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S63085

ILLINOIS HEALTH FACILITIES AND  
SERVICES REVIEW BOARD  
BEFORE HEARING OFFICER COURTNEY AVERY

In Re: )  
)  
Public Comments )  
Regarding Application )  
for Permit to Establish ) Project No. 13-049  
a 12-station ESRD )  
facility; Nocturnal )  
Dialysis Spa, Villa Park. )

REPORT OF PROCEEDINGS had and testimony  
taken in accordance with the requirements of the  
Illinois Health Facilities Planning Act on an  
Application for Permit to establish a 12-station  
ESRD facility, Nocturnal Dialysis Spa, taken at  
the Village of Villa Park, 20 South Ardmore  
Avenue, villa Park, Illinois, on October 1, 2013,  
at the hour of 10:00 a.m.

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PRESENT:

ILLINOIS HEALTH FACILITIES PLANNING BOARD, by  
MS. COURTNEY AVERY, Public Hearing Officer; and  
DR. JIM BURDEN, Board Member;

Second Floor  
525 West Jefferson Street  
Springfield, Illinois 62761  
(217) 782-3516

appeared on behalf of the Health Facilities  
and Services Review Board.

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1                   HEARING OFFICER AVERY: Good morning  
2 everyone. I am Courtney Avery, Hearing Officer  
3 for the Health Facilities and Services Review  
4 Board. Present with me today is Member Dr. Jim  
5 Burden.

6                   On behalf of the Board, thank you for  
7 attending this public hearing for Nocturnal  
8 Dialysis Spa, Villa Park.

9                   As per the rules of the Illinois Health  
10 Facilities and Services Review Board, I would  
11 like to read the previously published legal  
12 notice into the record.

13                  "In accordance with the requirements of the  
14 Illinois Health Facilities Planning Act, notice  
15 is given of receipt of an application to  
16 establish an end stage renal dialysis facility in  
17 Villa Park, Illinois.

18                  The Applicant, Nocturnal Dialysis Spa, LLC,  
19 proposes to establish a 12-station ESRD facility  
20 in 6,000 gross square footage of space to be  
21 located at 163 -- I'm sorry -- 1634 South Ardmore  
22 Avenue with a projected cost of \$2,046,400.

23                  This public hearing is scheduled for today,  
24 Tuesday, October 1st at 10:30 a.m. at the Villa

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1 Park Village Hall located at 20 South Ardmore  
2 Avenue, Villa Park, Illinois, and is taking place  
3 pursuant to 20 ILCS 3960.

4 The public hearing will be conducted by the  
5 staff of the Illinois Health Facilities and  
6 Services Review Board pursuant to the Illinois  
7 Health Facilities Planning Act. The hearing is  
8 open to the public and affords an opportunity for  
9 parties with interest in the project to present  
10 written and/or verbal comment relevant to the  
11 project.

12 All allegations or assertions should be  
13 relevant to the need for the proposed project and  
14 be supported with two copies of documentation or  
15 materials that are printed or typed on paper,  
16 size 8-1/2-by-11.

17 Consideration by the Board has been  
18 tentatively scheduled for the November 5th, 2013,  
19 meeting.

20 Please note that in order to ensure that  
21 the Health Facilities and Services Review Board's  
22 public hearing protect the privacy and maintain  
23 the confidentiality of an individual's health  
24 information, covered entities, as defined by the

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

10 If you have not signed in and received a  
11 blue preprinted card, please see me. For those  
12 wishing to register their attendance and position  
13 on the project without providing oral or written  
14 testimony, please also see me.

15 In addition, those who have come with  
16 prepared text of your testimony, I ask that you  
17 submit the testimony to me. It can be entered in  
18 today's record and made available for Board  
19 members prior to the November 5th meeting if you  
20 want to just submit your written text only.

21 I ask that you limit your testimony to  
22 three minutes. I will call participants in order  
23 of the distributed preprinted blue cards. Prior  
24 to beginning your remarks, I ask that you clearly

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1 state and spell your first and last name for the  
2 court reporter; and after you have concluded your  
3 remarks, if you have copies, please provide those  
4 to me as well as the preprinted card. What we'll  
5 do is just put them on a chair there. Thank you.

6 So today's proceeding will start with the  
7 representative for the Applicant, No. 1.

8 MR. HUMAYUN: Good morning. I'm  
9 Dr. Hamid Humayun, H-a-m-i-d H-u-m-a-y-u-n, one  
10 of the person -- the Applicant who is supporting  
11 the project.

12 We want to do the nocturnal dialysis. The  
13 reason is the normal kidney clears 1,000 liters a  
14 week, whereas the dialysis that we provide does a  
15 very minimal job, and the result is that we have  
16 very high complications, mortality. The chance  
17 of a 25-year-old person living on dialysis is the  
18 same as that of an 80-year-old person who is not  
19 on dialysis. So you can imagine the high  
20 morality in younger people on dialysis.

21 If you look at the dialysis mortality, five  
22 years is 20, 25 percent. There's a very high  
23 mortality on dialysis because of the way we do  
24 the dialysis now.

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1                   Now, if you do the nocturnal dialysis, the  
2 survival is much better and, you know, it's five  
3 years, six years is almost very high.

4                   Now, if you do nocturnal, you can really  
5 cut down on the cost of the Epogen because Epogen  
6 is very expensive and it comes with a black box  
7 warning. The cost of the Epogen goes down, so  
8 there's a saving to the government.

9                   This was a patient who was on regular  
10 dialysis. If you look at his arm, there's all  
11 calcium deposits in the arm, and then if you have  
12 another patient who has a calcium deposit in the  
13 hand and when he was given extra regular -- I  
14 mean, nocturnal dialysis, look at what happened.  
15 His wound can now heal.

16                   So I think there are a lot of advantages to  
17 that, and if you look at the mental health of the  
18 people on dialysis, most of them, they don't feel  
19 too good and they become forgetful, and that  
20 improves with the nocturnal dialysis.

21                   Their physical activity also improves.  
22 They are not that much weak and tired when they  
23 go on this nocturnal dialysis, and then the  
24 physical well-being is better on dialysis.

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1           The ability of people to work, a lot of  
2 people on nocturnal, they go to work in the  
3 daytime and have dialysis at night. So it is  
4 much, much better.

5           We have some information for the Board so  
6 that -- their appetite is better, they eat  
7 better, they feel better, they live longer, and  
8 they are more productive citizens. So it is a  
9 saving to the government. These people don't get  
10 hospitalized and healthier, and so there is  
11 improvement to the America saving.

12           So I think we should be offering to more  
13 people, whoever is interested. Of course, it's  
14 not for everybody. Everybody, you know, you have  
15 to give them a choice, and in this area where I'm  
16 trying to propose in more than 30 miles, nobody  
17 else is doing it. There are many dialysis units,  
18 but none of them are doing it in the area.

19           I thank everyone for giving me an  
20 opportunity to speak, and if people have any  
21 questions, I'll be glad to talk.

22                       HEARING OFFICER AVERY: Thank you.

23                       Okay. No. 2.

24                       MS. LOWRANCE: My name is Cynthia

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1 Lowrance, C-y-n-t-h-i-a, Lowrance,  
2 L-o-w-r-a-n-c-e.

3 I'm the facility administrator for U.S.  
4 Renal Care in Villa Park. This is a dialysis  
5 center. We treat patients in the same general  
6 vicinity of the proposed dialysis spa.

7 I'm here today only to share some  
8 background information, and I hope this will be  
9 helpful in giving more context as you weigh in on  
10 this consideration and application.

11 Our facility is located just 5 miles away  
12 from the proposed spa. It was approved by this  
13 very Planning Board in 2012, July. We opened our  
14 doors earlier this year. That was actually  
15 February 5th, and our current utilization is 38  
16 percent. So we have an enormous amount of  
17 capacity to provide dialysis services to existing  
18 patients in the community.

19 Dr. Michael Cohan is the medical director,  
20 and he has been caring for patients in the area  
21 for more than 20 years.

22 We are all very in tune not only what our  
23 patients need, but also what is important to  
24 them. So we have planned and designed the U.S.

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1 Renal Care Villa Park facility so it -- so it was  
2 done with a very singular focus on patient need  
3 and patient demand and also includes everything  
4 from aesthetics to operations.

5 For example, when we opened our TTS, which  
6 is Tuesday-Thursday-Saturday, schedule, we looked  
7 at the needs of the community and the needs of  
8 the patients. They did not want an early morning  
9 shift. What they wanted was a hybrid schedule,  
10 so that's what we gave them.

11 We open our doors on Tuesday, Thursday at  
12 10:00 o'clock because that's what the patients  
13 want. We are open late for the patients who are  
14 working because that is what they want. On  
15 Saturdays we open early because everybody wants  
16 to come in early because nobody wants to come to  
17 a dialysis center on a Saturday night. I don't  
18 care if they've watch Bay Watch 50,000 times,  
19 they're going to watch it again rather than being  
20 at a dialysis center. So they come in early. We  
21 fast track. We get them in, we get them out, and  
22 they're happy.

23 We talk to our patients every day, and they  
24 are not shy with what their needs and desires

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1           are. We appreciate their feedback. I can tell  
2           you that they have not expressed an interest in  
3           nocturnal dialysis.

4                       When we admit our patients, and I actually  
5           do the admitting for all the patients, we ask  
6           them as far as what their preference is because  
7           of something called -- under CMS, you must give  
8           patients their choice, and also you must give  
9           them the option, something called "treatment  
10          options," and review with them their treatment  
11          options every three months. There has not been  
12          one request or interest or inquiry, for that  
13          matter, for nocturnal dialysis.

14                      Basically, nocturnal dialysis has been --  
15          which has been discussed today is an eight-hour  
16          dialysis treatment versus the standard three to  
17          four hours of dialysis.

18                      In addition to the patients, we also work  
19          closely with area physicians. Those are the  
20          doctors who refer to us. It is our understanding  
21          that they are happy with and believe that the  
22          patients are well served by the existing care  
23          model -- of the existing model of care. We  
24          regularly discuss modes of care with our

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1 referring physicians, and we are certainly  
2 prepared to consider their recommendations.

3 I do want, however, to reassure you that we  
4 would certainly evaluate providing nocturnal  
5 dialysis if patients request it. I'm going to  
6 underline that again, if the patients requested  
7 it.

8 I would like to also add that if there were  
9 a demand, we could offer nocturnal dialysis  
10 without the state incurring any additional cost.  
11 Our structure is already in place without wasting  
12 precious health care dollars. Our government is  
13 closed today. We don't have a lot of extra  
14 dollars, and we certainly don't have dollars to  
15 waste.

16 We can easily make some modifications to  
17 provide this longer dialysis treatment. We pride  
18 ourselves on our individual approach to care. We  
19 value our partnership with our patients and their  
20 families. Their needs are a top priority. We  
21 are always focused on making sure that they have  
22 access to the support and to the services they  
23 need to keep them healthy.

24 We know that the Board has a tough task,

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1 making everyone -- making sure that everyone has  
2 access to health care without duplication of  
3 services. We appreciate your mission and respect  
4 the process. We hope this background information  
5 is helpful.

6 Thank you very much for your time.

7 HEARING OFFICER AVERY: Thank you.

8 MS. LOWRANCE: Any questions?

9 HEARING OFFICER AVERY: No.

10 No. 3.

11 MR. QURESHI: I'm Dr. Vaseem Qureshi,  
12 V-a-s-e-e-m, last name, Q-u-r-e-s-h-i.

13 I have been with the dialysis center, and  
14 we have started this project several years ago  
15 because we felt the need to have nocturnal  
16 dialysis. There is no question about it. You  
17 don't ask the patient, you offer them, and you  
18 make sure that they -- you meet all their needs.

19 We have had patients coming to our unit,  
20 they lose their jobs, they lose all their  
21 contacts, all their family abandons them, and  
22 they are left with depression.

23 Nocturnal dialysis is needed today. Nobody  
24 offers it. They talk about it, but nobody offers

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1           it. We are the first ones to take care of all  
2 patients and their families. We have several  
3 patients here asking us daily when are you going  
4 to have nocturnal dialysis so I can get back to  
5 my work.

6           There are so many people here. I don't  
7 want to mention their names, but they can provide  
8 all the evidence that you want for the nocturnal  
9 dialysis. It's a very, very essential part of  
10 dialysis and taking care of the patient and their  
11 families. This is not about patients this and  
12 this.

13           Thank you very much for giving me the  
14 opportunity to talk.

15                       HEARING OFFICER AVERY: Thank you.

16                       MR. QURESHI: Any questions?

17                       HEARING OFFICER AVERY: No. Thank  
18 you.

19                       No. 4. John Argo.

20                       MR. ARGO: Okay. I guess I'm No. 4.

21                       HEARING OFFICER AVERY: Grab that  
22 card, John, and put it on the chair for me.

23                       MR. ARGO: Okay.

24                       HEARING OFFICER AVERY: Put it on

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1           that chair for me.

2                       MR. ARGO: For the last 30 years I've  
3           been honored to be a consultant --

4                       HEARING OFFICER AVERY: John, can you  
5           please state your name and spell it for the court  
6           reporter.

7                       MR. ARGO: Okay. My name is John,  
8           J-o-h-n, last name Argo, A-r-g-o.

9                       I'm an Illinois licensed CPA, and for the  
10          last 30 years, I have been honored to be a  
11          business consultant, and our firm specializes  
12          with health care. It's a health care consultant,  
13          financial consultant.

14                      Dr. Humayun, I find a man who works seven  
15          days a week plus and is very interested in taking  
16          care of patients, and I have encouraged him to  
17          get this venture approved because I'm the numbers  
18          guy. I look at the year 2021 or '22, we're going  
19          to have one-third senior citizens. We're also  
20          going to have a complete change, probably the  
21          most important bill that's going into effect in  
22          2014 since the Civil Rights Act of 1965 is the  
23          Accountable Care Act which is -- everybody calls  
24          it Obamacare, but you're going to have a complete

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1 change in the demand for these types of medical  
2 facilities and medical services.

3 I assure you that all my dealings with  
4 Dr. Hamid Humayun have been correct. He is in  
5 full compliance with his medical corporations and  
6 everything. He always has been. He is very  
7 particular with me that I make sure that he keeps  
8 in good light with all the regulatory agencies  
9 such as the State of Illinois, the Internal  
10 Revenue Service, and the Illinois Health Planning  
11 Board as I go.

12 So I wanted to let you know that this is  
13 something that is very much needed. I live in  
14 Westchester. I know the area. I've lived in  
15 Westchester most of the time since I moved to  
16 Chicago in 1971.

17 So it's definitely a pleasure to be able to  
18 speak on his behalf this morning.

19 Thank you very much.

20 HEARING OFFICER AVERY: Thank you.

21 No. 5.

22 MR. MOHAMMED: My name is Dr. Abdul  
23 Mohammed, A-b-d-u-l, M-o-h-a-m-m-e-d. I'm a  
24 consultant nephrologist. I am an associate of

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1 Dr. Humayun.

2 I came across nocturnal dialysis a few  
3 years ago, and I can tell you from hands-on  
4 experience of a patient who switched from  
5 intermittent, three times a week, four hours per  
6 treatment dialysis to nocturnal dialysis. His  
7 only words were, "I'm not going back again."

8 So the advantages, I asked him, and he told  
9 me were the following: He doesn't have to worry  
10 about eating or drinking anything anymore. He  
11 has no limitations on anything. He is free to  
12 eat whatever he wants. He is a full-time school  
13 bus driver. So there's no limitation on his work  
14 schedule. He has a full-time job, and he intends  
15 to keep it.

16 He has no problems with taking any beverage  
17 or medications anymore because he doesn't have to  
18 take them. He doesn't have to worry about taking  
19 any phosphate binders anymore for correcting his  
20 metabolism because that's automatically corrected  
21 with the longer form of dialysis.

22 We have had dialysis for more than 40 years  
23 now. I think longer probably than you'll hear  
24 than Dr. Humayun started practicing, and we have

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1           seen -- there are only a few things that have  
2           happened with dialysis to adjust the morbidity  
3           and mortality.

4                   The average mortality for dialysis patients  
5           continues to be in the 20 to 25 percent range.  
6           If you see 100 patients now, all of them are  
7           expected to have a mortality and in four to five  
8           years time. That's the average long life  
9           expectancy you are giving them. It doesn't  
10          matter what age they are or what co-morbidities  
11          they have. This is the average mortality for  
12          them.

13                   There are only three or four things we can  
14          ever do in order to decrease their mortality. If  
15          you actually think about hemodialysis, it's a --  
16          system. There are only three or four things you  
17          could do. You can either put bigger needles in  
18          the patient, you can run the machine higher, or  
19          you can run them for a longer time.

20                   Because of cost and prohibitive issues  
21          related to staffing, people have been very  
22          reluctant to increase the dialysis time to more  
23          than four hours. You know, if you have a  
24          hemodialysis patient for six hours in the day,

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1 it's going to interrupt their work schedule, the  
2 staffing schedule, and everything.

3 So nocturnal dialysis has been in vogue for  
4 a lot of years, for many years. In fact, a lot  
5 of national companies that provide dialysis here  
6 in Illinois offer that elsewhere too.

7 I trained in Milwaukee, and we had a  
8 16-chair nocturnal dialysis program. Patients  
9 would just walk in leisurely. Nobody is in a  
10 rush to push them in. They are not in a rush to  
11 get them out. They sleep on dialysis. They wake  
12 up in the morning. They go to work, and they  
13 have a full day, a full normal day.

14 I cannot imagine how else we could take  
15 care of these patients, and, you know, as you  
16 were talking about numbers, we are expected to  
17 have a lot more dialysis patients than we have  
18 right now. We have a half million dialysis  
19 patients now in the country, and the number is  
20 only going to go up because they're trying to  
21 decrease the mortality, and we are also  
22 diagnosing a lot more patients with nephropathy  
23 and other forms of renal disease.

24 So I think the only way to manage patients

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1 going forward in the future would be by giving  
2 them options of doing nocturnal dialysis. You  
3 know, it doesn't matter if they watch a  
4 particular episode on a particular day. They  
5 have the flexibility of doing it three times a  
6 week. They can choose what days they want.

7 They also have the ability, you know, to  
8 maybe skip a day or two because they are doing  
9 eight-hour dialysis. So even if they --  
10 treatment of three to four hours, it's not going  
11 to affect them as much.

12 The important thing is a lot of people  
13 don't ask about nocturnal dialysis because they  
14 don't know what nocturnal dialysis is. Nocturnal  
15 dialysis has been very -- it's not been practiced  
16 here by nephrologists. They have not embraced it  
17 totally yet, but I think this is the future, and  
18 we need to prepare ourselves for handling this  
19 better in the future.

20 I think the proposed nocturnal dialysis  
21 center in the area -- and as we've mentioned,  
22 there is no nocturnal dialysis in the 30-mile  
23 radius -- it's actually a very innovative idea,  
24 and I think it will definitely help in taking

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1 care of patients better.

2 Thank you.

3 HEARING OFFICER AVERY: Thank you.

4 No. 6.

5 MS. RAO: Good morning. My name is  
6 Dr. Kajal Rao, K-a-j-a-l, last name, R-a-o. I'm  
7 an associate of Dr. Humayun, and I am in support  
8 of nocturnal dialysis.

9 I recently finished training, a fellowship  
10 out in California, and we also had a few  
11 nocturnal dialysis patients.

12 The reason that I'm in support of this is  
13 that it's not just hearsay. There have been  
14 recent studies, frequent nocturnal dialysis,  
15 frequent hemodialysis studies that have shown  
16 that doing nocturnal dialysis is better for all  
17 the reasons that have already been mentioned.

18 It's more physiologic, so it's more like  
19 your own kidneys working. You do it every day,  
20 longer periods of time. It's less stressful on  
21 your body. So you're not feeling fatigued after  
22 the dialysis treatment as you would with an  
23 intermittent three times a week dialysis.

24 You're able to take less blood pressure

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1 medication, and as Dr. Mohammed had mentioned,  
2 you're able to liberalize your diet, eat more  
3 freely.

4 For these reasons, I'm in support of it,  
5 and one other thing I wanted to reemphasize was  
6 that patients don't ask about nocturnal dialysis  
7 because they're not informed about it. It's just  
8 like not asking about peritoneal dialysis or a  
9 transplant.

10 We have to present these options to the  
11 patients. If there are not facilities that are  
12 doing these things, people are not going to be  
13 aware, practitioners are not going to be aware,  
14 so I think this is a very good -- opening up this  
15 unit will be very beneficial.

16 Thank you.

17 HEARING OFFICER AVERY: Thank you.

18 No. 7.

19 MR. COPELIN: Ms. Avery,  
20 Ms. Bullwinkel had to leave, so do you want me to  
21 read her testimony into the record.

22 My name is Michael Copelin, C-o-p-e-l-i-n.

23 There are actually three letters that I  
24 would like to read into the record. One is from

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1 Deborah Bullwinkel, the Village President.

2 HEARING OFFICER AVERY: Let me get  
3 clarification. These letters are on behalf of  
4 Deborah?

5 MR. COPELIN: Well, the first one is  
6 on behalf of Deborah Bullwinkel.

7 HEARING OFFICER AVERY: Let's do  
8 Deborah's first, and then go into yours because I  
9 think you're technically No. 8.

10 MR. COPELIN: All right.

11 HEARING OFFICER AVERY: Okay. I'm  
12 missing No. 8, so I think it's you.

13 MR. COPELIN: All right. This is  
14 from Deborah Bullwinkel, Village President,  
15 Village of Villa Park.

16 "I am writing to express my support for the  
17 Nocturnal Dialysis Spa project in Villa Park,  
18 Illinois. This facility will meet the needs of  
19 people in Villa Park and throughout the  
20 metropolitan area who require renal care from  
21 experienced medical practitioners.

22 "On behalf of the Village of Villa Park,  
23 I'm thrilled that the team investing in the  
24 Nocturnal Dialysis Spa has chosen to bring this

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1 medical facility and the myriad of services to  
2 Villa Park. I'm aware of the track record of  
3 professionalism and integrity of the medical team  
4 affiliated with this venture and look forward to  
5 watching this project come to fruition in our  
6 community.

7 "Sincerely, Deborah Bullwinkel."

8 HEARING OFFICER AVERY: Thank you.

9 Now, we'll go to No. 8.

10 MR. COPELIN: He's No. 8.

11 HEARING OFFICER AVERY: Did you sign  
12 in?

13 MR. COPELIN: Did I?

14 HEARING OFFICER AVERY: Yes.

15 MR. COPELIN: I did not to provide  
16 testimony, but you told me you wanted me to  
17 provide or read these in.

18 HEARING OFFICER AVERY: Okay. No. 8.

19 MR. TINCKNELL: Good morning, Board  
20 Member Dr. Burden and Ms. Avery.

21 My name is Tim Tincknell. The first name  
22 is Tim, T-i-m. The last name is Tincknell,  
23 T-i-n-c-k-n-e-l-l. I'm the administrator for CON  
24 projects at DaVita. I am here on behalf of

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1 DaVita to oppose the Applicant's proposal to  
2 establish a 12-station in-center hemodialysis  
3 facility in Villa Park. This project is not  
4 needed and would create an unnecessary  
5 duplication of services in the area.

6 The application for the project is based on  
7 presumed demand for nocturnal dialysis, which  
8 they contend is not readily available. This is  
9 misleading as both DaVita and Fresenius offer  
10 nocturnal dialysis as well as evening dialysis,  
11 defined as dialysis treatments beginning after  
12 5:00 p.m., at several of their Chicagoland  
13 facilities. Importantly, if patient demand  
14 warranted it, there would be more nocturnal  
15 dialysis programs in the area.

16 The demand for a nocturnal dialysis program  
17 in Villa Park is questionable at best. Nowhere  
18 in the application does the Applicant attempt to  
19 quantify this demand. Rather, the Applicant  
20 seems to rely on form letters from patients  
21 indicating a willingness to transfer to nocturnal  
22 dialysis to support its application.

23 If the demand were truly as great as the  
24 Applicant believes, one must question why the

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1 Applicant does not offer nocturnal dialysis at  
2 its own underutilized Maple Avenue Kidney Center,  
3 which is located 15 minutes from the site of the  
4 proposed Nocturnal Dialysis Spa.

5 Maple Avenue Kidney Center is operating at  
6 67 percent utilization and could easily add a  
7 nocturnal program to accommodate the purported  
8 demand at little or no cost. This would be the  
9 most prudent and least costly alternative.

10 Finally, the Applicant notes that this  
11 project will not have a negative impact on  
12 existing providers because it will cater to the  
13 needs of dialysis patients in the area who want a  
14 nocturnal option. This is misleading at best as  
15 it would predominantly provide traditional  
16 in-center hemodialysis, offering traditional  
17 dialysis during two of three shifts per day and  
18 would be in direct competition with the existing  
19 facilities in the area.

20 Importantly, there are 13 facilities within  
21 20 minutes of the proposed facility with only two  
22 facilities operating at or above the Board's 80  
23 percent utilization standard. Average  
24 utilization of the existing facilities is only

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1           60 percent, which means the existing facilities  
2           can accommodate approximately 216 patients before  
3           average utilization reaches 80 percent.

4           There is sufficient capacity in the area to  
5           accommodate the proposed referrals to the  
6           Nocturnal Dialysis Spa. Another facility would  
7           further decrease utilization in the area.

8           The proposed facility is not needed and  
9           will result in an unnecessary duplication of  
10          services; therefore, DaVita respectfully requests  
11          that the Board deny the Applicant's proposal for  
12          a 12-station dialysis facility in Villa Park.

13          Thank you.

14                   HEARING OFFICER AVERY: Thank you.

15                   No. 9.

16                   MS. WRIGHT: Good morning. My name  
17                   is Lori Wright, and I am here on behalf of  
18                   Fresenius Medical Care.

19                   We are opposing this application because it  
20                   is simply not necessary. It is being presented  
21                   as a nocturnal dialysis spa center as a way to  
22                   get around the lack of need. The application  
23                   actually proposes a traditional dialysis center  
24                   that operates three shifts a day. There is

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1           currently significant excess capacity within  
2           30 minutes of the proposed area.

3                       I urge any patients in the audience who  
4           currently want nocturnal dialysis to speak to the  
5           clinic manager where you are receiving dialysis  
6           now, regardless of the provider, and let them  
7           know you're interested. Nocturnal dialysis  
8           shifts can be started up at any existing dialysis  
9           facility.

10                      Fresenius Medical Care offers nocturnal  
11           dialysis in the Chicagoland area and other  
12           providers of dialysis do as well.

13                      Thank you.

14                      HEARING OFFICER AVERY: Thank you.

15                      No. 10.

16                      MR. COPELIN: Thank you. Sorry for  
17           the confusion on the letters. I have two other  
18           letters I would like to read into the record.

19                      Again, my name is Michael Copelin. I'm the  
20           CON consultant for the Applicant.

21                      The letters are from Dr.  
22           Gopal Lalmalani and Senator Tom Cullerton.

23                      Dr. Lalmalani is the Village President of  
24           Oak Brook.

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1 "I am writing in support of the project for  
2 Nocturnal Dialysis Spa at Villa Park as it will  
3 help the residents of the surrounding villages to  
4 get what they have been looking for for years.

5 "I believe that currently we do not have  
6 any nocturnal dialysis option in the area for the  
7 patients who desire this option.

8 "As a physician in the community, I know  
9 this group professionally. They have a long  
10 track record of quality service, and I have no  
11 hesitation in recommending this service to our  
12 patients in the area."

13 It's signed Dr. Gopal G. Lalmalani, Village  
14 President.

15 The next letter I would like to read is  
16 from Senator Tom Cullerton.

17 It says, "I'm writing in support of the  
18 Nocturnal Dialysis Spa project in Villa Park as  
19 it will help the residents of the surrounding  
20 villages to get this long-awaited service they  
21 have been looking for for the past several years.

22 "We currently do not have any nocturnal  
23 dialysis in the area for the patients who desire  
24 this option. As an elected representative for

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1           the community, I know this group has a long track  
2           record of quality service, and professionalism,  
3           and I have no hesitation in recommending this  
4           service to our residents in the area.

5                         "Tom Cullerton, State Senator, 23rd  
6           District.

7                                 HEARING OFFICER AVERY: Thank you.

8                                 Okay. Is there anyone who wishes to  
9           testify who has not had an opportunity to do so?

10                                         (No response.)

11                                 HEARING OFFICER AVERY: Hearing none,  
12           is there anyone who has testified who wishes to  
13           provide additional testimony?

14                                 MS. JOHNSON: I would like to say  
15           something.

16                                 HEARING OFFICER AVERY: Can you come  
17           up and give your name.

18                                 MS. JOHNSON: My name is Monique  
19           Johnson, M-o-n-i-q-u-e, Johnson, J-o-h-n-s-o-n.  
20           I am a patient at Maple Avenue Kidney Center.

21                                 I would think that it would be better for  
22           us to have nocturnal because trying to cram in so  
23           much fluids in your body within 3 1/2 hours, you  
24           aren't productive when you go home. I have two

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1 younger kids that like to do things, and I can't.  
2 So I think that's better.

3 I only can work on Tuesday, Thursday, and  
4 Saturdays, the days that I don't go to dialysis  
5 because I'm weak when I go home. Like I really  
6 can't sit up and do nothing.

7 So I think it's better because I'll have  
8 more energy to do things with my kids after and  
9 still be able to work every day because that's  
10 not enough money for me for my rent and take care  
11 of them.

12 So I think that would be better for us  
13 because I don't want to be weak and passing out,  
14 and that's not a good feeling. So four hours is  
15 just not enough three times a week to get your  
16 body back together.

17 So thank you.

18 HEARING OFFICER AVERY: Thank you.

19 MR. HUMAYUN: Could I add just one  
20 point?

21 HEARING OFFICER AVERY: One second.

22 Was there someone else?

23 MS. QUINN: Yes.

24 HEARING OFFICER AVERY: I'm going to

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1 ask you ladies to complete these. Okay.

2 MS. QUINN: My name is Dominique  
3 Quinn, D-o-m-i-n-q-u-e, Quinn, Q-u-i-n-n, and I'm  
4 a patient of Maple Avenue Clinic, and I think  
5 it's beneficial for us to have the nocturnal  
6 dialysis because -- for me personally, I went to  
7 school for teaching, and I can't teach. They  
8 won't pay me to work half a day or they won't pay  
9 me to work three days a week. I went to school  
10 for nothing, paid for school for nothing.

11 I'll get to go back to school, go back to  
12 work, have a normal life. I'm only 26, and I  
13 live like I'm an older person because once I get  
14 off dialysis, I'm extremely weak, extremely  
15 tired. I have to go home, take a nap. That's  
16 only at 11:30. In the afternoon, my day is gone.  
17 Like what can you really do after 3:00 o'clock.  
18 That's when most work days are over.

19 So I think it's beneficial. I know on my  
20 behalf, I would love to do it at night, wake up  
21 there and go to work and not be extremely tired,  
22 not weak, do a normal day like a normal  
23 26-year-old would.

24 HEARING OFFICER AVERY: Thank you.

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1 Will you complete that form for me, please?

2 MS. QUINN: Yes.

3 HEARING OFFICER AVERY: Why don't we  
4 conclude with you. You can go, and we'll  
5 conclude with the doctor.

6 State your name again for the court  
7 reporter, please.

8 MR. ARGO: I'm John Argo, J-o-h-n  
9 A-r-g-o. I'm a CPA. I have been working with  
10 Dr. Humayun for almost 30 years.

11 I just want to clear up a few things  
12 about -- like I said before, I'm a numbers man.  
13 One of the reasons why I have encouraged  
14 Dr. Humayun and his associates to pursue this  
15 approval is because we're going to have -- we  
16 have an aging society. So we're going to have by  
17 the year 2021 or '22 -- we're going to have  
18 one-third senior citizens.

19 As I mentioned also, we're going to have a  
20 full implementation of the Accountable Care Act.  
21 It's, in fact, being implemented as I speak here.  
22 That's going to bring more patients with more  
23 demands for all types of medical specialities.  
24 I'll point that out.

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1           The final thing is I have lived in this  
2           wonderful neighborhood in the western suburbs,  
3           even though my office is north, for the last --  
4           since 1971, and my daughter lives in Oak Park a  
5           few blocks north of his office in Oak Park, and I  
6           wish I could get there in 15 minutes from  
7           Westchester.

8           It takes me at least 20 to 25 minutes to  
9           get to his office from my house even when the  
10          traffic is low, if I leave at 2:00 o'clock in the  
11          afternoon. So with regard to this time  
12          consideration, we have other facilities within  
13          15 minutes, I think is a little bit -- I wish  
14          because from Villa Park if I went to  
15          Dr. Humayun's office in Oak Park from here, it  
16          would probably take me 45 to 50 minutes, and I've  
17          lived here.

18          I don't have any specific diagrams to  
19          justify that. I just have my experience in  
20          trying to get over to see my daughter sometimes.  
21          I know how much time it takes to get from  
22          Westchester; and if I was in Villa Park, it even  
23          would take closer to 45 minutes.

24                 Thank you for your time and consideration.

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1                   HEARING OFFICER AVERY: Thank you.

2                   Doctor, did you complete this sheet?

3                   Doctor, you can come, unless you want to be the  
4                   last one.

5                   MR. HUMAYUN: I want to do that.

6                   HEARING OFFICER AVERY: Okay. Go  
7                   ahead, please.

8                   MR. WAGENER: Good morning. My name  
9                   is Donald Wagener, D-o-n-a-l-d. My last name is  
10                  W-a-g-e-n-e-r. I'm an independent physician.  
11                  I'm a nephrologist, and I have been a doctor for  
12                  more than 30 years now working in this area and  
13                  Melrose Park and, of course, in Villa Park.

14                  I have pleasure of working with all the  
15                  providers that are here -- DaVita, Fresenius, and  
16                  U.S. Renal.

17                  What I found in my private practice is that  
18                  you are dealing here with big companies that you  
19                  never see the face of the main person of the  
20                  company like you see here today. As you see, the  
21                  representatives that are here today are gone  
22                  tomorrow. I mean, this is a common issue in our  
23                  business.

24                  In my 30 years as a nephrologist and

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1 dealing with dialysis patients, I cannot remember  
2 somebody that I saw five years ago in a clinic  
3 staying still there because, you know, big  
4 companies tend to change a lot of people.

5 So I think what is kind of good about this  
6 project is that the persons that are in charge of  
7 the project are part of the community. They are  
8 here, and they will be here to respond for any  
9 problems. So you will not have to be calling 10  
10 layers of people to reach the guy that can solve  
11 your problem. That is from the administrative  
12 standpoint.

13 From the renal standpoint, a clinical  
14 standpoint, I think as a nephrologist, and an  
15 independent nephrologist, I don't have any -- I  
16 don't own any clinic, so I don't have any  
17 particular interest in that way.

18 It's good -- competition is good. I heard  
19 a lot of people talking here about capacity.  
20 Capacity is a nice new gimmick used by the big  
21 companies to create territorial domination of an  
22 area. So what they do, essentially, they shift  
23 capacity from one clinic to the other, and when  
24 they need to open a clinic, they create a vacuum

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1           around the old clinics, and they say, you know  
2           what, we are at full capacity, but now we are low  
3           capacity when somebody wants to come to open  
4           another clinic. So we cannot allow somebody to  
5           come because our clinics are low capacity.

6                     That's a gimmick that has been used by the  
7           big companies in my area, particularly Melrose  
8           Park. When I'm surrounded by one particular  
9           whole new clinic, and I don't have a chance --  
10          when I don't like the way that they are doing the  
11          treatment or they treat my patients, I don't have  
12          a chance to move to another company because they  
13          have -- territorially, they dominate the area.

14                    So I don't think and I wish somebody can  
15          tell me if competence [sic] in our system is  
16          wrong. I mean competence is the driving force of  
17          improvement, and you can see -- you can imagine  
18          yourself using the same form but just for one  
19          company. No.

20                    Innovation happen and good attention to the  
21          patient happen when there is competence. So I  
22          really don't understand this kind of law that  
23          there is clinics that don't have enough patients.  
24          You should ask those clinics why they don't have

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1           enough patients, why the doctors don't send the  
2           patients over to that particular clinic, instead  
3           of denying somebody else to come in with some new  
4           ideas.

5                        So I particularly -- Dr. Humayun we are  
6           probably together one of the oldest doctors still  
7           actively involved in my area, and so I can say,  
8           you know, that he already runs clinics. He has  
9           experience in management, and I think the more  
10          important thing that nobody else -- none of the  
11          other companies that are here arguing against is  
12          that they are not here. The managers, the owners  
13          of the company are not here. They are somewhere  
14          in the world like Fresenius in Germany or DaVita  
15          in some other city. So you never can reach those  
16          guys. You can reach the little guy here, but  
17          never there when you have a problem.

18                       So I think this project is very -- and the  
19          only complaint that I hear is that all the  
20          clinics don't have enough capacity or use  
21          capacity, and so they have to ask themselves --

22                               HEARING OFFICER AVERY: If you can  
23          close your comments.

24                               MR. WAGENER: -- why don't they also

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1 send their patients there.

2 HEARING OFFICER AVERY: Thank you.

3 Would you complete that for me, please, Doctor.

4 Okay. Are you still wanting to speak?

5 State your name for the record, please.

6 MR. HUMAYUN: Dr. Hamid Humayun,

7 H-u-m-a-y-u-n.

8 I have been a doctor for 30 or 40 years  
9 almost and worked with all the different players,  
10 the Fresenius, DaVita, and others, and I have  
11 heart patients. I still have patients in their  
12 clinics.

13 None of the clinics -- forget about  
14 nocturnal dialysis. They don't even offer  
15 peritoneal dialysis. The utilization of  
16 peritoneal dialysis in the United States is very  
17 low, about 7 percent.

18 So I don't think that patients are given a  
19 choice of nocturnal dialysis. I think by us  
20 having a nocturnal facility, I think it will open  
21 up and you will see in due time Fresenius is  
22 going to offer it, DaVita is going to offer it,  
23 and it will improve patient care all over the  
24 place.

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1                   So I don't think, you know -- we are just  
2 trying to make everyone aware that this is an  
3 option, that it could be done. I think for us to  
4 be doing it now.

5                   The nearest clinic which is offering -- the  
6 DaVita clinic is about 14, 15 miles away. I  
7 mean, the reason they're doing it other places,  
8 well, why don't they do it here? They think the  
9 patients don't want it? I mean, patients are not  
10 offered the option or the hope.

11                   I think if you explain to the patient, tell  
12 them if you have this, you will be feeling  
13 better, you will be feeling stronger, you will  
14 live longer, and you will be employed and making,  
15 you know, a better life for yourself. So this  
16 thing if you explain to all patients, they will  
17 do it. Patients don't know.

18                   Well, I got renal disease so I'll go on  
19 dialysis, and most of the time they're hooked on  
20 hemodialysis. I think peritoneal dialysis should  
21 be an option, should be given, which I think will  
22 happen with the Obama payment and all that,  
23 maybe, you know.

24                   But I think, you know, by us little people,

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1           we are small, you know, and if we start it, the  
2           other major companies are going to come forward  
3           and do it. So it will be good for the people,  
4           and it will cut down on the cost of Medicare  
5           because people will be healthier and they will  
6           not be hospitalized, and they will not -- and  
7           they will be productive citizens.

8                           HEARING OFFICER AVERY: Thank you.

9           Okay. Please note that this project is  
10          tentatively scheduled for consideration by the  
11          Board at its November 5th meeting. The meeting  
12          will be held in Bolingbrook, Illinois, at the  
13          Bolingbrook Golf Club located at 2001 Rodeo  
14          Drive. Please refer to the Board's Web site at  
15          www.hfsrb.illinois.gov for more details and  
16          possible agenda changes.

17          Also note that the public has until  
18          9:00 a.m. on Wednesday, October 16th, to submit  
19          additional written comments pertaining to this  
20          project. Those comments can be sent to the  
21          attention of Courtney Avery, Administrator,  
22          Illinois Facilities and Services Review Board,  
23          525 West Jefferson Street, second floor,  
24          Springfield, Illinois 62761.



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STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF K A N E )

I, JOANNE E. ELY, Certified Shorthand Reporter No. 84-4169, CSR, RPR, and a Notary Public in and for the County of Kane, State of Illinois, do hereby certify that I reported in shorthand the proceedings had in the above-entitled matter and that the foregoing is a true, correct, and complete transcript of my shorthand notes so taken as aforesaid.

N TESTIMONY WHEREOF I have hereunto set my hand and affixed my Notarial Seal this 9th day of October, 2013.



*Joanne E. Ely*  
\_\_\_\_\_  
Certified Shorthand Reporter

My commission expires  
May 16, 2016.