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Transcript of Public Hearing

Date: February 13, 2019

Case: Ophthalmology Surgery Center of Illinois - Itasca/Project #18-047

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1 PRESENT:

2 ILLINOIS HEALTH FACILITIES AND SERVICES
3 REVIEW BOARD, by
4 JEANNIE MITCHELL, Public Hearing Officer
5 ANN GUILD, Compliance Manager
6 Second Floor
7 525 West Jefferson Street
8 Springfield, Illinois 62761
9 (217) 782-3516

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P R O C E E D I N G S

HEARING OFFICER MITCHELL: Good morning.

Thank you for participating in today's public hearing for Ophthalmology Surgery Center of Illinois.

I am Jeannie Mitchell, general counsel and today's Hearing Officer for the Illinois Health Facilities and Services Review Board. Present with me today is Ann Guild, the compliance analyst.

On behalf of HFSRB, thank you for attending today's hearing. As per the rules of the Illinois Health Planning Act, the previously published legal notice has been submitted to the court reporter and will be included in today's record.

- - -

NOTICE OF REVIEW AND OPPORTUNITY FOR PUBLIC

HEARING AND WRITTEN COMMENT:

In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt to establish a single-specialty ambulatory surgery treatment

1 center (ASTC) in Itasca. Project
2 No. 18-047, Ophthalmology Surgery Center
3 of Illinois, Itasca. Applicants:
4 Ophthalmology Surgery Center of Illinois,
5 LLC. The Applicant proposes to establish
6 a single-specialty ASTC in 5,916 gross
7 square feet of leased space located at
8 1300 Arlington Heights Road, Itasca.
9 Project cost: \$3,975,093.

10 The application was declared
11 complete on December 5, 2018. A copy of
12 the application may be viewed at the
13 Illinois Health Facilities and Services
14 Review Board office, at the address
15 below. Consideration by the State Board
16 has been tentatively scheduled for the
17 April 30th, 2019, State Board meeting.

18 Any person wanting a public
19 hearing on the proposed project must
20 submit a written request for a hearing
21 no later than December 20, 2018, to:
22 Mike Constantino, Supervisor, Project
23 Review Section, Illinois Health
24 Facilities and Services Review Board,

1 525 West Jefferson Street, Second Floor,
2 Springfield, Illinois 62761.

3 Any person wanting to submit
4 written comments on this project must
5 submit these comments by April 10, 2019.
6 The State Board will post its findings in
7 a State Board staff report, and the
8 report will be made available via the
9 Internet on April 16, 2019. The public
10 may submit written responses in support
11 of or in opposition to the findings of
12 the Illinois Health Facilities and
13 Services Review Board. The public will
14 have until 9:00 a.m., April 20, 2019.

15 LEGAL NOTICE OF PUBLIC HEARING AND OPPORTUNITY

16 FOR WRITTEN COMMENT

17 In accordance with the
18 requirements of the Illinois Health
19 Facilities Planning Act and 77 Illinois
20 Administrative Code Part 1130, notice is
21 given of a public hearing on an
22 application for permit to establish a
23 single-specialty ambulatory surgery
24 treatment center (ASTC) in Itasca.

1 Project No. 18-047, Ophthalmology Surgery
2 Center of Illinois, Itasca. Applicants:
3 Ophthalmology Surgery Center of Illinois,
4 LLC. The Applicant proposes to establish
5 a single-specialty ASTC in 5,916 gross
6 square feet of leased space located at
7 1300 Arlington Heights Road, Itasca.
8 Project cost: \$3,975,093.

9 The public hearing is to be held
10 by the Illinois Health Facilities and
11 Services Review Board pursuant to the
12 Illinois Health Facilities Planning Act.
13 The hearing is open to the public and
14 will afford an opportunity for parties at
15 interest to present written and/or verbal
16 comment relevant to the project. All
17 allegations or assertions should be
18 relevant to the need for the proposed
19 project and be supported with two copies
20 of documentation or materials that are
21 preferably printed or typed on paper size
22 8 1/2 by 11.

23 The hearing will be held on
24 Wednesday, February 13, 2019, from

Transcript of Public Hearing
Conducted on February 13, 2019

7

1 11:00 a.m. to 12:30 p.m. and from 1:30 to
2 2:00 p.m. at the Itasca Community Library,
3 West Room, 500 West Irving Park Road,
4 Itasca Illinois.

5 Consideration by the State Board
6 has been tentatively scheduled for the
7 April 30, 2019, State Board meeting. Any
8 person wanting to submit written comments
9 on this project must submit these
10 comments by April 10, 2019.

11 The State Board will post its
12 findings in a State Board staff report,
13 and the report will be made available via
14 the Internet on April 16, 2019. The
15 public may submit written responses to
16 errors in the findings of Board staff to
17 the Illinois Health Facilities and
18 Services Review Board. The public will
19 have until 9:00 a.m. April 20, 2019, to
20 submit responses to the staff report.

21 For additional information
22 contact Courtney Avery, Administrator, at
23 312.814.4825 or courtney.avery@illinois.gov.

24 - - -

1 HEARING OFFICER MITCHELL: Please note
2 that in order to ensure the Health Facilities and
3 Services Review Board's public hearings protect
4 the privacy and maintain the confidentiality of an
5 individual's health information, covered entities
6 as defined by the Health Insurance Portability and
7 Accountability Act of 1996 -- such as hospital
8 providers, health plans, and health care
9 clearinghouses -- submitting oral or written
10 testimony that disclose protected health
11 information of individuals shall have a valid
12 written authorization from that individual. The
13 authorization shall allow the covered entity to
14 share the individual's protected health
15 information at this hearing.

16 If you have not signed in yet, please see
17 Ann Guild at the back of the room.

18 Those of you that have prepared text of
19 your testimony, please note that you may submit
20 the written text, which will be entered into
21 today's record and made available for all
22 HFSRB members prior to the project's
23 consideration.

24 For those of you providing oral testimony,

1 there will not be a time limit today. Because we
2 have so few participants, we'll let you speak.
3 Participants will be called in numerical order --
4 I'll call you by name, rather, since you don't
5 know what number you have. Participants will be
6 called by name.

7 As you approach the speaker's podium,
8 please provide me with your sign-in sheet. Prior
9 to beginning your remarks, clearly state and spell
10 your full name. If you have written copies of
11 your remarks, please provide those to me.

12 Are there any questions regarding these
13 instructions?

14 MS. FRIEDMAN: I think Ann has the sign-in
15 sheet.

16 HEARING OFFICER MITCHELL: Yes. As I read
17 that, I thought, "They don't have the sign-in
18 sheets." So I'll just call you by name; you come
19 up to the podium and speak.

20 Any other questions?

21 (No response.)

22 HEARING OFFICER MITCHELL: Hearing none,
23 we'll begin with today's public hearing.

24 Wes Becton.

1 MR. BECTON: Wes, W-e-s; last name is
2 Becton, B-e-c-t-o-n.

3 Thank you for holding the hearing. Good
4 morning. My name is Wes Becton. I will be the
5 administrator for the Ophthalmology Surgery Center
6 of Illinois.

7 We're proposing to establish a very
8 limited ambulatory surgical treatment facility
9 with two operating rooms for ophthalmology and
10 laser eye surgeries. We appreciate the public
11 support we have received thus far, and we look
12 forward to additional support from persons who
13 support our project.

14 By age 65 one in three Americans will have
15 some form of vision-impairing eye condition.
16 There are four major age-related eye diseases that
17 affect seniors: Glaucoma, cataracts, macular
18 degeneration, and diabetic radiculopathy.

19 Glaucoma occurs when the pressure within
20 the eye is elevated, which can damage the optic
21 nerve and result in vision loss and blindness.
22 For patients whose glaucoma cannot be successfully
23 controlled with medication, surgery is required to
24 reduce eye pressure.

1 Trabeculoplasty uses a laser to improve
2 the flow of fluids out of the eye, thereby
3 reducing pressure. Trabeculectomy is a
4 conventional surgery where the doctor creates a
5 new drainage path in the eye under the eyelid.

6 A cataract is a clouding of the eye's
7 usually transparent lens. The lens is composed of
8 water and protein, but if the protein clumps
9 together, it can start to obscure transmission of
10 light through the lens. If the cataract worsens
11 and begins to severely affect vision, surgery may
12 be necessary to remove the cloudy lens and replace
13 it with a new one.

14 Macular degeneration dramatically
15 diminishes sight by affecting one's central
16 vision. The condition affects the macula, an area
17 at the center of the retina that is responsible
18 for focused, central vision. Although people with
19 macular degeneration rarely go completely blind
20 because of it, many find it difficult to read,
21 drive, and perform other daily functions. While
22 macular degeneration is incurable, laser surgery
23 and antiangiogenic drug injections can slow the
24 progression.

1 Diabetic retinopathy is a potentially
2 blinding disorder. Diabetes causes abnormal
3 changes in the retina's blood vessels, causing
4 them to become leaky and grow where they should
5 not. These new vessels tend to break and bleed.
6 As they try to heal, the damaged blood vessels
7 will contract and detach the retina.

8 There's no cure for diabetic retinopathy;
9 however, laser treatment, photocoagulation, is
10 usually very effective at preventing vision loss
11 if it is done before the retina has been severely
12 damaged. Surgical removal of the vitreous gel,
13 vitrectomies, may also help improve vision if the
14 condition is caught early enough.

15 This project provides an alternative to
16 higher-cost hospital-based care for eye surgery.
17 By way of example, the 2017 median cost of a
18 cataract procedure performed in a hospital in
19 Illinois was \$9,217 compared to the \$991.85 which
20 is the Medicare reimbursement our proposed surgery
21 center will receive.

22 Furthermore, hospitals cap the number of
23 Medicaid cases that can be performed in a given
24 month, limiting access to critical surgical

1 services to this economically disadvantaged
2 population.

3 While there are surgery centers within the
4 10-mile geographic service area that we propose,
5 most are multispecialty surgery centers, and they
6 do not focus exclusively on eyes, and we end up
7 competing for surgical time with other specialties
8 at these surgery centers.

9 For these reasons we respectfully request
10 the Health Facilities and Services Review Board
11 approve our application for this single-specialty
12 eye surgery center.

13 Thank you.

14 HEARING OFFICER MITCHELL: Thank you.

15 Kara Friedman.

16 MS. FRIEDMAN: Hi. My name is Kara
17 Friedman, counsel to the Ophthalmology Surgery
18 Center of Illinois. I have a few brief comments
19 regarding this project.

20 First of all, as some of you know, I work
21 a lot in other sectors of health care. Dialysis
22 care is one that I'm very involved in, and that is
23 a disease state that, while it does become more
24 prevalent with age, there are many things that you

1 can do to reduce the chances that you will require
2 dialysis, managing hypertension and diabetes being
3 the primary and managing your weight and getting
4 regular primary care.

5 With eye conditions, regardless of the
6 sorts of ongoing preventative services that you
7 might get at a certain age, as Mr. Becton
8 indicated, there will be an increasing prevalence
9 of diseases that really affect your vision.

10 And, you know, in my own very immediate
11 sphere, both my parents have had cataract
12 surgeries; my husband is nearing the time that he
13 needs cataract surgery. I just spoke to a
14 colleague on the phone a few minutes before I got
15 here, and he could not transfer me to the person
16 I wanted to speak to next because he couldn't read
17 the numbers on his phone and he needed cataract
18 surgery.

19 So as we age, we've become more and more
20 cognizant of the fact that the eye is an
21 essential, vital organ that -- we cannot function
22 the way that we're used to functioning as it
23 deteriorates with age.

24 I do want to highlight today that the

1 party, Surgical Care Affiliates, calling for this
2 public hearing was involved in preliminary
3 discussions regarding development of this surgery
4 center and declined to participate. This center
5 will provide high-quality and lower-cost options
6 for patients suffering from the various eye
7 conditions that Mr. Becton discussed.

8 Many of you are familiar with the Medicare
9 Payment Advisory Commission. It's an independent
10 US Federal body headquartered in Washington, DC,
11 that makes recommendations to CMS on provider
12 payment, reimbursement policies.

13 MedPac -- that's the abbreviation --
14 recognizes the cost benefit of improved access to
15 ambulatory surgery centers. MedPac estimates that
16 in 2016 Medicare beneficiaries' cost-saving
17 obligations were about \$580 million lower for
18 procedures performed in ASCs rather than hospital
19 outpatient departments.

20 And, you know, more and more these days we
21 see, as the community gets older, there's a large
22 segment of marginalized seniors who are living on
23 their social security. So when there's a
24 difference between a \$200 or a \$500 or a \$2,000

1 co-pay on a necessary service that they need, they
2 need to have access to the lower-cost service just
3 so they're not having to forgo, for example, their
4 insulin, another big problem we see in the senior
5 community these days.

6 MedPac also recognizes -- and this is a
7 quote -- that the "Medicare program spending and
8 overall beneficiary cost could be reduced if more
9 surgical services were provided in surgery centers
10 rather than hospital outpatient departments."

11 Similarly, certain commercial payers are
12 driving care towards the ambulatory surgery center
13 setting, and that, you know, eventually should be
14 maximizing opportunities for Surgical Care
15 Affiliates, as well, because there's way too many
16 surgeries being done in the hospital setting at
17 the current time.

18 Because UnitedHealthcare, for example,
19 wants to steer those patients, it requires that,
20 if a patient does not have comorbid conditions
21 requiring that they receive their services in the
22 hospital outpatient setting, that they receive
23 those services in an ambulatory surgery center,
24 and they need to get, you know, medical evidence

1 certification before they have those services
2 performed in the hospital setting.

3 In the state of Illinois in 2017, which is
4 the most current data that we have available,
5 there were 1.7 million surgical procedures
6 performed in hospital outpatient departments and
7 surgery centers. Unfortunately, less than
8 one-third of those were performed in a surgery
9 center.

10 In the same year, approximately 190,000
11 simple eye surgical procedures were performed in
12 hospital outpatient departments, less than
13 50 percent of those were performed -- of all
14 services for eye care -- were performed in a
15 surgery center setting, and I think we are behind
16 on that ratio compared to other states.

17 Transitioning medically appropriate cases
18 from an outpatient hospital setting to an ASC is a
19 more cost-effective use of health care resources,
20 and that's from a payer, employer, and individual
21 patient perspective. There's a need for this
22 surgery center, and the CON process should not be
23 used to block the project.

24 As noted in a recent joint report that

1 many of you probably read that was issued by the
2 Department of Treasury, the Department of Labor,
3 and CMS -- it was called "Reforming America's
4 Health Care System Through Choice and
5 Competition." It was, I believe, reported --
6 issued -- was December 2018.

7 It suggested that CON programs are
8 frequently costly barriers to entry rather than
9 successful tools for controlling costs or
10 improving quality. There are high regulatory
11 costs associated with the CON process, and it
12 discourages would-be providers from entering
13 certain markets and discourages existing providers
14 from expanding to meet needs and innovating care.

15 These regulatory costs can restrict
16 investment that would benefit consumers and lower
17 costs in the long term and are likely to increase,
18 rather than constrain, health care costs.

19 Finally, CON laws are used by competitors to block
20 healthy competition, which encourages lower cost,
21 efficiency, and, of course, choice.

22 Thank you for your time. We look forward
23 to your consideration of this project at your
24 upcoming meeting.

1 HEARING OFFICER MITCHELL: Thank you.

2 Ron Ladniak.

3 MR. LADNIAK: Ron Ladniak, spelled
4 L-a-d-n-i-a-k.

5 HEARING OFFICER MITCHELL: Okay.
6 Thank you.

7 MR. LADNIAK: Good morning.

8 I am the administrator of the Midwest
9 Center for Day Surgery since 1987. Midwest Center
10 for Day Surgery is located on the campus of
11 Advocate Good Samaritan Hospital in Downers Grove,
12 and we strongly oppose the approval of
13 Ophthalmology Project 18-047, the Ophthalmology
14 Surgery Center of Illinois in Itasca.

15 Contrary to the assertion in the
16 application for permit, the proposed surgery
17 center will have a devastating economic impact on
18 the Midwest Center for Day Surgery. Dr. Kevin
19 Kovach from the Kovach Eye Center has been on our
20 surgery center's medical staff since 2009, and all
21 current and past partners simultaneously joined
22 the center's medical staff when they joined his
23 group.

24 For the last 10 years, Midwest Center for

1 Day Surgery has enthusiastically supported and
2 invested in all of Dr. Kovach's new ventures and
3 surgical procedures. When he expanded his scope
4 of practice in February of 2016 by bringing on a
5 retinal specialist, the surgery center invested
6 \$125,000 in specialized equipment for these
7 procedures.

8 When Dr. Kovach wished to perform cataract
9 surgery using the new femto laser technology, the
10 surgery center agreed to house these two lasers
11 along with the ancillary equipment. All of these
12 and other capital expenditures directly
13 contributed to Dr. Kovach growing and broadening
14 the scope of his ophthalmology practice well
15 beyond where it was five years ago.

16 The center also dedicated three operating
17 rooms to ophthalmology services of our five and
18 also invested \$120,000 in the last two years
19 purchasing two new microscopes.

20 In December of 2016 Dr. Kovach was so
21 committed to Midwest Center that he elected to
22 further his investment and now owns 30 percent of
23 the facility's ownership, and, when doing so, he
24 committed to a four-year restrictive covenant to

1 remain at Midwest Center for Day Surgery.

2 Dr. Kovach is breaking his commitment and
3 contractual obligation to the facility and his
4 fellow investors.

5 Our patient satisfaction results validate
6 that Dr. Kovach's patients are extremely satisfied
7 with their experience at Midwest Center for Day
8 Surgery, especially with our talented and
9 specialized ophthalmology nursing staff, and
10 nearly all return to the surgery center when
11 another eye procedure is needed.

12 As the result of our unflagging support of
13 his practice, the Kovach Eye Institute surgical
14 case volume at Midwest Center for Day Surgery
15 during the last five years has grown to 34 percent
16 of our total case volume. Withdrawing this volume
17 will create a huge void in the utilization of our
18 surgery center, which will be difficult to replace
19 as our service area is already saturated with
20 ambulatory surgical treatment centers.

21 An additional consequence of the loss of
22 this volume will be the need to reduce staff hours
23 and lay off the equivalent of seven full-time
24 equivalent, both clinical and business office

1 staff.

2 Thank you for your attention.

3 HEARING OFFICER MITCHELL: Thank you.

4 LuAnn Prephan.

5 Thank you.

6 MS. PREPHAN: Hi. It's LuAnn, L-u-A-n-n;
7 Prephan, P-r-e-p-h-a-n.

8 Thanks for hearing me today. My name is
9 LuAnn Prephan. I'm the director of operations for
10 Surgical Care Affiliates in Chicago. I'm here
11 today to oppose Project 18-047, the Ophthalmology
12 Surgery Center of Illinois, Itasca.

13 I'm responsible for the operations at
14 Naperville Surgery Center, which is one of the
15 locations where Dr. Kevin Kovach currently
16 performs ophthalmology procedures. The approval
17 of this project would mean a loss of a large
18 number of procedures at the Naperville ASC.

19 We're very concerned that the approval of
20 the project would lead to a significant impact to
21 Naperville operations and may create the need for
22 staff reductions as well as limit the access to
23 care for the patients in the Naperville area.

24 Additionally, we currently provide a large

1 ophthalmology service that allows us to provide
2 the latest equipment and technology, which leads
3 to better patient outcomes. A decrease in volume
4 puts the center at risk of not being able to
5 continue to provide this high level of care to the
6 patients we serve. It's also important to point
7 out that upwards of 50 percent of our surgery
8 schedule is open and available for scheduling
9 cases.

10 In the interest of ophthalmology patients
11 in our market, I strongly encourage the Review
12 Board to deny the project.

13 Thank you for your time and consideration.

14 HEARING OFFICER MITCHELL: Thank you.

15 Drew Bell.

16 MR. BELL: Drew, D-r-e-w; Bell, B-e-l-l.

17 So my name is Drew Bell. I'm the regional
18 vice president for Surgical Care Affiliates for
19 the Chicagoland region.

20 I'd like to thank the Review Board staff
21 for their coordination of this hearing today as
22 well as providing us the opportunity to voice our
23 opposition for the project.

24 So I'm here today also to oppose

1 Project 18-047, the Ophthalmology Surgery Center
2 of Illinois in Itasca. This application is
3 constructed with the intent to pull all of
4 Dr. Kevin Kovach's and the Kovach Eye Institute's
5 surgical volume from the six identified area
6 facilities that they currently utilize. Three of
7 those six facilities are ASTCs, and across those
8 three sites he already performs 90 percent of his
9 surgical case volume. They're all listed as
10 losing 100 percent of the case volume to this
11 proposed ASTC, and two of those ASCs, Midwest
12 Center for Day Surgery and Naperville Surgery
13 Center, are facilities that Surgical Care
14 Affiliates is partnered with and operates.

15 Additionally, Dr. Kovach is a partner
16 himself and a board member at Midwest Center for
17 Day Surgery, Downers Grove, where more than
18 50 percent of his cases are currently performed.

19 As you can imagine, the approval of this
20 project would lead to a substantially adverse
21 impact on these ASTCs and could create very
22 difficult dynamics around staff reductions,
23 reduced accessibility for patients, and increased
24 capability to continue to invest in our centers.

1 Both ASTCs we operate have substantial
2 amounts of available capacity for additional cases
3 and could accommodate any uptick in volume from
4 KEI as a practice. We see no need or
5 justification for this project, which would simply
6 lead to redundancy of services and materially
7 adverse impacts on multiple ASTCs in the market.

8 I encourage the Review Board to deny this
9 project.

10 Thank you for your time and consideration.

11 HEARING OFFICER MITCHELL: Thank you.

12 Deborah Gardiner.

13 MS. GARDINER: D-e-b-o-r-a-h
14 G-a-r-d-i-n-e-r.

15 Good morning. My name is Deborah
16 Gardiner, and I'm one of the directors of
17 operations for Surgical Care Affiliates in the
18 Chicagoland region.

19 Thank you in advance to the Review Board
20 members for providing us the opportunity to share
21 our concerns regarding this project.

22 To be clear, I am a strong proponent of
23 eye care, as I am a holder of Be My Eyes -- I'm
24 not sure if you guys know what that app is, but it

1 is an app where I am a volunteer to blind
2 individuals that can call me and I can walk them
3 through a task that they need to complete.

4 I am also a board member of Friedman
5 Place, which is a nonprofit organization for blind
6 adults on the north side of Chicago, so I'm very
7 passionate about eye care.

8 I'm here this morning, however, to oppose
9 Project 18-047, the Ophthalmology Surgical Center
10 of Illinois. As I reviewed this application, it
11 stated that Dr. Kevin Kovach of Kovach Eye
12 Institute will pull all of his surgical volume
13 from various facilities that he currently uses.

14 50 percent of his volume is performed at
15 an ambulatory surgery center that operates under
16 my span of control. That facility, Midwest Center
17 for Day Surgery in Downers Grove, is a site that
18 SCA partners with and currently operates.

19 Dr. Kovach, as previously mentioned, is
20 also a partner and a board member at Midwest
21 Center for Day Surgery in Downers Grove and has
22 one of the highest case volumes of our active
23 physicians.

24 The approval of this project would have

1 severe consequences for Midwest Center for Day
2 Surgery. As Ron mentioned, he would need to make
3 staff reductions due to the decreased surgical
4 volume, and he would lose the ability to reinvest
5 in the center due to decreased capital. In
6 addition, there would be reduced accessibility for
7 patients who currently have a very high
8 satisfaction rate with that center.

9 The two current facilities that Surgical
10 Care Affiliates operates have additional capacity
11 to perform cases and could accommodate any
12 increase in volume from Dr. Kovach. As LuAnn
13 previously mentioned, she has three ORs, and Ron
14 mentioned there are four ORs available to
15 Dr. Kovach, and we could provide him with
16 additional time slots and days to perform his
17 cases.

18 We see no need for this project, which
19 would be a duplication of services and have a
20 negative impact on multiple facilities in the
21 market. We encourage the Review Board to deny the
22 project.

23 Thank you for your time, your talent, and
24 a thorough review of this project application.

1 Thank you.

2 HEARING OFFICER MITCHELL: Thank you.

3 Is there anybody who wishes to speak who
4 has not had an opportunity to do so, did not sign
5 in previously but has since changed their mind?

6 (No response.)

7 HEARING OFFICER MITCHELL: Okay. We'll go
8 off the record for a little bit.

9 The hearing time scheduled was for 11:00
10 to 12:30 and 1:30 until 2:00, so we'll go off the
11 record for the first part for a little bit and
12 wait to see if anybody shows up.

13 Thank you.

14 MR. BECTON: Thank you.

15 MS. FRIEDMAN: What time are we
16 reconvening?

17 HEARING OFFICER MITCHELL: I'll get back
18 on before the lunch break, before 12:30, just to
19 say we're going to take a recess until 1:30.

20 MS. FRIEDMAN: Okay.

21 (A recess was taken from 11:28 a.m. to
22 12:24 p.m.)

23 HEARING OFFICER MITCHELL: If I could have
24 everyone's attention, we're going back on the

1 record just to say that we're going to take a
2 one-hour lunch recess.

3 We'll reconvene at approximately 1:30.

4 All right? Thank you.

5 MS. GARDINER: Thank you.

6 MR. BELL: Thank you.

7 (A recess was taken from 12:25 p.m. to
8 1:32 p.m.)

9 HEARING OFFICER MITCHELL: The time is now
10 1:32. We're back on the record.

11 Seeing that there are no additional
12 speakers, we'll go back off the record for a few
13 minutes to see if anybody shows up.

14 (A recess was taken from 1:33 p.m. to
15 1:45 p.m.)

16 HEARING OFFICER MITCHELL: We are back on
17 the record.

18 There are no additional speakers, so
19 I officially call this public hearing closed.

20 (Off the record at 1:45 p.m.)

21

22

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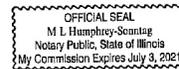
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CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 3rd day of March, 2019.

My commission expires July 3, 2021.



MELANIE L. HUMPHREY-SONNTAG
NOTARY PUBLIC IN AND FOR ILLINOIS

Transcript of Public Hearing
 Conducted on February 13, 2019

A			
abbreviation	adults	along	applicants
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