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STATE OF ILLINOIS
BEFORE THE HEALTH FACILITIES AND
SERVICES REVIEW BOARD

IN RE THE MATTER OF:)
Health Healing Request,)
Health Facilities Planning Act)
PROJECT: 12-059, U.S. Renal Care)
Plainfield Dialysis.)

TRANSCRIPT OF PROCEEDINGS had in the
above-entitled matter at 24401 West Lockport
Street, Plainfield, Illinois, on the 23rd day of
August, A.D. 2012, at 2:00 p.m.

BEFORE: MS. COURTNEY R. AVERY,
Administrator
MS. ALEXIS MURONO KENDRICK,
Compliance Legislative Manager
MR. JAMES BURDEN, Board Member

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1 APPEARANCES:

2

3 ILLINOIS HEALTH FACILITIES AND SERVICES

4 REVIEW BOARD

5 525 West Jefferson Street, 2nd Floor

6 Springfield, Illinois 62702

7 217-782-3516

8 BY: MS. COURTNEY R. AVERY,

9 Administrator

10 MS. ALEXIS MURONO KENDRICK,

11 Compliance Legislative Manager

12 MR. JAMES BURDEN, Board Member

13

14 ALSO PRESENT:

15 The Court Reporter:

16 Ms. Patricia A. Armstrong, CSR, RPR,

17 Illinois CSR No. 084-001766

18 Midwest Litigation Services

19 711 North Eleventh Street

20 St. Louis, Missouri 63101

21 (314) 644-2191

22

23

24

1 (Start Time: 2:00 p.m.)

2 MS. KENDRICK: Good afternoon everybody.

3 My name is Alexis Kendrick. I am
4 the Compliance and Legislative Affairs Manager
5 for the Illinois Health Facilities and Review
6 Board. I am acting as the Hearing Officer for
7 today's proceedings.

8 Also present and representing the
9 Board are Dr. Jim Burden, a board member and
10 Courtney Avery, Administrator of the Board.

11 Our purpose here today is to hear
12 testimony regarding the proposed establishment
13 of U.S. Renal Care Dialysis, Plainfield, Project
14 Number 12-059.

15 As per the rules of the Illinois
16 Health Facilities Review Board, I would like to
17 read the legal notice into the record.

18 (WHEREUPON, the following legal
19 notice was read into the record as
20 follows:)

21 "In accordance with the
22 requirements of the Illinois Health Facilities
23 Planning Act, notice is given of receipt of a
24 Certificate of Need Application from U.S. Renal

1 Care, Incorporated, USRC Alliance, LLC and USRC
2 Plainfield, LLC to establish a 13-station end
3 stage renal dialysis facility in 6,493 gross
4 square footage of space located at 13717 U.S.
5 Route 30 in Plainfield, Illinois with a proposed
6 cost of \$2,725,363.

7 A public hearing is to be held by
8 staff of the Health Facilities and Services
9 Review Board pursuant to the Illinois Health
10 Facilities Planning Act.

11 The hearing is open to the public
12 and will forward an opportunity for parties with
13 interest to present written and/or verbal
14 comments relevant to the project.

15 The public hearing will take place
16 pursuant to Part 1130.910 and is scheduled for
17 2:00 p.m., Thursday August 23, 2012 located at
18 the Plainfield Village Hall, Community Room,
19 24401 West Lockport Street, Plainfield,
20 Illinois.

21 Consideration by the State Board
22 has been tentatively scheduled for the October
23 30, 2012 State Board meeting." This is the End
24 of the legal notice.

1 I advise you to check the Board's
2 web site at www.hfsrb.illinois.gov for any
3 changes in the tentative meeting date and other
4 information related to the CON application.

5 Please note that in order to ensure
6 that the Illinois Health Facilities and Services
7 Review Board's public hearings protect the
8 privacy and maintain the confidentiality of an
9 individual's health information, covered
10 entities as defined by the Health Insurance
11 Portability Act of 1996 such as facilities,
12 health providers, health plans and health care
13 clearing houses, submitting oral or written
14 testimony that discloses protected health
15 information of individuals shall have a valid
16 written authorization from that individual.

17 The authorization shall allow the
18 covered entity to share the individual's
19 protected health information at this hearing.

20 If you have not already done so,
21 please see Courtney and sign in using the
22 appropriate registration forms.

23 Those of you who came with prepared
24 text of your testimony may choose to submit the

1 written text without giving an oral
2 presentation, which will be entered into today's
3 record.

4 I ask that you please limit your
5 testimony to four minutes.

6 I will call participants in
7 accordance to the distributed pre-printed HFSRB
8 numbers. If you should leave early, please
9 return those Board numbers.

10 Prior to beginning your remarks,
11 please state and clearly spell your first and
12 last name.

13 After you have concluded your
14 remarks, please provide two copies of your
15 testimony if you have them.

16 If anyone has any questions, please
17 see Courtney on the side of the room any time
18 during the hearing if you have a question.

19 Today's proceedings will begin with
20 representatives from U.S. Renal Care. You can
21 come to the podium to give your remarks.

22 MR. PIRI: First of all, thank you. I
23 appreciate your time for today's hearings.

24 For everybody out there, if you

1 don't know about U.S. Renal Care, we are a
2 100-plus dialysis company with centers across
3 the country in 13 different states servicing
4 7,000 patients.

5 Currently we were granted four
6 Certificate of Needs in the Chicagoland area,
7 three back in November of 2011, one prior and
8 one post in 2012, I believe, in the April/May
9 time frame.

10 Currently out of those four centers
11 one is already up and running in Streamwood
12 servicing patients currently.

13 The other one, the one in Oak
14 Brook, will start servicing patients in four
15 weeks, and then the third one, which is
16 Bolingbrook, will have patients serviced in six
17 weeks and in Villa Park we hope by the end of
18 the year.

19 We have to react pretty quickly as
20 far as when the grants were given for the CON's
21 as far as getting out there and opening the
22 centers all in a year's time frame.

23 Why are we here? We are here
24 simply for one reason only, access and choice

1 for patients. We had a need. The physicians
2 came to us. There is a need in this area and so
3 we are on this process working forward to them.

4 Who is U.S. Renal Care? All of our
5 partnerships that we deal with are
6 physician-backed partnerships.

7 We joint venture with the
8 physicians to give them better care and better
9 choice of the care for their patients.

10 We are here because currently we
11 feel there is a need. There will be people
12 speaking for that need in the upcoming minutes.

13 The reason that the physicians
14 chose us is because they feel that our quality
15 of service for patient care is above none other,
16 and we welcome their response and so forth.

17 Thank you for hearing us, and we
18 will look forward to hearing back from you.

19 MS. KENDRICK: Thank you.

20 We will first call No. 1.

21 DR. SHAFI: Thank you, Dr. Burden and the
22 Board for giving me the opportunity to speak.

23 My name is Mohammad S. Shafi. Me
24 and my colleagues, Dr. Alausa, Dr. Awa Larbi,

1 Dr. Jamandas and Dr. Thakkur are practicing
2 nephrologists in the Joliet and Plainfield area.
3 I have been treating patients with kidney
4 diseases for nearly 14 years. I am board
5 certified in nephrology, internal medicine and
6 critical care.

7 I am here to oppose the application
8 of U.S. Renal for establishing a dialysis
9 facility in Plainfield. We have been admitting
10 patients to the existing Fresenius facility in
11 Plainfield for chronic dialysis for the last two
12 years.

13 Fresenius was the first company to
14 open a dialysis facility in Plainfield. Since
15 then, Fresenius has been instrumental in
16 providing quality dialysis to my patients.
17 These patients in the past had to travel between
18 20 to 30 miles to get dialysis.

19 The quality indicators which we and
20 Medicare monitor on a monthly basis shows that
21 this Fresenius Center is achieving excellence in
22 all parameters of dialysis including improved
23 outcomes and mortality.

24 We oppose the U.S. Renal Plainfield

1 CON application. We support the Fresenius
2 application because it was the first company in
3 the area to open a dialysis facility.

4 It was the first company to file
5 CON application to address the need of growing
6 dialysis patients.

7 As a matter of fact, I have seen
8 patients from neighboring areas to travel to
9 Plainfield to get dialysis because of the
10 excellent quality and care being provided to
11 patients in the Fresenius facility.

12 We feel that U.S. Renal is only
13 filing an application based on Fresenius Medical
14 care's current application.

15 Based on history of U.S. Renal, we
16 feel the main intent of U.S. Renal is not to
17 provide quality dialysis but to set up a
18 dialysis center and sell it with big margins to
19 other companies in the shortest span of time.
20 This kind of activity should not be rewarded.

21 As a nephrologist, I can tell you, when
22 dialysis' companies change names, it's painfully
23 hard for patients to adjust to new patients.

24 On the same token, when I admit

1 patients to Fresenius facility, I feel assured
2 that this facility will not change names and
3 will not be sold and will stay in the area for a
4 long time.

5 U.S. Renal in the past has
6 mentioned about choices to patients. The area
7 in question has many choices.

8 There are four independent clinics
9 in the area, two of which belong to DaVita, one
10 belongs to Sun Health dialysis, and one belongs
11 to Fox Valley.

12 We have also heard based on
13 previous hearings that U.S. Renal claims that
14 its application should be chosen due to the fact
15 that Fresenius is a big company with many
16 clinics in the Illinois area.

17 Let me reassure the Board that we
18 as kidney specialists look to providing access
19 and quality care. Fresenius has excelled in
20 both the areas. We have found Fresenius to be
21 an excellent company. U.S. Renal is held by
22 venture capitalists whose main objective is to
23 make quick money for its investors and then
24 disappear from the scene.

1 Private equity financial sponsors
2 own 89 percent of U.S. Renal Care. The fact
3 that Fresenius is a big company means it is
4 well-equipped to address patient care needs in a
5 cost-effective manner.

6 Our patients do not care if it's
7 big. They look for quality care, comfort and
8 access when dialyzing.

9 Our demand from the Board is to
10 approve a facility, which is there to stay,
11 which provides quality care, which help our
12 patients to live longer and which is dedicated
13 to access. Fresenius is such a provider.

14 I know my patients, and they don't
15 care about U.S. Renal. They want to continue to
16 see me or my partners. They want to go to
17 dialysis close to their home or work.

18 If they have already had an
19 experience with Fresenius, they may feel more
20 comfortable having dialysis there again, but
21 mainly they care about being with their
22 physician and the proximity of the clinic to
23 their home. That is it.

24 It is truly perplexing to me that

1 because maybe one or two patients complain about
2 an experience they have at a Fresenius or other
3 clinic that this Board then decides to deny
4 Fresenius applications and approve U.S. Renal
5 applications. We treat hundreds of patients.
6 There is no way there will not be an occasional
7 unhappy patient at a Fresenius or DaVita or U.S.
8 Renal clinic.

9 The need in Plainfield for more
10 dialysis stations is a real one.

11 As a matter of fact, the existing
12 Fresenius facility in Plainfield achieved an 80
13 percent target utilization within one year of
14 operation.

15 It added four stations recently and
16 is still over the Board target utilization. The
17 experience of our doctors and patients with
18 Fresenius has been excellent.

19 We urge the Board to allow
20 Fresenius to set up a new facility and continue
21 to provide quality dialysis to patients of
22 Plainfield and the surrounding area. We don't
23 want a company like U.S. Renal to set up a
24 facility purely for financial gains. It's that

1 simple. Thank you.

2 MS. KENDRICK: No. 2.

3 MR. SIMMS: My name is Luther Simms.

4 Good afternoon. I have been on dialysis for a
5 year and a half, and I like going there. So the
6 people there treat me good. I have no
7 complaints. Thank you.

8 MS. KENDRICK: No. 3. When you come up
9 to the podium, turn in the number and your
10 statement

11 MS. HUMEC: Good afternoon. I am Tiffany
12 Humec. I have been on dialysis for just under
13 seven years, and I strongly support the U.S.
14 Renal Care and the new dialysis facility in
15 Plainfield.

16 We need another facility here
17 because we need a choice in the matter and for
18 the simple reason that there is just too many
19 patients at the ones that we have. I have three
20 children 17, 16 and 3. As you can imagine, my
21 schedule is already crazy.

22 With dialysis treatment on top of
23 that, and I have no extra time. Not a week goes
24 by that my dialysis schedule does not conflict

1 with something else. It would give me peace of
2 mind to know that just for once I do not have to
3 shuffle around my whole day just to get
4 treatment.

5 My husband helps out when he can,
6 but he is an on-the-road truck driver. So a lot
7 of responsibility falls to my older kids.

8 They really are a huge help,
9 because they watch my three-year-old a lot when
10 I have to go to dialysis. They have had to miss
11 out on activities with their friends in the past
12 because I need someone to watch him.

13 I wish it could be different or
14 that I could skip my appointment, but we are
15 talking about my health here. If I can't get
16 this treatment, I won't be able to be there for
17 any of them.

18 To make a long story short, the
19 facility I go to now is just too crowded. There
20 are times I would like to be there for my kids;
21 but if I don't go to my appointment, they can't
22 get me in at all. It's just so limited here.
23 So, I stick with my appointment and miss out on
24 time with my family. I just wish we had another

1 choice. Anyone here will tell you that the
2 appointments take up a huge part of your day.

3 If I already have to miss a big
4 chunk of my day, I'd like to spend the rest of
5 it with my kids or husband.

6 I just need more options and more
7 space. And I know that if I feel like this,
8 there have to be others who do, too.

9 Driving for half an hour isn't
10 something we should be making dialysis patients
11 do. We should be offering them good care close
12 to home. So, please, please give me and other
13 dialysis patients a choice in Plainfield.

14 Thank you.

15 AN UNIDENTIFIED CHILD'S VOICE: Why Mommy
16 did we just do that? Why are we here?

17 [Laughter.]

18 MS. KENDRICK: Thank you. No. 4.

19 MR. MUELLER: My name is Gary Mueller,
20 M-u-e-l-l-e-r.

21 I can tell you I have prepared a
22 statement, but I can tell you no truer words
23 were ever spoken than the words of a child. I
24 am blessed with four children and he said, "Why

1 Mommy did we just do that?" It's a great
2 question.

3 I am here in opposition of the
4 application, and I apologize, but I feel bound
5 or at least hamstrung, I guess, to present.

6 As all of you know, I was present
7 with us in Lemont. At the time of the first
8 speaker on behalf of U.S. Renal, I actually
9 wrote down what he said.

10 At the time he said -- at least
11 what he mentioned was that there had been three
12 months. He stated that they are about three
13 months away.

14 He said that they have four
15 Certificates of Need that have been granted, and
16 none of them have any critical data that is
17 presented, no quality data presented.

18 While that was about three hours
19 ago. He said those are all the three months
20 away at the earliest.

21 Now, three hours later either their
22 construction crews have gotten really
23 progressive or there is a little bit of a
24 problem because one of them is now four weeks

1 away. The other one is now six weeks away, as
2 well as the third was six weeks away.

3 He apparently agrees with my
4 assessment that Villa Park is at least a year
5 away.

6 So I just wanted to mention that to
7 the Board that we need to keep track, stay
8 focused on what the message is, but also stay
9 focused on reality.

10 They didn't like those terms that
11 were used in the last hearing, so they made
12 different representations to the Board now.

13 We are not going to do that. The
14 same representation I made before still stands.
15 U.S. Renal Downers Grove, U.S. Renal
16 Bolingbrook, U.S. Renal Streamwood all were
17 proved October 12th.

18 Once again now with his statement
19 it was November. It was October 12th.

20 And to date there is no quality
21 data from any of those facilities. Villa Park
22 was recently approved. I grant you that. That
23 was July 24th. So, of course, there is no
24 quality data from that facility either.

1 But the key here is that you are
2 going to hear testimony in support of U.S. Renal
3 and from those patients that they are worried
4 about convenience of care and the quality of
5 care. Well, there is no quality of care. There
6 is nothing to compare it to. They don't have
7 any.

8 The four units that they have here
9 in Illinois that have recently been approved are
10 not up and running. So how do we know that
11 whatever they are going to present is better.
12 You don't.

13 So the presentations that they are
14 making and the representations they are making
15 to patients is we are going to do a better job.
16 Based on what?

17 I submit to you to stay focused on
18 the message. Stay focused on, as the young man
19 said, "Why do we do this Mom? Why are we here?"

20 Please stay focused on that term
21 and that reason. Thank you very much for your
22 time.

23 MS. KENDRICK: Thank you. No. 5.

24 MS. KRAUSE: Hello. My name is Patricia

1 Krause, K-r-a-u-s-e.

2 My son Michael has been on dialysis
3 since 2008. As his mom, not to mention primary
4 caretaker and legal guardian, his health and
5 well-being are my first priority.

6 I have been advocating for him for
7 41 years now, and I have a lot of experience
8 dealing with doctors on his behalf.

9 Basically, I know what we want and
10 what we don't. And what we want, and quite
11 frankly need is a U.S. Renal Care dialysis
12 clinic in Plainfield.

13 And the reason I am supporting U.S.
14 Renal Care is because it would give us a new
15 company and a new choice in town.

16 Right now, we don't have a whole
17 lot of choice here. Yes, there are other
18 facilities in town, but Plainfield is big and,
19 frankly, those other clinics don't offer a
20 choice. There's only one provider in
21 Plainfield, and it's just more of the same.

22 I am very opinionated when it comes
23 to Michael, and it is my opinion that it would
24 be better for him if Plainfield had some

1 options. Being on dialysis takes a lot of the
2 control out of your life, but offering a choice
3 in where we can go to treatment gives us a
4 little bit of that control back.

5 When you are dealing with something
6 as life-changing as chronic kidney disease, that
7 control is really important, both for the
8 patients and their families.

9 As the parent of any mentally
10 impaired child will tell you, the way a person
11 interacts with your child says a lot of that
12 person.

13 In the past, we have had doctors
14 who speak down to Michael or treat him like he
15 is not in the room. Dr. Ahmed, however, always
16 makes Michael a part of the conversation. I
17 can't tell you what it has meant to me that she
18 really takes the time to do that.

19 It has made all the difference in
20 Michael's outlook and attitude toward this
21 life-changing process. They are comfortable
22 with each other, and she is available to answer
23 questions and address our concerns anytime day
24 or night. I trust her judgment in all matters

1 related to Michael's renal health.

2 Beyond Dr. Ahmed's involvement with
3 the new facility, we have noticed how crowded
4 our current facility is getting.

5 There are people coming from all
6 around for treatment, and I worry that Michael's
7 appointments may eventually be affected.

8 Giving us another choice for care
9 could make all the difference in the world to
10 Michael and other kidney patients.

11 Plainfield is getting bigger all
12 the time, and it has been built up so quickly.
13 I have seen a lot of senior developments around
14 here, and I am sure they have a population who
15 requires dialysis treatment.

16 It seems like only a matter of time
17 until the existing centers are not enough. And
18 I don't want to have to start driving Michael a
19 long way for treatment when we have a potential
20 option here with doctors we love, not to mention
21 a choice that would be nice to have. So I hope
22 you will approve this new facility. It will
23 help my son and a lot of other kidney patients
24 in Plainfield.

1 Thank you very much.

2 MS. KENDRICK: Thank you. No. 6.

3 MS. PHILLIPS: My name is Mary Phillips,
4 I am a patient of Dr. Alausa's. I am here to
5 support Fresenius Medical Care.

6 I have been receiving dialysis at
7 Fresenius Plainfield for two years now and I
8 have received excellent care there. And I mean
9 that day or night, 24/7 even on Christmas if you
10 call, you get a response shortly.

11 I talk to the other patients when I
12 go. They are all happy with the care they
13 receive.

14 If I ever have a problem or issue,
15 I speak with the staff or a doctor, and they
16 immediately create a solution.

17 I was not asked by Fresenius to be
18 here. My doctor told me about this hearing, and
19 I chose to defend Fresenius because it is
20 important to me that the Board hears what I have
21 to say.

22 Fresenius is a good company and
23 they provide good care. They employ a lot of
24 people in the area and have for a long time.

1 There are plenty of different dialysis clinics
2 in the area so people have a choice. It is a
3 good company, and they provide good care.

4 Every Tuesday at 4:30 and every
5 Saturday at 4:30 a.m. I am in there. That is my
6 life. That is the way it has to be, but I
7 definitely know the time is there. They provide
8 good care.

9 They employ a lot of people in the
10 area and have for a long time. They have plenty
11 of dialysis clinics in the area, so people have
12 a choice. I chose mine, and that was with
13 Dr. Alousa. Thank you.

14 MS. KENDRICK: Thank you. No. 7.

15 MS. AVERY: Is it clear to people here
16 that this project is U.S. Renal Care and not a
17 project for Fresenius? The Fresenius project
18 has not had a hearing.

19 So when you say "I support the
20 Fresenius project," this is not the focus of
21 that hearing. This hearing is for U.S. Renal
22 Care.

23 MR. SHAZZAD: But it is their
24 application.

1 MS. AVERY: I understand that, but it
2 gets a little cloudy. Some people may think
3 they are here for the Fresenius project.

4 The CON application and this
5 hearing is for the U.S. Renal Care project. I
6 want everybody to understand that.

7 You can say you support Fresenius,
8 but be clear that this hearing is for U.S. Renal
9 Care Plainfield.

10 A VOICE: I have a question.

11 MS. AVERY: Yes, sir.

12 A VOICE: I must have misunderstood it
13 when they asked me to come because I thought it
14 was to get another renal place in Plainfield.

15 MS. AVERY: It is.

16 A VOICE: I thought it was to choose
17 between companies to provide this.

18 MS. AVERY: Exactly. That is my point.
19 It's to support or oppose U.S. Renal Care, not
20 to come and state your support for Fresenius
21 applications. You are absolutely correct.

22 MS. PHILLIPS: I agree with what you
23 said. What I said was a misconception. Totally
24 it was wrong.

1 MS. AVERY: I just want everybody to
2 understand this hearing is for that project,
3 U.S. Renal Care Plainfield, Project No. 12-059.

4 A VOICE: Is that for a certain company?

5 MS. AVERY: That's for U.S. Renal Care.

6 A VOICE: For a certain company.

7 MS. AVERY: Yes, exactly. The company
8 name is U.S. renal care.

9 A VOICE: I don't know about any of the
10 rest of you people. We weren't given any
11 information about any of these companies, so we
12 don't know for sure.

13 DR. ALAUSA: Who asked you to come?

14 A VOICE: Karen.

15 MR. SHAZZAD: Karen from where?

16 MS. AVERY: Are you currently a patient?

17 MR. SHAZZAD: Are you Dr. Naila's
18 patient?

19 A VOICE: No, Dr. Ahmed's patient.

20 DR. ALAUSA: When they asked you to come,
21 they gave you wrong information.

22 MS. AVERY: No, they didn't give you
23 wrong information. They did not give you wrong
24 information. In the past we had this instance

1 that happened.

2 If you are here to support
3 Fresenius, that is fine; but you must go on the
4 record to oppose this project, not clearly state
5 I am here to support Fresenius because it gets a
6 little cloudy there.

7 I am wondering if people are
8 thinking they are here for that application.
9 This hearing is for 12-059 for U.S. Renal Care.
10 Either you support it or oppose it.

11 I just wanted to make sure that was
12 clear. Thank you.

13 MS. KENDRICK: No. 7.

14 MR. GARCIA: My name is Pedro Garcia,
15 G-a-r-c-i-a. I am in Stage IV kidney disease.
16 Hopefully I will never have to be on dialysis;
17 but if I do, I want to have a choice in the
18 matter.

19 Right now it seems like other
20 patients don't have much of a choice where they
21 can get treatment.

22 There is only one provider in
23 Plainfield. Yes, there are a couple facilities
24 here, but they don't offer the choice I would

1 want if I had to be on dialysis. We simply need
2 another option in town.

3 Plainfield is a big place. The
4 population has grown a lot recently, and it
5 feels like it's getting bigger every day.

6 There has also been a big rise in
7 the Hispanic population here, and I have learned
8 kidney disease is something that
9 disproportionately affects Hispanic people.

10 So, even if I never need dialysis,
11 I think it is safe to say that other people here
12 do. And that number will only get bigger as
13 this town keeps growing.

14 In conclusion, I am here because it
15 is critical that you approve this new clinic in
16 Plainfield, not just for me, but for everyone
17 else in this town who needs a choice about where
18 they do their kidney dialysis.

19 Thank you very much.

20 MS. KENDRICK: Thank you. No. 8.

21 MS. KINNARY: Good afternoon, my name is
22 Connie Kinnary, and I am here to support my
23 doctors and their efforts to open a dialysis
24 facility in Plainfield.

1 I have been on dialysis for three
2 years this September, so I am somewhat new at
3 it, but then again I am not.

4 When I found out I would have to be
5 on dialysis, I was determined to keep a very
6 positive attitude about it.

7 To deal with something like this
8 three times a week, you just have to. And I
9 think I have done a good job at it.

10 It helps that my doctors are
11 encouraging and supportive, which is really
12 important in this situation.

13 As it stands, there aren't any
14 choices for patients in Plainfield, and I am a
15 big believer in choice. It seems a little wrong
16 that as big as our town is, there's really
17 nothing to choose from, as far as dialysis goes.

18 That is why I was excited to hear
19 about this new U.S. Renal Care clinic.

20 It will give patients like me
21 another choice in a matter that is so critical
22 to our health.

23 None of us have a choice about
24 having kidney disease; but, like I said earlier,

1 we have a choice about our attitude toward it.

2 And we should certainly have a choice about
3 where we spend more than 12 hours a week getting
4 life-saving treatment.

5 We are being offered a chance to
6 have another option in Plainfield, and I think
7 we should take it, because there's only one
8 provider in this town right now.

9 As I said earlier, I am a big
10 believer in choice, and that's something they
11 are not offering us.

12 This new clinic would offer that,
13 which is why you should approve the new dialysis
14 center in Plainfield.

15 My husband supports me 100 percent.
16 He took off from painting a car today to be
17 here.

18 I am really blessed with a lot of
19 good things, especially the care that I have
20 been given. I support it 100 percent. Thank
21 you.

22 MS. KENDRICK: Thank you.

23 MS. DEVISNE: My name is Norea Devisne,
24 D-e-v-i-s-n-e. I am admissions director at a

1 local nursing home, and I have been in health
2 care for over 20 some years.

3 I am not familiar with U.S. Renal
4 at all. I don't think it's going to be a
5 benefit to the community.

6 I think Fresenius is doing a
7 wonderful job. We have several residents from
8 our facility that go to the facility that they
9 have here at Plainfield, and they receive
10 awesome care. The physicians are very in tune
11 with what is going on, and I am opposed to
12 anybody us coming in. Thank you.

13 MS. KENDRICK: Thank you. No. 10.

14 MR. JENKINS: My name is Thomas Jenkins.
15 I am a dialysis patient for the last four years.
16 I am getting dialysis three times per week at
17 Fresenius dialysis facility in Plainfield.

18 I am very satisfied with my care at
19 Fresenius. We do not want U.S. Renal to set up
20 a dialysis center for making a quick profit and
21 then disappear. That's my statement. Thank
22 you.

23 MS. KENDRICK: No. 11.

24 MS. RINEHARD: My name is Kathy Rinehard,

1 K-a-t-h-y R-i-n-e-h-a-r-d.

2 Thank you for the opportunity to
3 speak to you today. I am here in support of
4 U.S. Renal Care.

5 I have lived in Plainfield for 36
6 years, and I have been on dialysis since
7 December of 2010.

8 Strictly speaking there is no
9 dialysis unit in Plainfield. The unit that they
10 refer to as Plainfield is really located in
11 Joliet, because literally outside the door you
12 are going to see the Joliet fire department. I
13 would like to see a unit in Plainfield.

14 I went on dialysis, as I said, in
15 December of 2010 following a heart attack.
16 Prior to open heart surgery my doctors were
17 afraid that my kidneys would fail during surgery
18 and so they put me on dialysis, and most of the
19 time since then and after a number of stays in
20 different facilities, I have continued on
21 dialysis.

22 I was actually hospitalized in
23 subacute care for five months, and the key to
24 getting out of subacute was finding a chair

1 close to my home, and that became very
2 difficult.

3 We literally sat there for eight
4 hours while the social worker tried to find a
5 chair near my home, and I was a mile from here.

6 When they finally did, I was
7 released, but then I found out that my insurance
8 company had no agreement with this facility and
9 so that was a new struggle with my worrying
10 about me having to pay up to close to \$5,000 out
11 of pocket, which I certainly didn't have.

12 It was also a burden on my family,
13 because at the point that I was released, I
14 could only walk a few steps.

15 I was in a wheelchair; and due to a
16 lot of physical therapy, I am thankfully beyond
17 that and driving to dialysis.

18 Then the insurance company told me
19 they wanted me to go to Downers Grove for
20 dialysis, because according to their maps that
21 was 20 minutes away. I don't think they have
22 driven it.

23 So basically -- well, I am
24 deviating a lot from my script here.

1 But my point is we need something
2 here in the Village of Plainfield that is
3 accessible to the residents of Plainfield. We
4 need a choice.

5 Not all insurance companies have
6 agreements with all dialysis facilities, and
7 they are allowed to ask you to drive quite a
8 distance.

9 For all of those here that are on
10 dialysis it's an extreme burden to do that, an
11 extreme burden.

12 Most patients aren't driving, and
13 those who are can probably drive a short
14 distance following treatment; but after a
15 four-hour treatment you are in no shape to be
16 driving from Downers Grove or even really into
17 Joliet very far quite honestly.

18 So my support goes to having a new
19 facility, U.S. Renal Care in Plainfield; and I
20 would also like to say it would be great to be
21 able to have my doctor treating me all the time
22 at the facility that I go to, and Dr. Ahmed is
23 an exceptional physician. So that is why I
24 support U.S. Renal care.

1 MS. KENDRICK: Thank you. Cloanna
2 Gilliam, do you have to leave soon?

3 MS. GILLIAM: No.

4 MS. KENDRICK: Okay.

5 MS. KENDRICK: No. 12.

6 MR. CALVERT: My name is Kenneth Calvert,
7 C-a-l-v-e-r-t. I am a dialysis patient of
8 Dr. Alousa and Dr. Shafi.

9 I am currently receiving dialysis
10 at the Fresenius Plainfield clinic, and I
11 receive great care there.

12 Obtaining a clinic close to my
13 house is very important to me and other dialysis
14 patients. I appreciate that Fresenius has
15 worked hard to establish their Plainfield
16 clinic.

17 I believe that their facility is
18 the best one for me. I receive exceptional care
19 there, and I support their effort to open
20 another clinic in Plainfield. I may not need
21 it, but I know other patients do. I was told
22 that another company also wants to open a clinic
23 there. We need another facility and I think
24 Fresenius should continue to serve the

1 Plainfield area.

2 My doctor feels comfortable with
3 them and his opinion means a lot to me. They
4 would know the best company to work with.

5 I urge the Board to oppose U.S.
6 Renal's application and approve Fresenius
7 Medical Care Plainfield North. Thank you.

8 MS. KENDRICK: No. 13.

9 DR. ALAUSA: My name is Morufu Alausa,
10 A-l-a-u-s-a, and I am a physician who has been
11 practicing in the Plainfield area for over 10
12 years.

13 I currently admit my patients who
14 require dialysis to the clinics, and my patients
15 are very important to me. I am just going to go
16 directly to the point.

17 I strongly oppose U.S. Renal's
18 application for three reasons. No. 1, they will
19 just be piggybacking with Fresenius around the
20 State. Wherever they put an application they go
21 there.

22 U.S. Renal has no quality data in
23 this State. The second thing that they claim is
24 they have an option of choice. There are a lot

1 of choices in the area. There is Fox Valley.
2 There is DaVita, and there is Fresenius. The
3 patients have choices.

4 U.S. Renal they are just here not
5 for the benefit of the patient. This is a
6 company that is held by 89 percent held by a
7 private equity fund. They just sold out. They
8 have been sold three times.

9 The last acquisition was about 590
10 million by Venture Capital of Boston. We have
11 seen this before. Please be fair to our
12 patients. Renal Care sold several years ago.
13 They sold to Liberty Dialysis. They sold just
14 about one year ago.

15 U.S. Renal is going to do the same
16 thing. They are going to come, build up all the
17 clinics around and then sell. That is what they
18 are going to do. Don't let them come in and
19 deceive you.

20 Even the people working with them,
21 the doctors working with them they are already
22 bragging about they are going to make money when
23 they sell.

24 This is not why we are here. We

1 are here to take care of patients. This company
2 is a part-time company. They will sell. We
3 have seen it happen all the time.

4 These are private equity firms.
5 They only need money, and now with the same
6 doctors to come in and support it are the same
7 doctors that come to support U.S. Renal Care.
8 They are a medical director of DaVita for
9 dialysis. They have free clinics, yes. They
10 have the same medical doctor. They control the
11 care. They should be ashamed of themselves. If
12 they can't maintain optimal care at DaVita,
13 where they are the medical director.

14 I am proud to say I am the Medical
15 Director of Fresenius in Plainfield. This is
16 not fair to our patients.

17 This company is going to come in
18 and they are going to sell. So, I strongly
19 oppose the application.

20 The information they are giving to
21 the Board is absolutely false. We should do
22 everything to maintain the care of the patient.
23 U.S. Renal Care is owned by a private equity
24 fund. They are just another company that they

1 will sell for 90 million, and they are going to
2 sell. Thank you very much.

3 MS. KENDRICK: No. 14.

4 DR. AHMED: My name is Dr. Naila Ahmed, I
5 am here to support U.S. Renal Care today.

6 I have been treating patients in
7 Will and Cook County for the past decade. I
8 have practiced medicine in Illinois since 1977
9 when I performed both my residency and my
10 nephrology fellowship at the University of
11 Illinois at Chicago.

12 Since that time, I have served as a
13 clinical instructor at Michael Reese Hospital in
14 Chicago and currently serve as Chairman of
15 Nephrology at Silver Cross Hospital in Joliet.

16 I also currently act as medical
17 director of the Silver Cross/DaVita East
18 Hospital Unit.

19 In addition, I am the director for
20 acute dialysis at Provena-St. Joseph and
21 director of peritoneal dialysis at the Joliet
22 home therapy clinic.

23 But being a nephrologist is not
24 just my job, it's my passion. Unfortunately, I

1 learned far too early the devastation that
2 kidney disease can have on a patient and family.
3 I lost my mom from the disease when I was in
4 high school. She didn't have the quality care
5 that can make all the difference.

6 From that moment, I knew my calling
7 was to be a nephrologist. And it's my personal
8 mission and commitment to every one of my
9 patients to give them the quality care my mom
10 didn't have.

11 It's that commitment that led me
12 here today and fueled my desire to serve as a
13 medical director of the U.S. Renal Care
14 Plainfield dialysis facility.

15 This effort is about one thing and
16 one thing only, providing patients with a choice
17 in dialysis providers and expanding access to
18 quality care to meet the growing need in Will
19 County.

20 Through my various roles in
21 providing nephrology care in and around the
22 Joliet area, I am acutely attuned to the growing
23 need for dialysis services in this area.

24 My partners and I are working with

1 U.S. Renal Care to ensure that there are
2 sufficient dialysis stations to address the
3 significant growth of ESRD patients that we
4 anticipate in the coming years.

5 We believe that this growth will be
6 a direct result of the total population growth
7 in the Plainfield area, as well as the growth in
8 populations that are at higher risk of
9 progressing into end stage renal disease.

10 In the Village of Plainfield, the
11 total population has grown from 13,038 to 39,581
12 people from 2000 to 2010. That's a growth of
13 over 200 percent in a ten-year period. This
14 growth in total population is outpaced by the
15 growth in population that are at a higher risk
16 for ESRD.

17 The Plainfield area has seen a
18 dramatic increase in the population of Hispanic
19 or Latino origin, increasing over 700 percent
20 from 504 individuals in 2000 to 4,247
21 individuals in 2010.

22 The African-American population has
23 seen even greater growth during this time,
24 increasing 1,900 percent from 100 individuals in

1 2000 to 2,202 individuals in 2010.

2 This increase represents a change
3 from 0.8 percent of the total Plainfield
4 population in 2000 to 5.6 percent of the
5 population in 2010.

6 As these populations experience
7 rates of ESRD over two times higher than the
8 general population, we anticipate a much greater
9 need for ESRD stations in the future.

10 As physicians, we have seen this
11 growth reflected in our own practice, currently
12 we estimate that 15 to 20 percent of our
13 patients are of Hispanic or Latino origin.

14 But beyond the numbers, there are
15 real people with real struggles and challenges
16 that depend on this lifesaving care day in and
17 day out.

18 As physicians, it's our
19 responsibilities to make sure there are adequate
20 resources to meet their needs.

21 In partnering with U.S. Renal Care,
22 we hope to address this urgent need for ESRD
23 facilities in the Plainfield area.

24 Through U.S. Renal Care's model of

1 providing physician investment and input in the
2 establishment of dialysis facilities, we have
3 worked together to plan and submit this CON
4 application to meet the needs of Plainfield
5 residents.

6 As my physician partners are
7 located in the Joliet area, we recognized the
8 need for additional dialysis facilities in this
9 area.

10 As a result, we sought out a
11 willing partner to make an investment in the
12 Plainfield community to make dialysis options
13 available to Plainfield residents.

14 U.S. Renal Care, a leading provider
15 of dialysis services nationwide, rose to the
16 challenge and has been working with us to ensure
17 that the necessary resources are available to
18 care for area residents.

19 MS. KENDRICK: Please conclude your
20 comments.

21 DR. AHMED: I also want to recognize the
22 incredible support of this application from many
23 stakeholders including the Village of
24 Plainfield, Will County, area nursing homes and

1 hospitals including Adventist Bolingbrook and
2 Provena St. Joseph. But most importantly, our
3 patients couldn't be more supportive, this
4 facility would give them the improved access and
5 choice they need and deserve.

6 We realize that the Board must
7 sometimes make hard decisions in determining the
8 appropriate level of healthcare provision,
9 however, the population growth in Plainfield and
10 HSA 9 clearly supports the establishment of
11 additional dialysis resources.

12 We respectfully request the Board
13 approve the U.S. Renal Care Plainfield Dialysis
14 facility.

15 It is what's in the best interests
16 of the patients we serve and the families that
17 care for them.

18 Thank you very much for your time
19 and attention.

20 MS. KENDRICK: No. 15.

21 DR. GURFINCHEL: Good afternoon.

22 For those of you who do not speak
23 Spanish, what I just said is that my name is
24 Dr. Aaron Gurfinchel, and I am presenting in

1 support of this application to ensure that there
2 are sufficient and accessible dialysis services
3 available to Hispanic and Latino populations in
4 the Plainfield.

5 I am a nephrologist practicing with
6 Dr. Ahmed at Northeast Nephrology Consultants
7 and a physician investor in the proposed U.S.
8 Renal Care Plainfield Dialysis facility.

9 I received my medical education
10 from the Universidad Nacional Mayor de San
11 Marcos in Lima, Peru and served as a medical
12 director in the Peruvian Airforce.

13 My interest in the approval of this
14 application is particularly relevant given the
15 explosive growth of the Plainfield Hispanic and
16 Latino population.

17 As you have heard today, the
18 Hispanic and Latino population of the Plainfield
19 area has seen a significant rise in the past
20 decade.

21 As a nephrologist, I have seen this
22 significant population change reflected in my
23 own practice.

24 Even during my three years with

1 this practice, I have witnessed the Hispanic and
2 Latino patient population increase in line with
3 the total Hispanic and Latino population
4 increase in Plainfield, which you have heard
5 today to be over 700 percent.

6 You have also heard that this
7 population suffers end stage renal disease at
8 higher rates than the general population.

9 As a consequence, I anticipate that
10 the Plainfield area will see a significant
11 increase in the number of Hispanic and Latino
12 individuals that require nephrology and dialysis
13 services.

14 As a native Spanish-speaker, I am
15 personally committed to ensuring that these
16 patients receive the dialysis they need,
17 regardless of language barriers.

18 In my practice, I treat many of my
19 nephrology patients using our native language to
20 ensure that they can adequately communicate
21 their medical issues.

22 This is equally important in the
23 dialysis setting, where patients must
24 communicate medical symptoms that include

1 discomfort, dizziness, heart palpitations and
2 nausea that arise during their dialysis
3 treatment.

4 Personally, I have seen the
5 negative effects of insufficient
6 Spanish-speaking medical resources in the
7 provision of healthcare.

8 I performed my residency at the
9 Metropolitan Hospital Center located near the
10 East Harlem neighborhood in New York City, which
11 is also known as Spanish Harlem or El Barrio,
12 and my fellowship at Montefiore Medical Center
13 in the Bronx.

14 As a result, I have spent time
15 treating the significant Spanish-speaking
16 population that resides in and around New York
17 City.

18 In my time at these hospitals, I
19 have seen the effect of inadequate language
20 services in the treatment of native-speaking
21 patients.

22 Generally, such events occur due to
23 the various dialects of Spanish that are spoken
24 across nationalities and the inherent complexity

1 of medical vocabulary.

2 MS. KENDRICK: Please conclude your
3 comments.

4 DR. GURFINCHEL: The combination of these
5 factors can result in serious miscommunication
6 with the patient and ultimately result in
7 serious adverse events in the treatment of
8 patients.

9 In my commitment to this project, I
10 want to ensure that these types of events do not
11 occur to the nephrology patients of the
12 Plainfield area.

13 When this application is ultimately
14 considered for approval, I ask that the Board
15 take into account the needs of the Hispanic and
16 Latino population in and around the Plainfield
17 area.

18 Please consider the needs of this
19 growing population and help ensure that adequate
20 and accessible dialysis services are available
21 to meet the needs of this important and often
22 underserved population.

23 Thank you very much for your
24 attention to this matter.

1 MS. KENDRICK: Thank you. No. 16.

2 MS. VONGSAOUDOM: Good afternoon. My
3 first name is Phetsamay, P-h-e-t-s-a-m-a-y, and
4 my last name is Vongsaoudom,
5 V-o-n-g-s-a-o-u-d-o-m.

6 My husband is a patient of
7 Dr. Alausa. He is receiving dialysis at the
8 Fresenius Plainfield clinic, and the care there
9 is very good.

10 When he started dialysis, he was
11 very sick. He didn't feel good. His energy
12 level was low. However, he started feeling
13 better as he started dialysis at the Fresenius
14 facility.

15 The staff at Fresenius kept me
16 informed about his progress and helped him
17 tremendously in guiding him to things he could
18 do to feel better, including watching his diet.
19 They informed him every month of his lab
20 results. They discussed them in detail, all of
21 the good and the bad results.

22 The nurses, the dietitian, the
23 social worker and the doctors at Fresenius
24 worked as a team to help improve my quality of

1 life. I am on dialysis for almost
2 one-and-a-half year and thanks to the Fresenius
3 team, I feel good and energetic.

4 I am aware given my own experience
5 that obtaining a clinic close to home is very
6 important to a dialysis patient. I appreciate
7 the fact that Fresenius worked hard to establish
8 a clinic in Plainfield, as it is the best clinic
9 for me.

10 I get good care at the clinic, and
11 I support Fresenius in its application to put in
12 another clinic in Plainfield North.

13 I may not need it, but I know there
14 are many patients who do.

15 My doctor tells me that there is
16 another company that wants to put in a clinic.
17 We need one, and I think it makes the most sense
18 to allow the clinic that already is serving the
19 area to continue to do so.

20 Also, my doctors feel comfortable
21 with Fresenius, and that means a lot to me. It
22 seems like they should know the best company to
23 provide dialysis services, since they work with
24 all of the companies in the area.

1 I urge the Board to oppose this
2 application and approve the Fresenius
3 application. Thank you.

4 MS. KENDRICK: Thank you. No. 17.

5 MS. GILLIAM: Hello, my name is Cloanna
6 Gilliam, and I am here to share my experience
7 with kidney dialysis.

8 I am not a dialysis patient, but I
9 do have chronic kidney disease. I am getting
10 ready for dialysis. I went through it with my
11 husband, and I know what it's all about.

12 I can't see why anyone would stand
13 up here and oppose it and feel like you are in
14 the congress or senate to say you are for it or
15 you are against it and sat down, because that is
16 all we need to do; and if you are for it, you
17 are for it. If you are against it, you are
18 against it. I am for it, because we need more
19 units in this area.

20 I live 15 miles from
21 Provena-St. Joe's, and I can't imagine myself
22 driving myself to there and back if I was on
23 dialysis, because I know how the people feel.
24 They are not in a good condition to be driving.

1 So, we need a lot more units in the area.

2 Thank you.

3 MS. KENDRICK: Thank you.

4 MS. FISH: Hello. My name is Helen Fish,
5 H-e-l-e-n F-i-s-h. My mother is 60 years old,
6 and she is a dialysis patient. She goes to
7 Fresenius facility.

8 When we found out she would be
9 receiving dialysis, we were saddened. The
10 doctors ensured us that she would be placed at a
11 facility that specializes in the quality of care
12 for their patients. This facility was a
13 Fresenius facility.

14 Since she has been there, she has
15 been happier and has much more energy. Dialysis
16 takes a toll on the patient as well as their
17 family members.

18 Fresenius treats their patients
19 with the utmost care, and I will refer any of my
20 friends and other family members to Fresenius
21 facilities.

22 I am not familiar with U.S. Renal
23 Care and would like to oppose their application.
24 Fresenius Medical Care has also applied for a

1 new dialysis center in that area and I would be
2 very hurt if their application was denied
3 because U.S. Renal Care got approved. I would
4 hope that you will take what I have to say into
5 consideration when you make your decision.

6 Thank you.

7 MS. KENDRICK: Thank you. No. 18.

8 MS. BUENO: Good afternoon. My name is
9 Patricia Bueno, B-u-e-n-o. Thank you for taking
10 the time to listen to me and to all of us and
11 our concerns here.

12 I am here to support another
13 dialysis facility in Plainfield. I have been on
14 dialysis for almost two years.

15 Right now I live in Orland Park,
16 but I will have to move soon. I lost my
17 husband, and I need to move.

18 I am looking in the Plainfield
19 area, and so I think that there should be
20 another dialysis facility in Plainfield.

21 It's important to me that I have a
22 facility close to my home. And I don't know if
23 I should say this or not, but I don't think
24 competition is bad.

1 So, if we have two different
2 companies, as far as I am concerned, that means
3 the quality of care has got to stay up or one
4 loses. I think that is a good reason to allow
5 another dialysis facility.

6 I would like a choice of where I
7 get my treatments. When you think about how
8 much time we actually have to spend in dialysis,
9 it's a lot.

10 It's actually four hours, three
11 hours on the machine and a total of four hours
12 by the time you get on the machine and then you
13 get off with the needles and every other thing
14 that we go through. You don't know what that is
15 is unless you have been there. I would like to
16 be able to choose where I go.

17 Right now there is only one in
18 Plainfield, and I understand it's a bit crowded
19 or it may be crowded. Plainfield is growing.
20 There is going to be more patients.

21 I would like a choice of where I am
22 going to go. I know that Dr. Ahmed -- she's
23 terrific. She works with my doctors,
24 Dr. Nagarkatte, Dr. Kravets.

1 She would be in charge of the
2 dialysis clinic in Plainfield, and that gives me
3 a comfort level because I know what is going to
4 happen and I know that she is responsible for
5 us.

6 Choice is important. I want to be
7 able to choose where I go and stay on my same
8 schedule.

9 Right now I start treatment at 5:00
10 a.m., and I do that because I have other things
11 to do in my life. I will not sit back oh, I'm
12 on dialysis or I am a kidney patient. I have
13 things to do. I am very, very busy. I baby-sit
14 for my two grandsons, which I adore as well as
15 two of the neighborhood children. So I am very,
16 very busy. I help them. My son and my
17 daughter-in-law are extremely busy in their own
18 lives. I am very happy that I am able to help
19 them out. I am healthy enough to do that, and
20 that's due to dialysis.

21 If I have to change my schedule
22 because it's overcrowded, it would affect my
23 life, but not just me. It would effect all of
24 those around me and my grandchildren, and I

1 would not like that.

2 I think that adding a new dialysis
3 facility would ensure that patients like me and
4 there is a lot of us that can get the times and
5 the care, the quality of care that we need.

6 That is why I came here today to
7 ask the Board to approve this new facility for
8 U.S. Renal so the people have a choice of where,
9 what time and who they choose to dialyze with.
10 So please give us some choice. Thank you very
11 much.

12 MS. KENDRICK: Thank you. No. 19.

13 MR. O'CONNOR: My name is Philip R.
14 O'Connor, O'C-o-n-n-o-r. I previously provided
15 two copies of my written testimony. Again, let
16 me thank you for holding these hearings today,
17 and this one included.

18 I will focus really on just the one
19 issue, and it's the one that Dr. Ahmed spoke to
20 and that we have discussed earlier today as well
21 in another setting.

22 Let me draw your attention, though,
23 again to this same chart and the one in
24 particular on the left, these curves apply to

1 race and ethnicity, but are roughly the same
2 curves you see in age.

3 Back in that 1980 period I was
4 director of the Illinois Insurance Department, I
5 only recently got my doctorate at Northwestern
6 in political science, although I specialize in
7 demographics and metropolitan modeling.

8 This issue of dialysis was a very
9 small question back in those days. It has
10 obviously become a much larger question, not
11 only just in terms of the raw numbers, but in
12 the changing nature of our populations and the
13 ability for us to use a general planning model
14 such as that utilized by the Board for one of
15 it's data points to really get in underneath
16 what is going on.

17 So let's just look at HSA 9 and
18 Plainfield in particular. The at risk
19 ethno-racial groups African-Americans and
20 Hispanic, it increased dramatically in HSA 9.
21 African-American growth has been 44 percent.
22 That is against 37 percent of the general
23 population growth. The Hispanic segment of the
24 population has really surged quite dramatically

1 by 154 percent in this area.

2 If we look at those in terms of raw
3 numbers, almost 31,000 additional
4 African-Americans and HSA 9 and about an
5 additional almost 84,000 Hispanics.

6 What has been going in
7 Plainfield -- well, of course, if anyone has
8 driven through or come to Plainfield over the
9 past 20 years, you have seen with your own eyes
10 the change.

11 In the last census period 2000 to
12 2010, this town grew from \$13,000 to \$40,000.
13 Now that is a 204 percent growth, but fully one
14 fourth of that growth was accounted for by the
15 at risk groups, African-Americans and Hispanics.
16 The 27,000 people who have moved into this
17 community, in addition of those 7,000 were
18 African-American or Hispanic.

19 So we have gone from what about 110
20 African-Americans to over 2200 and just about
21 500 Hispanics to almost 4300 now, a huge change.
22 Again, that is something that the planning model
23 can't or doesn't account for. It does in a
24 general way, but not by any means completely.

1 So to come back to where I started
2 which is when I was an insurance director become
3 in 1979, 1980.

4 We use these models, and we used
5 our standards as starting points; and what is
6 important for the Board as for any other holder
7 of authority has been granted by the General
8 Assembly is to use expert judgment in assessing
9 the data that one gets from all of the various
10 sources, and I think in that respect when the
11 Board examines the explosion of the population
12 in these areas including the at risk populations
13 that will cast a favorable light on the U.S.
14 Renal Care application. Thank you.

15 MS. KENDRICK: Thank you. No. 20.

16 MR. EASTERBROOK: My name is Jim
17 Easterbrook, J-i-m E-a-s-t-e-r-b-r-o-o-k. And I
18 am here to oppose the project or U.S. Renal
19 Plainfield.

20 My name is Jim Easterbrook. I am
21 the Director of Business Development for
22 Fresenius Medical Care. My position requires me
23 to focus on sound health planning, just as the
24 Health Facilities and Services Review Board

1 does.

2 My team works to determine whether
3 we are going to serve a community that has a
4 need for outpatient dialysis.

5 We saw the need in the Plainfield
6 and Bolingbrook areas years ago, and in fact
7 filed an application to establish a facility in
8 Plainfield three separate times over a six-year
9 period, with the third application being
10 approved in 2008.

11 The facility opened in January 2010
12 and was at 80 percent target utilization within
13 one year, even though the Board's rules allow
14 for a ramp up time of two years.

15 Today there is a significant need
16 for additional dialysis stations in this area.
17 The details of why there is a need are supported
18 in the Fresenius North Plainfield application.

19 The physicians who provided patient
20 data in support of the Fresenius facility have a
21 proven track record, and they have a significant
22 number of patients who will require dialysis in
23 the next year or two years.

24 Today's hearing was called on

1 behalf of U.S. Renal to support its project,
2 which was filed after the Fresenius North
3 Plainfield application.

4 It seems straightforward that if
5 the Board sees a need for additional stations,
6 it should approve the Fresenius facility for no
7 other reason than it will be heard first, and
8 that is the Board's policy.

9 If it approves the Fresenius
10 facility, then there is no need for two
11 facilities, at least not both ramping up within
12 literally one month of each other. Therefore, I
13 oppose the U.S. Renal facility under the basic
14 premises of business development and health
15 planning.

16 MS. KENDRICK: Please conclude your
17 comments.

18 MR. EASTERBROOK: U.S. Renal has dialysis
19 facilities in the following locations:
20 Bolingbrook, Oakbrook, Villa Park and
21 Streamwood. It now proposes to build in Lemont
22 and Plainfield.

23 Fresenius currently serves those
24 areas, but also serves underserved neighborhoods

1 of west and south Chicago such as Austin,
2 Humboldt Park, Englewood as well as towns of
3 Aurora and Waukegan.

4 Fresenius currently serves those
5 areas, but also serves underserved neighborhoods
6 of west and south Chicago such as Austin,
7 Humboldt Park, Englewood as well as towns of
8 Aurora and Waukegan.

9 Fresenius has been in some of these
10 diverse and economically challenged communities
11 for years.

12 It recently was approved to go into
13 Cicero and East Joliet, where the populations
14 are diverse and economically challenged.

15 While the U.S. Renal Plainfield
16 application is extensively padded, over 30
17 pages, with information and statistics regarding
18 the Latino and African-American population in
19 Plainfield and Will County, any claim to serve a
20 diverse community is questionable based upon the
21 markets where they have chosen to operate their
22 clinics.

23 According to the U.S. Census
24 Bureau, Plainfield is 82 percent white, 6

1 percent African-American and 11 percent
2 Hispanic, with an average annual household
3 income of \$146,000.

4 According to the U.S. Bureau of
5 Labor Statistics, the unemployment rate in
6 Plainfield was 7.5 percent in April 2012,
7 compared to the state unemployment rate of 8.7
8 percent.

9 This is not an application where
10 one would expect a significant emphasis on the
11 ethnic or economic diversity of the constituents
12 to be served, but that is what U.S. Renal has
13 submitted.

14 I urge the Board to recognize that
15 while Fresenius may be a large company with many
16 clinics in our state, it serves residents
17 throughout all areas of Illinois. Fresenius
18 proudly serves rural, urban and
19 economically-challenged areas.

20 Our size allows us to serve areas
21 where the bottom line per clinic may break-even
22 or perform at a loss.

23 We can do this by leveraging the
24 financially stable clinics to support those that

1 need additional resources.

2 It is also important to note that
3 U.S. Renal is the third largest provider of
4 dialysis in the United States. It is no small
5 company, but is simply a newer entrant to the
6 Illinois market.

7 In summary, the U.S. Renal
8 application should be denied, because by the
9 time it is presented to the Board, the Fresenius
10 Plainfield North project will have been reviewed
11 and potentially approved.

12 If the Fresenius project is not
13 approved based upon need in the area, then this
14 U.S. Renal application, which is the subject of
15 today's hearing, should be denied for the same
16 reason.

17 Thank you for your time and
18 consideration.

19 MS. KENDRICK: Thank you. No. 21.

20 MS. GIEVILLIN: My name is Jean
21 Gievillin, J-e-a-n G-i-e-v-i-l-l-i-n. I am
22 speaking on behalf of Teri Gurchiek who cannot
23 be here. She is the area manager for a
24 Fresenius facility in Plainfield. I would like

1 to read her letter into the comments.

2 "Good morning or afternoon, as it
3 may be, my name is Teri Gurchiek, I am the area
4 manager for the existing Plainfield Fresenius
5 facility. It is a busy facility currently at 82
6 percent utilization.

7 I believe there is a need for
8 another dialysis facility in the area, based on
9 what I observe regarding utilization in
10 surrounding clinics.

11 I also note that in this particular
12 service area, there are many choices of provider
13 including privately owned entities like Fox
14 Valley and Sun Health, DaVita facilities, U.S.
15 Renal facilities and Fresenius facilities.

16 If the Board believes there is a
17 need, it should have approved the Fresenius
18 North Plainfield project by the time this U.S.
19 Renal Plainfield project is heard.

20 If it does not believe there is a
21 need, then it will have turned down the
22 Fresenius North Plainfield project, and it
23 should also turn down this project. That would
24 result in a fair and consistent application of

1 the Board's rules.

2 One thing I do think the Board
3 should know is that I have personally observed
4 Dr. Alausa and his practice and can say nothing
5 but the best things about his patient care and
6 commitment.

7 I also know that when Dr. Alausa
8 says that he has patients who will require
9 dialysis in the next 24 months, he does.

10 Dr. Alausa and his practice admit
11 to clinics in Joliet, Bolingbrook, Plainfield
12 and Mokena, and are very busy physicians,
13 probably because by word of mouth they get a lot
14 of patients.

15 The nephrologists who are going to
16 work with U.S. Renal are medical directors at
17 DaVita clinics in Joliet and also admit to area
18 Fresenius, and they will be welcome to admit
19 patients to our Plainfield North facility.

20 Thank you for your time here today.

21 Teri Gurchiek, Area Manager."

22 MS. KENDRICK: No. 22.

23 MR. RAMIREZ: My name is Salvador

24 Ramirez, and I support the U.S. Renal. My

1 daughter is here for you 100 percent. I am
2 trying to make you understand me. I am trying
3 to help you understand me. And thank you very
4 much. I support the U.S. Renal facility.

5 MS. KENDRICK: Thank you. No. 23.

6 MR. EAKINS: My name is Orval Eakins,
7 E-a-k-i-n-s. I was a patient of Dr. Ahmed for
8 about four years, and I had a kidney transplant.
9 Through her diligence taking care of me for
10 that, they told me that I was too old for a
11 kidney transplant, and she rechecked. They took
12 me at age 80.

13 All I can say is I think she is a
14 very fine doctor; and if she says she needs
15 another facility, I would like to support her in
16 that. Thank you.

17 MS. KENDRICK: Thank you. No. 24.

18 MR. SHAZZAD: My name is Asin Shazzad,
19 and I am the chief operating officer at Kidney
20 Care Center in Joliet, Illinois.

21 I did not come here prepared to
22 make a speech today; but after the comments that
23 I heard in Lemont, the statements that U.S.
24 Renal has made, has compelled me to make a

1 statement and say something.

2 U.S. Renal has stated over and over
3 again that they are giving patients choices.
4 What choices? What choices are they giving
5 patients? The medical directors are the same.
6 The staff that they are hiring is Fresenius and
7 DaVita staff. Their dialysis machines they are
8 buying from Fresenius as well.

9 What choices are they giving
10 patients?

11 They also have stated they have
12 better outcomes than Fresenius and DiVata, like
13 you guys approved the four clinics recently in
14 Illinois, I would like to see the data.

15 Let them operate and let them show
16 the data if they are better. They are making
17 statements that they are better, but there is no
18 proof that they are better.

19 I believe that before any other
20 project of U.S. Renal gets approved that they
21 should require this data.

22 No other U.S. Renal project should
23 be approved until this data is provided. Just
24 like for Fresenius and DaVita are required to

1 submit this quality data

2 U.S. Renal once again has been sold
3 many, many times and is owned by venture
4 capitalists.

5 I don't know where their dedication
6 lies for dialysis patients. They are just going
7 to sell like every other dialysis company to
8 Fresenius and DiVata. They have no dedication
9 to dialysis patients. That's all. Thank you.

10 MS. KENDRICK: No. 26.

11 MS. LANIER-BOOTH: Good afternoon
12 everybody. My name is Frankie Lanier-Booth,
13 F-r-a-n-k-i-e L-a-n-i-e-r-B-o-o-t-h.

14 I am a patient of Kidney Care
15 Center, and I am here today to oppose U.S. Renal
16 Care's request to expand to Plainfield,
17 Illinois.

18 After having some tests in June of
19 2007, my family physician revealed to me that my
20 kidneys were functioning at about a 60 percent
21 rate.

22 There was nothing that I noticed
23 that gave me any indication that I was having
24 problems with my kidneys.

1 I was immediately referred to
2 Dr. Tunji Alausa, and he and his staff have been
3 caring for me since 2007.

4 Over the last five years the
5 continuity and coordination of care provided by
6 Dr. Alausa, the team of physicians and the staff
7 have enabled me to maintain about the same level
8 of kidney function as I had when I first came to
9 the Kidney Care Center in 2007.

10 My main objective is to ensure that
11 I do not have to go on dialysis. However, I am
12 confident that if the need arises, that my
13 quality of life and longevity would increase by
14 the synergistic care provided by both the
15 dialysis facility and my nephrologist.

16 I understand that U.S. Renal has
17 applied to open a dialysis center in the
18 Plainfield area.

19 However, prior to that Fresenius
20 Medical Care has applied to open another
21 dialysis center here. I believe that the
22 company that is already serving that area should
23 continue to do so.

24 With that said, I support and

1 encourage each of you to support the expansion
2 of Fresenius Medical Care to Plainfield,
3 Illinois.

4 They can continue to provide the
5 quality care that dialysis patients need and
6 deserve.

7 I would also encourage each of you
8 to have your kidney function checked to ensure
9 they are functioning properly.

10 Thank you for allowing my opinion
11 to be voiced today.

12 MS. KENDRICK: Thank you, Ms. Booth.
13 No. 26.

14 MS. TORI BOOTH: My name is Tori Booth,
15 T-o-r-i B-o-o-t-h.

16 I am just here to oppose U.S.
17 Renal's application because I don't feel there
18 is a need for it in the Plainfield area.

19 MS. KENDRICK: Thank you. No. 27.
20 Seeing no 27, 28?

21 A VOICE: The number is on the floor.

22 MS. CHE: I'm No. 28.

23 MS. KENDRICK: No. 29.

24 MS. CHE: My name is Vivian. My last

1 name is spelled C-h-e. I am standing here on
2 behalf of my father. I am here to oppose U.S.
3 Renal. I don't think more is necessarily
4 better. I am going to get emotional, I might
5 cry.

6 When my father was first on
7 dialysis, we looked all over trying to find the
8 right place.

9 When we came to Dr. Alousa, he paid
10 attention, focused on my father, individualized
11 it to the point where I don't think bringing in
12 a giant will give us the choices that we need to
13 take care of ourselves. I oppose it.

14 MS. KENDRICK: No. 29.

15 MS. WRIGHT: My name is Lori Wright,
16 L-o-r-i W-r-i-g-h-t. I would like to thank the
17 Board for giving us this opportunity to speak
18 today.

19 I am senior CON Specialist for
20 Fresenius Medical Care. I have been in this
21 role for about 10 years now.

22 During this time I have seen
23 dialysis providers occasionally oppose each
24 other's projects in the CON process, but not

1 often.

2 When they did it was on the basis
3 of the need and merit of the applications, not
4 by alleging monopolies, poor quality and other
5 erroneous things.

6 Unfortunately, the Certificate of
7 Need climate surrounding dialysis applications
8 has changed drastically, and this occurred when
9 U.S. Renal entered the market last summer.

10 Its first three applications were
11 unprecedented in that instead of addressing the
12 merit and need for the project.

13 The applications were based on
14 denigrating Fresenius Medical Care in order to
15 gain approval. They further argued that
16 patients and physicians required a choice of
17 providers.

18 U.S. Renal called public hearings
19 on their own projects in order to parade
20 patients who would rave about them and talk of
21 dissatisfaction with Fresenius.

22 I believe U.S. Renal did this and
23 is still doing it because it is very clear that
24 on the merits, most of their applications would

1 fail.

2 Illinois dialysis providers have
3 not historically promoted their projects in this
4 manner, but it appears that this is now the way
5 to get a project approved and we object to
6 maneuvering through the CON process in this
7 manner.

8 Historically Fresenius has not
9 generally opposed other dialysis company's
10 applications.

11 We believed, as did other
12 companies, that the best approach was to file
13 our applications.

14 We believed, as did other
15 companies, that the best approach was to file
16 our applications and let the chips fall where
17 they may.

18 Any opposition that existed was
19 based on the application itself. We were
20 approved or not approved and all providers were
21 treated the same way. That process worked and
22 we had no problem with it.

23 We do have a problem, however, with
24 other companies maligning Fresenius Medical Care

1 on quality, calling us a monopoly and alleging
2 we act against choice simply because we happen
3 to be the historical provider in the area.

4 We also have a problem when U.S.
5 Renal implicitly argues our applications should
6 be denied because we are big and offer poor
7 quality of care, and its applications should be
8 approved because they raise the bar and offer
9 choice.

10 However, its tactics are working
11 because all U.S. Renal applications have been
12 approved, while some Fresenius applications that
13 meet the exact same criteria and are within
14 minutes of each other in the same HSA are being
15 denied.

16 MS. KENDRICK: Please conclude your
17 comments.

18 MS. WRIGHT: I urge the Board to
19 recognize that the arguments U.S. Renal is
20 making are intentionally misleading.

21 Fresenius quality is excellent and
22 measurable, because we have been in Illinois for
23 30-plus years. U.S. Renal has no quality record
24 here.

1 Further, choice is not an issue the
2 Board should consider and even if it does, in
3 the Plainfield market, it is irrelevant.
4 Patients already have a choice of U.S. Renal,
5 Sun Health, DaVita and Fresenius.

6 I would like to note that Fresenius
7 works with physician groups that are completely
8 independent. The same is true with U.S. Renal.
9 Our comments today are not intended to include
10 the physicians who support the U.S. Renal
11 Plainfield application.

12 We are certain they see the need in
13 Plainfield, just like Dr. Alausa and his
14 partners do, and want to address it for their
15 patients.

16 Our proposed Plainfield North
17 facility would be open to them so they could
18 admit and see their patients here, just like all
19 of our clinics are.

20 I would like to point out that we
21 did not call this hearing. U.S. Renal had it
22 called on its behalf.

23 Personally, I agree with the public
24 having a voice, but calling one's own hearings

1 to put on a show is a waste of everyone's time.
2 Their goal is to have our Fresenius Plainfield
3 North project denied and theirs approved,
4 despite the exact same rules applying to both.

5 MS. KENDRICK: Please conclude your
6 comments.

7 MS. WRIGHT: Finally, I am concerned that
8 by coming here today and speaking out in our
9 defense, we will be termed "mudslingers."

10 This has happened in the past. I
11 urge the Board to understand we are simply
12 defending our reputation and our business.

13 In conclusion, there is a need for
14 one facility in Plainfield, and you will hear
15 Fresenius' application in October, and with the
16 approval of the Fresenius facility having
17 occurred, it will be unnecessary.

18 So, I urge you to deny it. Thank
19 you for your time today

20 MS. KENDRICK: Thank you. Stan Vincent.

21 MR. VINCENT: Thank you, Ms. Avery,
22 Mr. Burden.

23 I, first of all, would like to tell
24 you that I don't come here to praise an American

1 venture capital company, nor do I come here to
2 run down or criticize a large German company
3 that had worked very well in this country.

4 In October 2011 the Board did
5 approve three facilities for U.S. Renal, one in
6 Bolingbrook, one in Oak Brook and another in
7 Streamwood.

8 The one in Streamwood is now open.
9 Dr. Lang opened that one in June. It has
10 treated his first patients.

11 I have heard a great deal of
12 discussion about quality, and I want to tender
13 to you something.

14 It is actually already part of the
15 application. They put the Board requests on
16 quality. It's the assurances required. Those
17 assurances are based upon in the case of U.S.
18 Renal the operation of 97 other units around the
19 country.

20 It's the data from those units that
21 makes it possible for U.S. Renal to make those
22 assurances.

23 At the Board meeting we will
24 certainly have the chief medical officer there

1 for the purpose of addressing any particular
2 questions you might have on that subject,
3 Dr. Burden.

4 The applications were premised
5 under reality that Illinois had undergone a
6 remarkable population change, that extraordinary
7 numbers of African-Americans and Hispanics had
8 moved in to Planning Areas 7 and Planning Area
9 9. And that that was quite different from what
10 these planning areas were like in the year 2000.

11 Those 2010 census statistics also
12 led us to examine the need formula that the
13 Board uses for dealing with these particular
14 facilities, and we discovered and I believe you
15 will recall, Dr. Burden, it was identified. It
16 was ratified at the meeting that you conducted
17 with approving those facilities that there is a
18 defect in the need formula.

19 Now it's not a huge defect, but
20 it's an important defect.

21 What that defect does is it fails
22 to take account of the ethnic composition of the
23 census tracts in a planning area; and when you
24 have a situation where that ethnic composition

1 is associated with particularly high prevalences
2 a disease, then it becomes very important to
3 track that.

4 It becomes particularly more
5 important to track it the deeper you get into a
6 census period. We are now dealing with census
7 with the year 2013. That is when this
8 application will be presented to you formally at
9 the Board. That is three years into the census
10 period.

11 If you were to presume that those
12 same population changes that occurred in the
13 other recent years were continuing to occur,
14 then one of the things you would presume is we
15 are in effect fishing behind the net.

16 The need formula is underpredicted,
17 and dealing with that is something that we have
18 addressed in the past and that we will address
19 in whatever detail the Board requests at that
20 October meeting.

21 I think it's important. I think it
22 is very important because of the high numbers of
23 incidents that you get with a Hispanic
24 population, with the African-American population

1 and also with the general population when you
2 are talking about age.

3 The age population has increased;
4 and when I talk about this, I am talking about
5 the cohort between 60 and 64. That population
6 in the 2010 census was up 368 percent from the
7 2000 census in this area.

8 What that means is that those
9 people are now three years further older. They
10 are now moved into the 65 to 74 year cohort and
11 have the particularly high characteristics that
12 you saw Dr. O'Connor speak to.

13 MS. KENDRICK: Please conclude your
14 comments.

15 MR. VINCENT: Finally, I think it might
16 be important to address the fact that while I
17 have nothing adverse or negative to say about
18 Fresenius or about DaVita, it is a fact that we
19 have presented and added to the Board and will
20 again in October in as much detail as you care
21 for, that when you look at measures of corporate
22 concentration, how intensely concentrated
23 particular corporations are in an area in an
24 industry, and you look at the common measures

1 that are used in antitrust law like the
2 Herfinahl-Hirschman index, for example. You
3 will find that these two companies have a higher
4 concentration. I did not say monopoly. I said
5 concentration than the telephone company.

6 MS. KENDRICK: Please conclude your
7 comments.

8 MR. VINCENT: They have a higher
9 concentration than any industry. They are
10 characterized. This is an industry
11 characterized by a very heavy concentration.
12 It's from that concentration that we present to
13 you the idea of choice.

14 If you have concentration at that
15 degree, you cannot have choice, because all of
16 the people are going to just two providers.

17 When you have the opportunity for a
18 third provider, then I would submit to you, sir,
19 Please consider this: Giving that third
20 provider the chance to have a real opportunity
21 in the market is something that can create
22 choice in the medical community for you. Thank
23 you.

24 MS. KENDRICK: Thank you.

1 MS. AVERY: Thank you.

2 MS. KENDRICK: Is there anyone you wishes
3 to testify who has not had an opportunity?

4 MS. RANALLI: May I speak?

5 MS. KENDRICK: Are you No. 30?

6 MS. AVERY: I have to put on the record
7 the applicant was going last, and I usually give
8 you all that opportunity.

9 I thought you were done, and you
10 were holding on to the number.

11 MS. RANALLI: We were holding on to it,
12 that was true; but I did turn in my form.

13 MS. AVERY: If there is something that
14 you all want to say in conclusion, we will go
15 ahead with it.

16 U.S. Renal, go ahead. I need a
17 form for you also.

18 MS. RANALLI: I apologize. You have to
19 love it. Quite frankly, it's the lawyers who
20 want to have the last word.

21 MS. AVERY: We always give the Applicant
22 the first and the last as we did for Fresenius
23 also.

24 MS. RANALLI: And they can speak after.

1 I just want to very briefly comment
2 on two things. As my aunt has always told me, I
3 probably shouldn't argue with Mr. Vincent, and I
4 don't mean to argue with him. He was integral
5 in writing a lot of the rules that the Board
6 relies on.

7 I just have to respond to a couple
8 of things. Fresenius is not a German company.
9 It has been called that again and again and
10 again. Fresenius North America is a United
11 States company. The employees are citizens of
12 the United States. It's a U.S. Company.

13 On the aspects of need which
14 Mr. Vincent addressed, we cannot agree with him
15 more. We think that there has to be some
16 amendments to the formula. We definitely think
17 there is a need in Plainfield. You have heard
18 about that here today.

19 Our issue is the fact that when
20 Fresenius has an application pending, it's
21 frequently on the heels of the U.S. Renal
22 application and the issue of choice is brought
23 up, and that typically brings me to the aspect
24 that was raised at the anti-trust.

1 With respect to those issues,
2 anti-trust is not anything that we all here
3 should be talking about today.

4 The FTC has vetted Fresenius and
5 DaVita and U.S. Renal and its operations.

6 There are no anti-trust issues in
7 Illinois and looking at Plainfield, because that
8 is what the Board is going to do in September
9 and in October just looking at Plainfield.

10 There is ample choice of dialysis
11 providers in the area and patients here have
12 been very eloquent about their positions.

13 Dr. Alousa, Dr. Ahmed, those
14 physicians can admit to all of those clinics,
15 DaVita, Fresenius, U.S. Renal they are all open
16 clinics.

17 That all I wanted to say. Thank
18 you.

19 MS. AVERY: Thank you.

20 DR. RAUF: Good afternoon. Thank you for
21 your time. I actually wasn't going to say
22 anything or speak.

23 My name is Dr. Anise Rauf, R-a-u-f.
24 I am the Medical Director of the U.S. Renal Care

1 Oak Brook unit that is going to be opening in a
2 few weeks on September 24th.

3 I certainly would invite all of the
4 Board and all of my colleagues to come and see
5 the U.S. Renal Care facility to see what the
6 difference is because I will tell you from the
7 very beginning before the dialysis unit was even
8 approved, we were intimately involved in
9 planning, preparing and providing the utmost
10 quality for our patients.

11 I would like everyone to come and
12 see for yourself and see what the difference is
13 in quality there are that the physician is
14 involved in providing the input. If my patient
15 requires a massage chair, I make sure that was
16 possible.

17 If my patient required or wanted
18 something specific, I am involved in all the
19 decisions. I can pick up the phone.

20 I can call the CEO of the company
21 and say, "Hey, I want this for my patients, and
22 I will get it done."

23 The other point I wanted to make is
24 before I started practice in 1997, I was a

1 graduate fellow trying to find a practice.

2 I was very committed to the Oak
3 Brook/Downers Grove area. That's where I went
4 to medical school, and I practiced. It was very
5 tough to find a company or find a practice to
6 join.

7 In fact, if Dr. Alousa remembers, I
8 actually interviewed and was offered a position
9 in his practice in 1997. I decided that Joliet
10 was too far for me. This is where I call home,
11 not to say anything bad about anyone. It was a
12 good practice to join.

13 When I was looking to grow a
14 practice in nephrology, it becomes very, very
15 difficult because, first of all, you have to
16 build your name, you have to build your
17 practice.

18 Lucky for me just like Dr. Shafi, I
19 had board certification in critical care. So I
20 worked nights in the ICU, and I built a practice
21 from nephrology from scratch.

22 It was very difficult because yes,
23 Fresenius is open to anyone that applies for
24 units, but again it was different to get

1 coverage even at the hospital. I couldn't get a
2 single weekend coverage from my competitors
3 because I needed to go on vacation. In fact, my
4 mom was sick one weekend, and I couldn't.

5 So, as I grew my practice, I had to
6 work 13 months straight until I had enough
7 resources to have an associate to cover me. So
8 that made it difficult.

9 Then when I wanted to grow my
10 practice and I heard from my patients that my
11 patients did want a choice in Oak Brook and
12 Downers Grove and Bolingbrook; and, as
13 Mr. Vincent mentioned, there is an issue of
14 market dominance.

15 Patients were not happy with
16 quality. That didn't come from me. That came
17 from my patients. My patients came and
18 mentioned that to me. I picked up the phone. I
19 actually traveled all over the country.

20 The first company I visited was
21 Liberty Dialysis. Liberty Dialysis got bought
22 by Fresenius. How am I supposed to know? When
23 I worked with U.S. Renal Care, I also spoke with
24 ARS. I spoke with all of the other companies in

1 the country. I actually visited San Antonio. I
2 met with other U.S. Renal Care physicians, and I
3 said what type of company is this. They said
4 this is your company, because if you want it
5 done, you are the physician. You are involved.
6 It happens.

7 So, when I met with Chris Brengard,
8 the Chief Executive Officer, when I met with
9 Steve Piri, when I met with Rick and I had a
10 meeting with them, and I said, "This is a tough
11 Illinois market. Are you guys with me, or are
12 you guys not?"

13 You guys know all of the opposition
14 that we have. I welcome the Board. I welcome
15 everyone in this room to see what U.S. Renal
16 Care has done for us, and I am not directly
17 involved in this project. I just came out to
18 speak because I feel from the heart that quality
19 is provided when there is competition.

20 When I started in my practice,
21 there was only one major dominant group. I
22 became the second group. Why did I grow? I
23 grew because of competition. I grew because
24 people liked the quality I provide, just like

1 the physicians here.

2 If everyone is so opposed to
3 competition, then why care about quality.
4 Competition provides quality. If one company
5 doesn't want another company to compete, then
6 why even care about quality. That is all I want
7 to say.

8 MS. AVERY: Thank you.

9 MS. KENDRICK: Is there anyone else who
10 wishes to testify who had not had an
11 opportunity?

12 [No response.]

13 MS. KENDRICK: Hearing none is there
14 anyone who has testified who wishes to provide
15 additional testimony?

16 MR. SHAFI: I am Dr. Mohammad S. Shafi,
17 S-h-a-f-i.

18 I strongly urge the Board please
19 don't make dialysis a business. These
20 companies, U.S. Renal, they are going to put two
21 and a half million dollars into it, and I can
22 tell you they will sell this company for 15
23 million dollars in a couple of years to these
24 things bigger companies.

1 Please for God-sake, dialysis is
2 not a business. Dialysis is about the care of
3 the patients.

4 All of the venture capitalists know
5 that's how they do it. Check their bank
6 accounts. Everybody has millions and millions
7 of dollars they are going to make out of this
8 venture.

9 As regards to the Hispanic
10 population and the African-American population,
11 half of my patients are Hispanic. We welcome
12 them.

13 The majority of them, more than 50
14 percent of my patients are Hispanics and more
15 than 50 percent of my patients are
16 African-Americans. This is the population I
17 cater to. This is the bread and butter of my
18 practice. They are of the utmost important part
19 of my practice. We welcome them. We will
20 accommodate them. I feel proud to take care of
21 them.

22 Thank you very much.

23 MS. AVERY: This will be absolutely the
24 last one. We are over time.

1 State your name for the record.

2 MR. PIRI: My name is Steve Piri with
3 U.S. Renal Care.

4 Just to set the record straight a
5 little bit here, I have listened to the
6 physicians here, and they are correct on one
7 point. We are private equity backed. We use
8 that money to help us grow.

9 I want to go through some of the
10 points that we made up here. We have not been
11 bought. I think you heard somewhere that we had
12 been bought. We were refinanced with a bigger
13 private equity to grow our markets like Chicago.

14 Quick sale, that is a good one. I
15 heard someone say that we are out here for a
16 quick sale. How many years have we been in
17 business? 12? I guess a quick sale is anything
18 after 12 years. That is wrong.

19 Price, wrong price, it's 89 percent
20 private equity backed. That is the wrong number
21 also. As far as looking at my checkbook, my
22 wife doesn't do that. So, I don't think that's
23 going to happen.

24 So the only thing I can tell you is

1 we are private equity backed. The reason we are
2 is we plan to be here a while. Thank you.

3 MS. AVERY: Thank you.

4 MS. KENDRICK: Thank you.

5 Please note that this project is
6 tentatively scheduled for consideration by the
7 State Board at its October 30th meeting. The
8 meeting will be held at the Bolingbrook Golf
9 Club located at 2001 Rodeo Drive, Bolingbrook,
10 Illinois 60490.

11 The public has until 9:00 a.m. on
12 October 10th to submit signed written comments
13 pertaining to this project.

14 Comments should be sent to the
15 attention of Courtney Avery, Administrator,
16 Illinois Health Facilities and Services Review
17 Board, 525 West Jefferson Street, 2nd floor,
18 Springfield, Illinois, 62761-0001. You may also
19 fax your comments to (217) 785-4111.

20 The State agency report will be
21 made available on the Board's website on October
22 16th.

23 Additional written responses to
24 errors in the State agency report findings will

1 be accepted until 9:00 a.m. on October 22nd.
2 Comments should also be sent to the attention of
3 Courtney Avery.

4 Does anyone have any questions?

5 [No response.]

6 MS. KENDRICK: Hearing that there are no
7 additional questions or comments, I deem this
8 public hearing adjourned.

9 Thank you for your participation in
10 today's proceedings.

11 (WHEREUPON, the public hearing was
12 adjourned at 4:55 p.m.)

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1 STATE OF ILLINOIS)

2)

3 COUNTY OF DU PAGE)

4 I, Patricia Ann Armstrong, a

5 Certified Shorthand Reporter of the State of

6 Illinois, do hereby certify that I reported in

7 shorthand the proceedings had at the public

8 meeting aforesaid, and that the foregoing is a

9 true, complete and correct transcript of the

10 proceedings of said meeting as appears from my

11 stenographic notes so taken and transcribed

12 under my personal direction.

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Certified Shorthand Reporter

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C.S.R. Certificate No. 84-1766

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