and utilization.

Third, there is the question of whether the configuration of dialysis centers in HSA 7 is fully adequate to accommodate existing demand for center-based dialysis. To the extent that there is population expansion in specific areas, such as in Bolingbrook, but where there appears are few dialysis stations, situations could easily develop in which physicians may find it necessary to delay discharging

patients from hospitals due to difficulties in arranging close-to-home, near-term appointments for patients at dialysis centers.

### *Patient Options*

The U.S. Renal CoN application offers an opportunity to increase treatment modality options for patients in several respects. Importantly, these options ought to result in greater opportunities for more patients to access dialysis treatment that is both lower cost and more satisfying to them in terms of their life-style, work-life and other needs.

The 2010 USRDS Annual Report has sounded the alarm in noting that while the dialysis patient population has grown many-fold in the past three decades, the peritoneal dialysis population, served at lower cost, has grown much more slowly.<sup>5</sup> Peritoneal dialysis is found by many patients to be a satisfying alternative and even preferable to hemodialysis,<sup>6</sup> and the patient outcomes of the two modalities are converging.<sup>7</sup> Thus there would be a healthy challenge to any tendency toward excessive reliance on in-center hemodialysis.

U.S. Renal is strictly in the patient treatment business and does not manufacture dialysis related supplies and is therefore neutral from a supply and equipment standpoint and not at risk of suffering from any disincentives that might create internal conflict with optimizing patient outcomes. U.S. Renal is specifically proposing as part of its plan the offering of in-home peritoneal dialysis when appropriate for the patient. This sort of offering would help to create an information environment for patients that would encourage other care providers to maximize patient satisfaction, whether through conventional hemodialysis or peritoneal methods.

### *Exercise of the Board's Judgment*

The in-place model utilized by the Board in estimating the need for dialysis services is one anchored in an estimation technique that assumes that the need for various services will be based on those experienced by the general population. The Board, however, is in a position to exercise its judgment in order to anticipate greater demand over the planning period due to the increased portion of the population accounted for by age cohorts and ethno-racial groups that are more vulnerable to ESRD. Growth in the portion of the population comprised of these groups cannot be fully taken account of by the standard planning model. Therefore, it is a matter for the Board's expert judgment to adjust for the compounded impact of major changes in both the age and ethno-racial composition of the relevant populations.

My recommendation to the Board is that it approve the application of U.S. Renal for 13 dialysis stations in Lemont in anticipation of the near-certain need for additional dialysis service due to the increase in ESRD prevalence due to the significant change in both the age-weighted and ethno-racial population make-up of HSA 7 and in Lemont.

## ENDNOTES

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<sup>1</sup> The data presented in this testimony is based on materials available from the 2010 United States Census and from the United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_02.pdf](http://www.usrds.org/2010/pdf/v2_02.pdf)

<sup>2</sup> See *Urban Mobility Report 2010*, Texas Transportation Institute, Texas A&M University, December 2010 [http://tti.tamu.edu/documents/mobility\\_report\\_2010.pdf](http://tti.tamu.edu/documents/mobility_report_2010.pdf).

<sup>3</sup> See page 10, *Moving at the Speed of Congestion: The True Cost of Traffic in the Chicago Metropolitan Area*, Metropolitan Planning Council, August 2008, <http://www.movingbeyondcongestion.org/downloads/MPC%20-%20Moving%20at%20the%20Speed%20of%20Congestion.pdf>.

<sup>4</sup> See page 270 United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_03.pdf](http://www.usrds.org/2010/pdf/v2_03.pdf).

<sup>5</sup> See page 278 United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_03.pdf](http://www.usrds.org/2010/pdf/v2_03.pdf).

<sup>6</sup> See Rubin, Haya R. et al, "Patient Ratings of Dialysis Care with Peritoneal Dialysis vs. Hemodialysis" *Journal of the American Medical Association*, February 11, 2004, Vol. 291, No. 6.

<sup>7</sup> See "PD and HD Outcomes and Associated Clinical Factors", Advanced Renal Education, Fresenius Medical Care North America, 2010.

## Appendix 1

### **Philip R. O'Connor, Ph.D.**

President, PROactive Strategies, Inc.  
1318 W. George Street #3C Chicago, IL 60657  
Phone (312) 980-4860 Mobile (312) 446-3536  
[Phil.OConnor@PROactive-Strategies.net](mailto:Phil.OConnor@PROactive-Strategies.net)

Dr. O'Connor is a recognized expert on the development and implementation of business strategies in network and other regulated industries. He has been a frequent speaker, both nationally and internationally, on utility and insurance issues and has authored numerous articles in professional trade journals. He opened the office of NewEnergy Ventures in Chicago with two employees in 1998 and by 2007 the Great Lakes Region of Constellation NewEnergy had achieved nearly \$1 billion in retail electricity revenues. He was a principal with Coopers & Lybrand Consulting, into which he had merged his own firm, Palmer Bellevue Corporation, in 1994. Dr. O'Connor also served as Illinois' chief utility regulator, chairing the Illinois Commerce Commission, and as Director of the Illinois Department of Insurance and has been appointed to boards and commissions by five consecutive Illinois Governors. From March 2007 to March 2008 he served in the U.S. Embassy in Baghdad as an advisor to the Iraqi Ministry of Electricity.

### **Employment:**

President, PROactive-Strategies, Inc. (1998-Present)

Vice President, Constellation NewEnergy, Inc. (2002-2008)

Senior VP & Illinois Market Leader, AES NewEnergy, Inc. (1998-2002)

Ministerial Advisor (Electricity), U.S. Embassy, Baghdad, Iraq (2007-8) through Parsons-Brinckerhoff under contract to the U.S. Army Corps of Engineers.

Principal/Partner, Coopers & Lybrand Consulting/Palmer Bellevue (1995-1998)

Managing Director, Palmer Bellevue, a Division of Coopers & Lybrand (1994-1995)

President and Chairman, Palmer Bellevue Corporation (1986-1993)

Chairman, Illinois Commerce Commission (1983 - 1985)

• Member, National Association of Regulatory Commissioners (1983-1985)

Director, Illinois Department of Insurance (1979 - 1982)

Assistant to the Director and Deputy Director for Research and Urban Affairs,  
Illinois Department of Insurance (1977 - 1979)

Administrative Assistant to U.S. Representative George Miller (7<sup>th</sup>-CA) (1974-1977)

Assistant to California Senate Majority Leader, George Moscone (1973 - 1974)

Administrative Aide to Illinois Governor Richard B. Ogilvie (1969 - 1973)

### **Public & Political Service, Corporate Boards** (partial list)

- Political Director, Citizens for Governor Thompson (1982)
- Chairman, U.S. Environmental Protection Agency Allowance Tracking & Trading Subcommittee of the Acid Rain Advisory Committee (1991-1992)
- General Chairman, Citizens for Governor Edgar (1994)
- Chairman of the Illinois Health Care Reform Task Force (1993-1994)
- Chairman, Illinois Task Force on Human Services Consolidation (1996-1998)
- Member, Illinois State Board of Elections (1998-2004)
- Member, Children & Families Transition Committee, Gov-Elect George Ryan (1998)
- Chairman, Interim Board of the Illinois Insurance Exchange (1998)
- Illinois Commerce Commission Millennium Review Committee (2000-2001)
- Member, Bush-Cheney Transition Advisory Committee on Energy (2001)
- Member, Board of Irish Life of North America (ILoNA Financial) (1992-2002)
- Chairman, Illinois Inter-Departmental Insurance Tax Task Force (2000-2004)
- Loyola University of Chicago Rome Center Alumni Board (1998-2004)
- Member of the Advisory Board, Loyola University Museum of Art (2004-Present)
- Member, Board of Delphi Financial Group (NYSE:DFG) (2003-2012)
- Member, Board of Reliance Standard Life Insurance (1993-Present)
- Member, Board of Safety National Casualty Company (2012-Present)
- Member, Illinois Carbon Capture and Sequestration Commission (2009-Present)
- Member, Board of Haymarket Center of Chicago (2011-present)
- Member, Board of World Engagement Institute (2012-present)

### **Education**

- 1966 - 1968 University of San Francisco
- 1968 - 1969 Loyola University of Chicago, Rome Center for Liberal Arts
- 1969 - 1970 Loyola University of Chicago, A.B. *Magna cum laude*
- 1971 Northwestern University, Graduate School, Political Science M.A. *Co-optation: A Re-definition and the Case of Chicago*
- 1979 Ph.D. Political Science Dissertation: *Metrosim: A Computer Simulation Model of U.S. Urban Systems*

### **Academic**

- 1973 North Atlantic Treaty Organization (NATO) Advanced Study Institute  
Summer Fellow – Polytechnic of Central London
- 1997 & 1998 Co-Instructor with Professor Alan Gitelson, Loyola University of Chicago  
*Money, Media, Message, Measurement & Motivation: Political Campaigns in the 90s*, an upper division undergraduate course
- 1998 & 1999 Instructor, *The Politics of Deregulation*, Kellogg Graduate School of  
Management, Northwestern University, Evanston, Illinois
- 2005 – 2012 Guide for student tour, *World War II in Rome and Italy*, John Felice Rome Center,  
of Loyola University Chicago

## Appendix 2

### HSA 7 Population by Race (2000 Census data)

	Cook County	City of Chicago	Suburban Cook County*	DuPage County	Total
Hispanic or Latino	1,071,740	753,644	318,096	81,366	399,462
Black or African American alone	1,405,361	1,065,009	340,352	27,600	367,952
Total Population	5,376,741	2,896,014	2,480,727	904,161	3,384,888

### HSA 7 Population by Race (2010 Census data)

	Cook County	City of Chicago	Suburban Cook County*	DuPage County	Total
Hispanic or Latino	1,244,762	778,862	465,900	121,506	587,406
Black or African American alone	1,287,767	887,608	400,159	42,346	442,505
Total Population	5,194,675	2,695,598	2,499,077	916,924	3,416,001

### HSA 7 Population by Race (2000-2010 Change)

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	399,462	11.8%	587,406	17.2%	5.4%
Black or African American alone	367,952	10.9%	442,505	13.0%	2.1%
Total Population	3,384,888		3,416,001		

\*Cook County Excluding City of Chicago

### HSA 9 Population by Race (2000 Census data)

	Grundy County	Kankakee County	Kendall County	Will County	Total Population
Hispanic or Latino	1,552	4,959	4,086	43,768	54,365
Black or African American alone	71	16,065	718	52,509	69,363
Total:	37,535	103,833	54,544	502,265	698,178

### HSA 9 Population by Race (2010 Census data)

	Grundy County	Kankakee County	Kendall County	Will County	Total Population
Hispanic or Latino	4,096	10,167	17,898	105,817	137,978
Black or African American alone	605	17,187	6,585	75,743	100,120
Total:	50,063	113,449	114,736	677,560	955,808

### HSA 9 Population by Race (2000-2010 Change)

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	54,365	7.8%	137,978	14.4%	6.6%
Black or African American alone	69,363	9.9%	100,120	10.5%	0.5%
Total:	698,178		955,808		

### HSA 7 and HSA 9 Combined Population by Race (2000-2010 Change)

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	453,827	11.1%	725,384	16.6%	5.5%
Black or African American alone	437,315	10.7%	542,625	12.4%	1.7%
Total Population	4,083,066		4,371,809		

**HSA 7 Population by Age Group**

	2000 Total	2010 Total	Change	% Change
Under 5 years	235,528	213,546	-21,982	-9.3%
5 to 9 years	251,557	228,190	-23,367	-9.3%
10 to 14 years	247,419	240,985	-6,434	-2.6%
15 to 17 years	145,307	155,359	10,052	6.9%
18 and 19 years	83,045	87,217	4,172	5.0%
20 years	39,149	39,313	164	0.4%
21 years	37,184	38,181	997	2.7%
22 to 24 years	122,258	126,479	4,221	3.5%
25 to 29 years	225,768	219,651	-6,117	-2.7%
30 to 34 years	245,842	213,583	-32,259	-13.1%
35 to 39 years	276,735	221,585	-55,150	-19.9%
40 to 44 years	284,025	236,050	-47,975	-16.9%
45 to 49 years	252,887	260,510	7,623	3.0%
50 to 54 years	221,314	266,958	45,644	20.6%
55 to 59 years	167,672	230,640	62,968	37.6%
60 and 61 years	54,767	80,890	26,123	47.7%
62 to 64 years	74,175	108,069	33,894	45.7%
65 and 66 years	44,259	56,324	12,065	27.3%
67 to 69 years	64,836	76,915	12,079	18.6%
70 to 74 years	105,176	97,827	-7,349	-7.0%
75 to 79 years	90,711	79,483	-11,228	-12.4%
80 to 84 years	62,307	68,029	5,722	9.2%
85 years and over	52,967	70,217	17,250	32.6%
Total Population	3,384,888	3,416,001	31,113	
65 years and over	420,256	448,795	28,539	7%
% Total	12.4%	13.1%	0.7%	

**HSA 9 Population by Age Group**

	2000 Total	2010 Total	Change	% Change
Under 5 years	56,153	70,435	14,282	25.4%
5 to 9 years	59,654	78,695	19,041	31.9%
10 to 14 years	56,735	79,240	22,505	39.7%
15 to 17 years	32,353	47,061	14,708	45.5%
18 and 19 years	18,787	25,784	6,997	37.2%
20 years	8,575	11,176	2,601	30.3%
21 years	7,684	10,227	2,543	33.1%
22 to 24 years	23,062	30,694	7,632	33.1%
25 to 29 years	45,367	56,623	11,256	24.8%
30 to 34 years	55,207	64,788	9,581	17.4%
35 to 39 years	63,170	73,510	10,340	16.4%
40 to 44 years	59,963	76,223	16,260	27.1%
45 to 49 years	50,304	75,182	24,878	49.5%
50 to 54 years	42,430	66,488	24,058	56.7%
55 to 59 years	31,567	53,847	22,280	70.6%
60 and 61 years	9,856	18,528	8,672	88.0%
62 to 64 years	12,875	25,328	12,453	96.7%
65 and 66 years	7,542	13,296	5,754	76.3%
67 to 69 years	10,493	17,683	7,190	68.5%
70 to 74 years	16,417	21,623	5,206	31.7%
75 to 79 years	13,703	15,780	2,077	15.2%
80 to 84 years	8,967	12,128	3,161	35.3%
85 years and over	7,314	11,469	4,155	56.8%
Total Population	698,178	955,808	257,630	
65 years and over	64,436	91,979	27,543	42.7%
% Total	9.2%	9.6%	0.4%	



Lemont Village Demographic Analysis  
 Census 2000 to 2010

	TOTAL CHANGE				% of Population		
	2000	2010	Change	% Change	2000	2010	Change
Under 5 years	952	804	-148	-16%	7.3%	5.0%	-2.2%
5 to 9 years	1,103	1,111	8	1%	8.4%	6.9%	-1.5%
10 to 14 years	1,059	1,331	272	26%	8.1%	8.3%	0.2%
15 to 19 years	763	1,189	426	56%	5.8%	7.4%	1.6%
20 to 24 years	554	750	196	35%	4.2%	4.7%	0.5%
25 to 34 years	1,313	1,299	-14	-1%	10.0%	8.1%	-1.9%
35 to 44 years	2,514	2,175	-339	-13%	19.2%	13.6%	-5.6%
45 to 54 years	1,821	2,925	1,104	61%	13.9%	18.3%	4.4%
55 to 59 years	680	1,111	431	63%	5.2%	6.9%	1.8%
60 to 64 years	487	897	410	84%	3.7%	5.6%	1.9%
65 to 74 years	719	1,220	501	70%	5.5%	7.6%	2.1%
75 to 84 years	650	677	27	4%	5.0%	4.2%	-0.7%
85 years and over	483	511	28	6%	3.7%	3.2%	-0.5%
<b>Total Population</b>	<b>13,098</b>	<b>16,000</b>	<b>2,902</b>	<b>22%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>
Black or African American	40	58	18	45%	0.3%	0.4%	0.1%
Hispanic or Latino (of any race)	393	822	429	109%	3.0%	5.1%	2.1%
<b>Total Population</b>	<b>13,098</b>	<b>16,000</b>	<b>2,902</b>	<b>22%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>

Chart 1

# 2008 ESRD Adjusted Prevalent Rate by Age Group

(Source: U.S. Renal Data Service, 2010 Annual Data Report: Volume 2 Atlas of End Stage Renal Disease, figure 2.12)

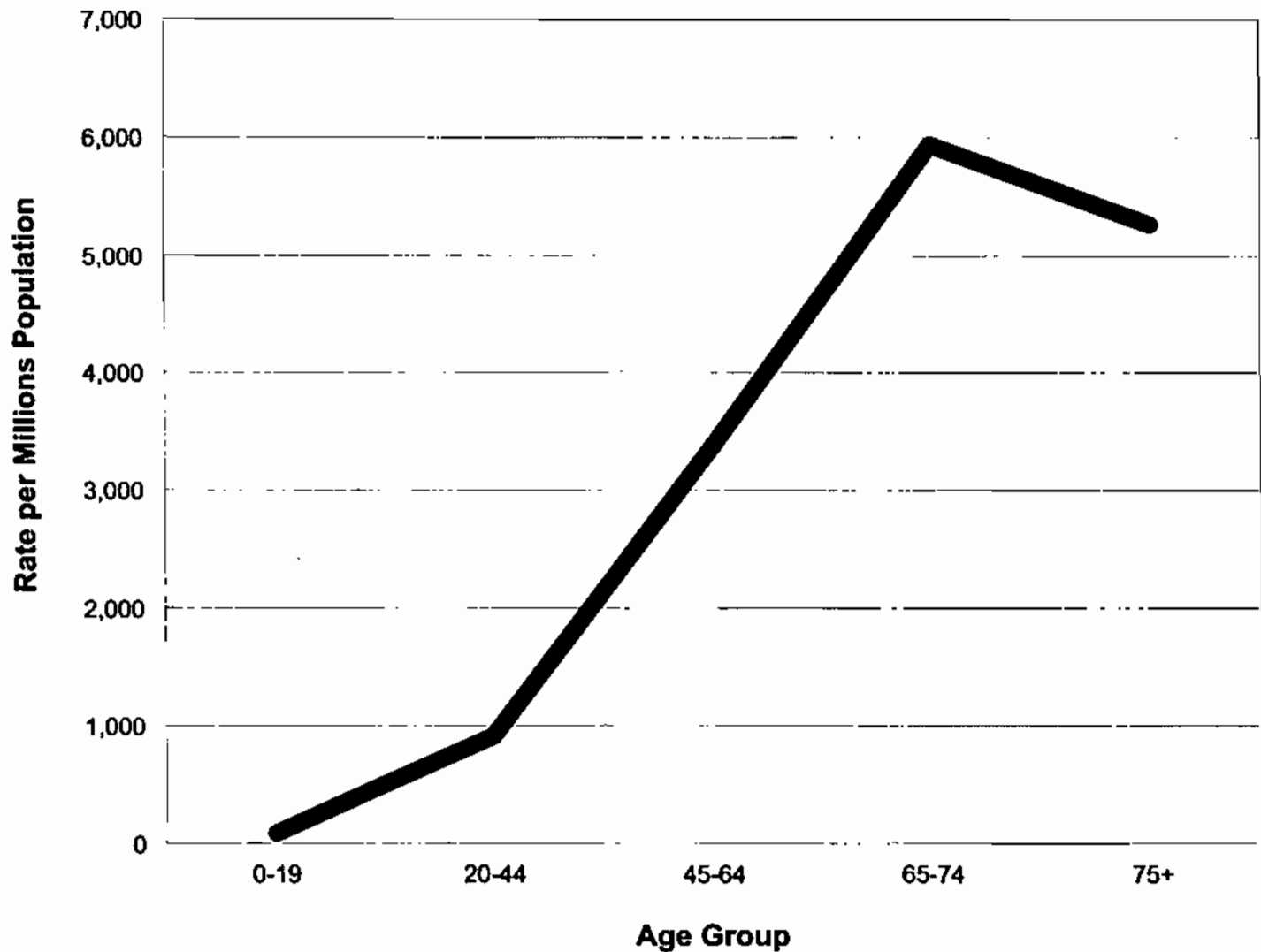
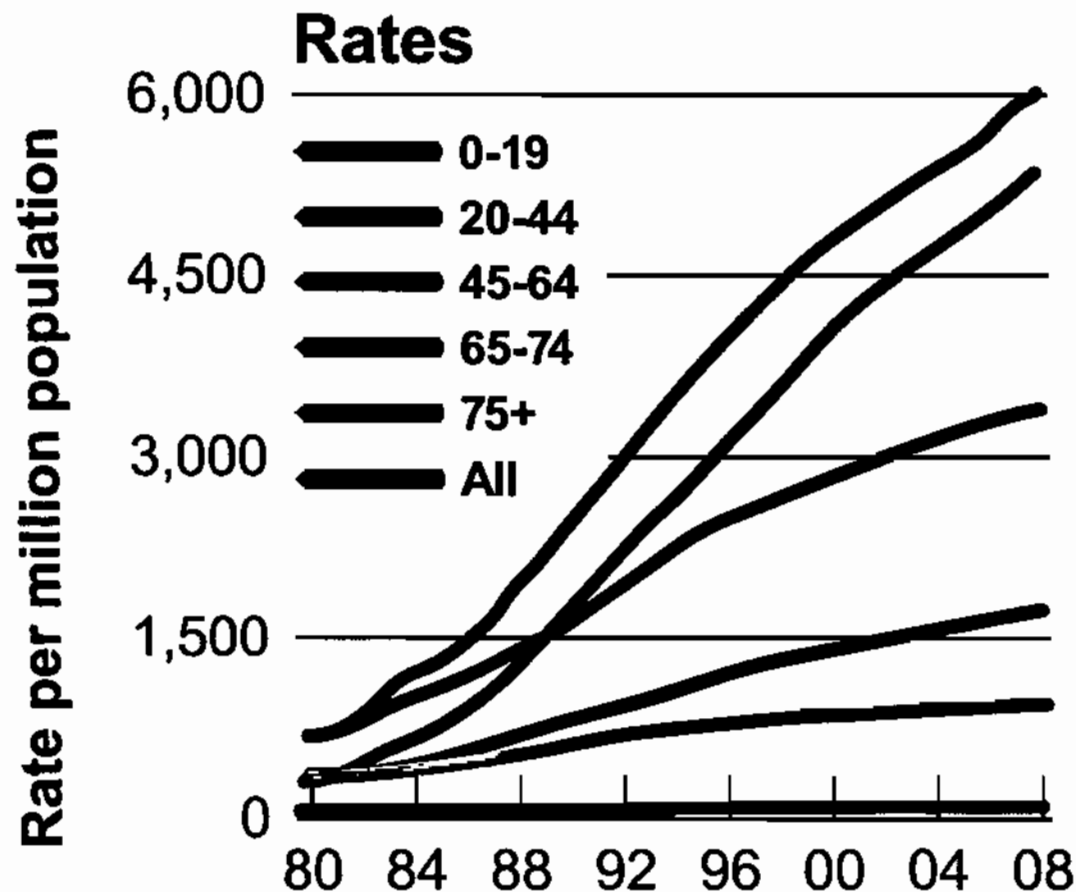


Chart 2

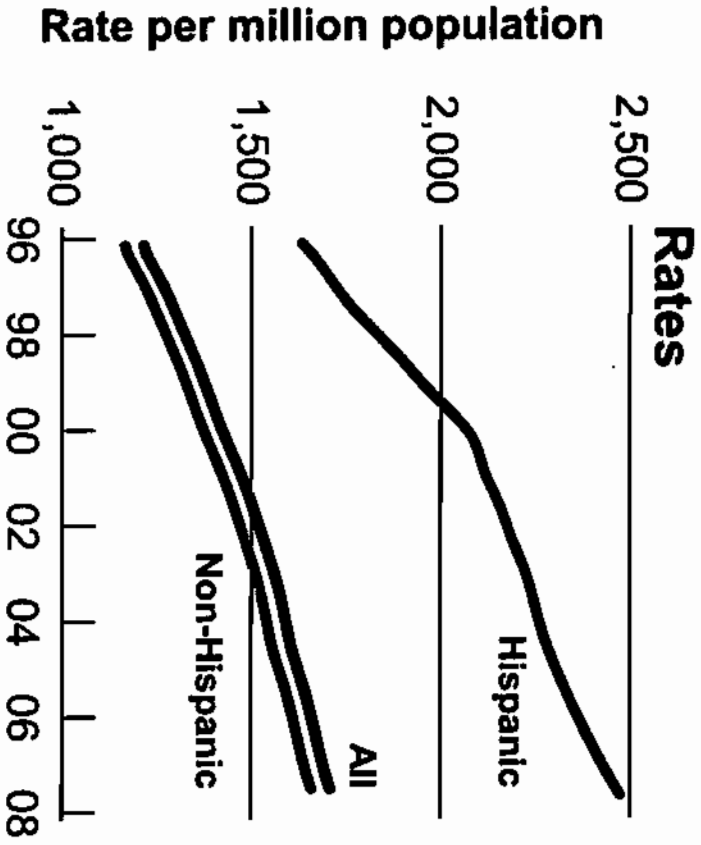
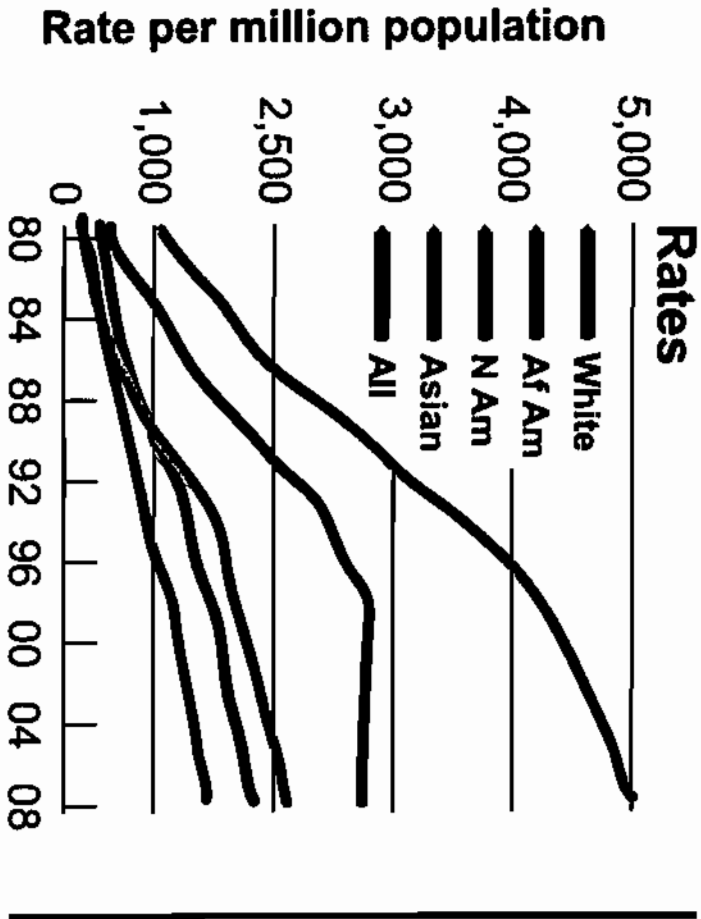
# Growth in ESRD Adjusted Prevalent Rate by Age Group

(Source: U.S. Renal Data Service, 2010 Annual Data Report: Volume 2 Atlas of End Stage Renal Disease, at 258)



# Growth in ESRD Adjusted Prevalent Rate by Race and Hispanic Ethnicity

(Source: U.S. Renal Data Service, 2010 Annual Data Report: Volume 2 Atlas of End Stage Renal Disease, at 258)



## 2008 ESRD Adjusted Prevalent Rate for Select Age Groups, Race or Ethnicity

(Source: U.S. Renal Data Service, 2010 Annual Data Report: Volume 2 Atlas of End Stage Renal Disease, at 259)

<b>OVERALL PREVALENCE OF ESRD</b>	<b>1,699 per million population</b>
Prevalence for Patients 65-74 years	5,941 per million population
Prevalence for Patients 75 years and over	5,266 per million population
Prevalence for African American Population	5,205 per million population
Prevalence for Hispanic Population	2,458 per million population
<b>Average High Risk Prevalence (Mixed Average)</b>	<b>4,718 per million population</b>

Chart 5

# Health Service Area 7 Age Group Change 2000 to 2010

(Source: U.S. Census Bureau)

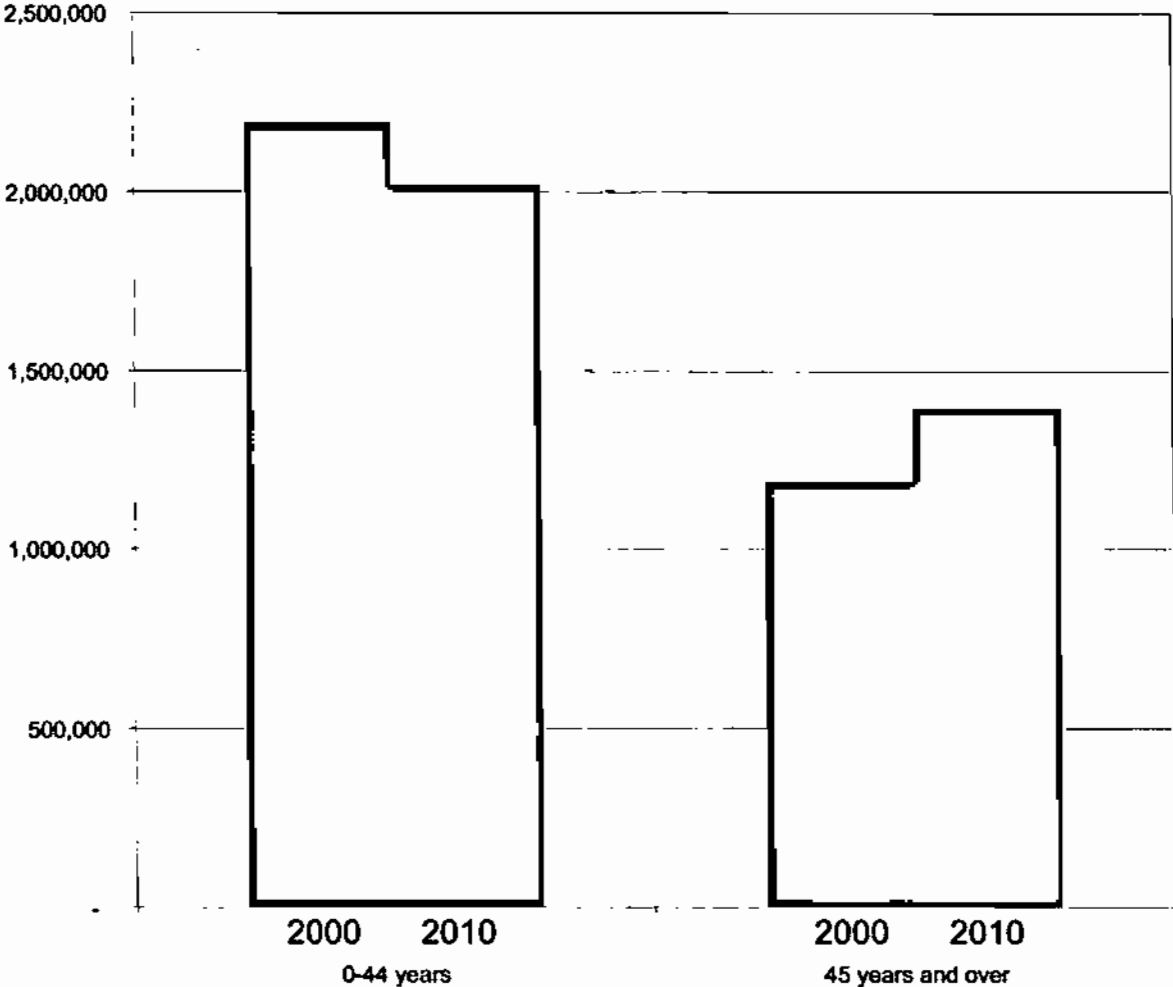


Chart 6

# Health Service Area 7 Ethnic Group Change 2000 to 2010

(Source: U.S. Census Bureau)

