

In The Matter Of:
Illinois Health Facilities & Services
Review Board

Public Session
April 22, 2014

Marzullo Reporting Agency
345 North LaSalle, 1605
Chicago, IL 60654
(312) 321-9365

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Tuesday, April 22nd, 2014

9:00 a.m.

The Report of Proceedings had in the meeting of the above-entitled cause, taken before PAMELA A. MARZULLO, a Certified Shorthand Reporter and Notary Public in and for the County of Cook and State of Illinois, at 350 West Mart Center Drive, Chicago, Illinois, on April 22nd, 2014, at the hour of approximately 9:00 a.m.

1 PRESENT:

2 HEALTH AND FACILITIES REVIEW BOARD

- 3 MS. KATHY OLSON, Chairwoman
- 4 MR. PHILIP BRADLEY, Member
- 5 DR. JAMES BURDEN, Member
- 6 JUSTICE ALAN GREIMAN, Member
- 7 MR. DALE GALASSIE, Member
- 8 MR. DAVID PENN, Member
- 9 MR. RICHARD SEWELL, Member

10 ALSO PRESENT:

- 11 MR. DAVID CARVALHO, Illinois Department of Public Health
- 12 MR. MATTHEW HAMMOUDEH, Illinois Department of Human Services
- 13 MR. MIKE JONES, Illinois Department of Healthcare and Family Services
- 14 MR. COURTNEY AVERY, Board Administrator
- 15 MR. FRANK URSO, Board General Counsel
- 16 MR. MIKE CONSTANTINO, Project Reviewer
- 17 MR. BILL DART, Assistant Deputy Director of IDPH
- 18 MS CLAIRE BURMAN, Rules Coordinator
- 19 MS. CATHERINE CLARKE, Board Staff
- 20 MR SAI SEKUBOYINA, Board Intern
- 21 MR GEORGE ROATE, IDPH Staff
- 22 MR. NELSON AGBODO, Health Systems Data Manager

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- 1 1. PUBLIC PARTICIPATION SIGN-IN: 8:30 A.M.-9:00 A.M.
- 2 2. CALL TO ORDER: Tuesday, April 22, 2014, 9:00 A.M.
- 3 3. EXECUTIVE SESSION
- 4 A. APPLICATION PENDING ADMINISTRATIVE HEARING
- 5 (ADM)/JUDICIAL REVIEW (JUD)
- 6 4. COMPLIANCE ISSUES/SETTLEMENT AGREEMENTS/FINAL ORDERS
- 7 A. Referrals to Legal Counsel
- 8 1. Project #11-095, Palos Hills Surgery Center
- 9 2. Sacred Heart Hospital
- 10 3. Project #10-065, ark Pointe-South Elgin
Healthcare & Rehabilitation Center
- 11 4. Project #11-006 Transitional Care Center of
Arlington Heights
- 12 B. Final Orders
- 13 1. HFSRB v. Provident Hospital of Cook Count,
HFSRB 13-04
- 14 2. HFSRB v Jackson Park Hospital, HFPB 02-059
- 15 C. Compliance issues
- 16 1. Project #13017 Gold Coast Surgicenter, LLC
HFSRB 14-04
- 17 5. APPROVAL OF AGENDA
- 18 6. APPROVAL OF TRANSCRIPTS: March 11, 2014
- 19 7. PUBLIC PARTICIPATION
- 20 8. POST PERMIT ITEMS APPROVED BY THE CHAIRPERSON
- 21 A. Permit Renewal #10-019 St. John's Hospital - 9.5
Month Renewal from 6/30/14 to 4/13/15
- 22 B. Permit Renewal #10-042 St. John's Hospital - 3 Month
Renewal from 6/30/14 to 10/3/14
- 23 C. Permit Renewal #12-032 Alden Courts of Shorewood -
18 Month Renewal from 5/31/14 to 11/30/1612-065
- 24

1 D. Advocate Illinois Masonic Medical Center - 12-6-5
 2 Increase project size, decrease overall clinic costs

3 9. ITEMS FOR STATE BOARD ACTION

4 A. PERMIT RENEWAL REQUESTS

5 1) Project #11-006 Transitional Care Center,
 6 Arlington Heights, April 30, 2015 to October 31,
 7 2015 (18 months)

8 B. EXTENSION REQUESTS (None)

9 C. EXEMPTION REQUESTS (None)

10 D. ALTERATION REQUESTS (None)

11 E. DECLARATORY RULINGS/OTHER BUSINESS

12 1) Rockford Memorial Hospital, Change to 2012
 13 Inventory

14 F. HEALTHCARE WORKER SELF-REFERRAL ACT (None)

15 G. STATUS REPORTS ON CONDITION/CONTINGENT PERMITS
 16 (None)

17 H. APPLICATIONS SUBSEQUENT TO INITIAL REVIEW

Item	Opposition	Facility	City	Number
H-01	No	Highland Park Hospital Modernization Program	Highland Park	13-075
H-02	Yes	Holy Cross Establish AMI Service	Chicago	13-076
H-03	No	Barrington Pain & Spine Institute Add Spine Surgical Procedures	Barrington	14-001
H-04	Yes	Warren G. Murray Dev. Ctr. Discontinue 372-Bed Intermediate Care Facility	Centralia	13-058

Item	Opposition	Facility	City	Number
H-05	No	Physician's Surgical Center Discontinue ASTC	Belleville	14-002 Deferred
H-06	Yes	Centegra Specialty Hospital Discontinue AMI Service	Woodstock	14-003
H-07	Yes	Centegra Hospital Woodstock Establish AMI Service	Woodstock	14-004
H-08	No	Concerto Dialysis Add 2 ESRD Stations	Crestwood	14-007
I. APPLICATIONS SUBSEQUENT TO INTENT TO DENY				
I-01	Yes	FMC Prairie Meadows Establish a 12-Station ESRD Facility	Libertyville	12-094
10. OTHER BUSINESS (None)				
11. RULES DEVELOPMENT (None) Summary: Rulemaking Status Report for ASTCs - April 2014				
12. UNFINISHED BUSINESS				
A. Financial Report				
B. Legislative Update				
C. Discontinue of Evanston Hospital 5-Station Dialysis Facility				
D. Review of Closed Meeting Transcript-June 2013 thru December 2013				
E. Critical Access Hospital Reduction of Beds				
a) Ferrell Hospital-1 Bed Total of 25 Beds				
b) Sparta Hospital-1 Bed Total of 25 Beds, Discontinue Pediatrics Service				

1 14. ADJOURNMENT

2 FOR TRANSCRIPTS OF THIS MEETING CONTACT:
3 Illinois Health Facilities and Services Review Board
4 525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
(217)782-3516

5 15. NEXT MEETING

6 June 3, 2014 Location: Springfield, Northfield Inn

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	SPEAKERS	PAGE
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2	Andrew Tecson	14
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3	Laurie Stengler	20
	Melvin Koko	23
4	Chuck Sheets	25
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5	NNeka Jones	30
	Ronald Campbell	32
6	Carol Shneider	34
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8	Robert Erickson	44
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	Elizabeth Koshy	93
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1 CHAIRWOMAN OLSON: We are out of executive
2 session. Let the record reflect that the most
3 handsome from Lake County just entered the room,
4 probably a little frazzled.

5 MR. GALASSIE: Why don't we find a more
6 difficult place to have a meeting.

7 CHAIRWOMAN OLSON: Please hand in your yellow
8 sheets.

9 Okay, we're back in session. Are there
10 referrals from legal counsel?

11 MR. URSO: Yes, ma'am. Requesting a motion to
12 refer the following matters to legal counsel for
13 review and filing of any notices of non-compliance,
14 which may include sanctions detailed and specified
15 in the Board's Act and Rules, and those matters are
16 Project No. 11-095 Palos Hills Surgery Center.

17 The second one is Sacred Heart Hospital in
18 Chicago. The third one is Project No. 10-065 Park
19 Point South Elgin Healthcare and Rehab Center; and
20 the final request for referral to legal counsel is
21 Project No. 11-006, Transitional Care Center of
22 Arlington Heights.

23 CHAIRWOMAN OLSON: May I have a motion to refer
24 those to legal counsel?

1 MR. PENN: So moved.

2 CHAIRWOMAN OLSON: And a second?

3 JUSTICE GREIMAN: Second.

4 CHAIRWOMAN OLSON: Roll call, please.

5 MR. ROATE: Motion made by Mr. Penn, seconded

6 by Mr. Greiman. Mr. Bradley?

7 MR. BRADLEY: Yes.

8 MR. ROATE: Dr. Burden?

9 DR. BURDEN: Yes.

10 MR. ROATE: Justice Greiman?

11 JUSTICE GREMAN: Yes.

12 MR. ROATE: Mr. Galassie?

13 MR. GALASSIE: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: Yes.

18 MR. ROATE: Chairwoman Olson?

19 CHAIRWOMAN OLSON: Yes.

20 MR. ROATE: That's seven votes in the
21 affirmative.

22 CHAIRWOMAN OLSON: Motion passed. Are there
23 final reports to be presented?

24 MR. URSO: Yes, Madam Chairman. Requesting

1 approval of two final orders. I'll take one at a
2 time. One has to do with the Board versus Provident
3 Hospital of Cook County, which is HFSRB No. 13-04.

4 CHAIRWOMAN OLSON: May I have a motion?

5 MR. BRADLEY: So moved.

6 MR. SEWELL: Second.

7 MR. ROATE: Motion made by Mr. Bradley,
8 seconded by Mr. Sewell. Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden.

11 DR. BURDEN: Yes.

12 MR. ROATE: Justice Greiman?

13 JUSTICE GREMAN: Yes.

14 MR. ROATE: Mr. Galassie?

15 MR. GALASSIE: Yes.

16 MR. ROATE: Mr. Penn?

17 MR. PENN: Yes.

18 MR. ROATE: Mr. Sewell?

19 MR. SEWELL: Yes.

20 MR. ROATE: Chairwoman Olson?

21 CHAIRWOMAN OLSON: Yes.

22 MR. ROATE: That is seven votes in the
23 affirmative.

24 CHAIRWOMAN OLSON: Other orders?

1 MR. URSO: The next one is a request for a
2 final order of approval on the Board versus Jackson
3 Park Hospital, HFPB 02-059.

4 CHAIRWOMAN OLSON: May I have a motion?

5 MR. BRADLEY: So moved.

6 JUSTICE GREIMAN: Second.

7 MR. ROATE: Motion made by Mr. Broadly,
8 seconded by Justice Greiman.

9 Mr. Bradley?

10 MR. BRADLEY: Yes.

11 MR. ROATE: Dr. Burden?

12 DR. BURDEN: Yes.

13 MR. ROATE: Justice Greiman?

14 JUSTICE GREMAN: Yes.

15 MR. ROATE: Mr. Galassie?

16 MR. GALASSIE: Yes.

17 MR. ROATE: Mr. Penn?

18 MR. PENN: Yes.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: Yes.

21 MR. ROATE: Chairwoman Olson?

22 CHAIRWOMAN OLSON: Yes.

23 MR. ROATE: That's seven votes in the
24 affirmative.

1 MR. URSO: The final matter, Madam Chair and
2 Board Members, is a request regarding Project
3 No. 13-017 Gold Coast Surgery Center, docketed as
4 HFSRB 14-04.

5 This matter was previously referred from
6 the Board to legal counsel for review for possible
7 violations of the Board's act and code.

8 No violations were found; therefore,
9 Chairperson and Board Members, I am requesting
10 approval to close out this case and not pursue any
11 legal action, since this facility, based upon the
12 evidence in the file, has not violated the Board's
13 Act or Code.

14 CHAIRWOMAN OLSON: May I have a motion?

15 MR. SEWELL: So moved.

16 MR. PENN: Second.

17 MR. ROATE: Motion made by Mr. Sewell, seconded
18 by Mr. Penn. Mr. Bradley?

19 MR. BRADLEY: Yes.

20 MR. ROATE: Dr. Burden?

21 DR. BURDEN: Yes.

22 MR. ROATE: Justice Greiman?

23 JUSTICE GREMAN: Yes.

24 MR. ROATE: Mr. Galassie?

1 MR. GALASSIE: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Chairwoman Olson?

7 CHAIRWOMAN OLSON: Yes.

8 MR. ROATE: Seven votes in the affirmative.

9 CHAIRWOMAN OLSON: When you were out, when we
10 were in executive session, let the record reflect
11 that Dale Galassie, Dr. Burden and Mat Hammoudeh all
12 arrived due to bad traffic.

13 The executive session was pursuant to item
14 2C11 of the Open Meetings Act. May I have
15 approval -- a motion to approve the agenda?

16 MR. GALASSIE: So moved.

17 CHAIRWOMAN OLSON: Voice vote, please. All in
18 favor?

19 (A chorus of ayes.)

20 CHAIRWOMAN OLSON: Opposed?Galassie.

21 (No response.)

22 CHAIRWOMAN OLSON: May I have a motion to
23 approve the transcripts of the March 11, 2014?

24 MR. GALASSIE: So moved.

1 DR. BURDEN: Second.

2 CHAIRWOMAN OLSON: Voice vote, please. All in
3 favor, say aye.

4 (A chorus of ayes.)

5 CHAIRWOMAN OLSON: Opposed.

6 (No response.)

7 CHAIRWOMAN OLSON: Motion passes. The next
8 order of business is public participation.
9 Courtney? Frank is going to do public.

10 MR. URSO: Madam Chair, the following people
11 have requested public participation in regards to
12 Project 11-006 Transitional Care Management. We
13 have James Holbrooke, Ted Coma, Phil Hammer, and
14 Andrew Tecson come forward, please.

15 CHAIRWOMAN OLSON: Did both of you who were
16 called hear your name?

17 MR. TECSON: The other three people are not
18 present. Only Andrew Tecson. My name is Andrew
19 Tecson, T-e-c-s-o-n.

20 CHAIRWOMAN OLSON: You may proceed. Comments
21 will be limited to two minutes and, Nelson, are you
22 going to be our time keeper?

23 MR. AGBODO: Yes.

24 CHAIRWOMAN OLSON: Thank you.

1 MR. PENN: Which project?

2 CHAIRWOMAN OLSON: Transitional Care Management
3 11-006.

4 MR. TECSON: Good morning. My name is an
5 Andrew Tecson, and I oppose Transitional Care Center
6 referred to as TCC.

7 MS. AVERY: Is your mic on? There is a little
8 button.

9 MR. TECSON: Is this better? Okay. Good
10 morning. My name is Andrew Tecson. I'm opposed to
11 Transitional Care Center, referred to as TCC's
12 second request for a permit renewal for the
13 Arlington Heights project.

14 TCC has not met the requirement in the
15 Board's Rules that a permit holder requesting a
16 second permit renewal to extend the completion date
17 for a project must demonstrate that the project has
18 proceeded with due diligence.

19 The project is only 15 percent complete,
20 and construction of the building has not yet
21 started, almost three years after the Board approved
22 the project.

23 At the time of TCC's original application,
24 approximately 83 percent of the other facilities

1 within a 30-minute drive time were below the target
2 occupancy of 90.

3 And as reflected in 2012, IDPH long-term
4 profiles, more than 80 percent of all facilities in
5 that drive time are still below 90 percent
6 occupancy.

7 At the June 29th, 2011, Board meeting, TCC
8 claims the building is the only dedicated short-term
9 skilled rehab center in the area.

10 In January 2013, pursuant to a request
11 from TCC, the Village of Arlington Heights removed
12 the following condition placed on TCC's development,
13 specifically should the villages determine the
14 primary purpose of this facility is changing to a
15 long-term care facility and an amendment to this
16 claimed unit development shall be required.

17 Thus, TCC sought and obtained permits to
18 admit long-term care patients and function like any
19 other long-term care facility.

20 The Lutheran home, also in Arlington
21 Heights, is opening a new state-of-art short-term
22 rehab wing featuring 78 all private rooms and
23 private bathrooms in June for a total of 240 such
24 rooms will be available when the modernization

1 project is complete. This will render TCC's project
2 entirely unnecessary, as there can be no argument
3 there would be any met need for short-term care
4 within the community.

5 Finally, TCC has failed to comply with the
6 Board rules regarding project alterations, as
7 explained in my firm's letter dated April 14th,
8 2013. TCC is to notify the Board of its alteration.
9 Thank you.

10 CHAIRWOMAN OLSON: Thank you, Mr. Tecson.

11 MR. URSO: I'm going to call the three people
12 one more time that we just we previously called to
13 see if they are going to speak or not. James
14 Holbrooke, Ted Homa and Phil Hammer. Are they here?

15 If not, then we'll move on. The next
16 individual is George Hvostik is going to be speaking
17 about Fresenius Medical Care Prairie Meadows 12-094.

18 Could Laura Stengler also come to the
19 table. She's going to be speaking about 13-058
20 Murray Center. Would those two people come forward,
21 please?

22 CHAIRWOMAN OLSON: Be sure before you start
23 your comments that you state your name and spell it
24 for the court reporter.

1 DR. TINCKNELL: Tim Tincknell,
2 T-i-n-c-k-n-e-l-l. Again, on behalf of Dr. George
3 Hvostik. I'm an oncologist practicing in Lake
4 County Illinois, and I oppose the proposed Fresenius
5 Medical Care, Fresenius Medical care dialysis
6 facility.

7 There is currently an excess of stations
8 in the area, the capacity among existing providers.
9 There is no need for the proposed 16-station
10 dialysis facility at this time.

11 According to the State Board's most
12 current data, there is an excess of 30 stations in
13 the planning area, where the proposed Prairie
14 Meadows facility will be located, and only two of
15 the seven facilities within 30 minutes of the
16 proposed facility are operating at or above the
17 State Board's 80 percent utilization standard.

18 Existing providers have sufficient
19 capacity to accommodate the projected referrals to
20 the proposed Prairie Meadows facility.
21 Collectively. The dialysis facilities within the
22 proposed service area can accommodate 172 additional
23 end-stage renal disease patients.

24 Specifically, Lake County Dialysis Center,

1 which operates a nocturnal dialysis program, can
2 accommodate 32 additional patients and Fresenius'
3 own dialysis facility in Mundelein can accommodate
4 40 additional patients.

5 Further, in response to the State Board's
6 intent to deny dated April 25, 2013, Fresenius
7 stated, quote, "The most convincing information that
8 is new to this project is the growth of the ESRD in
9 the 30-minute travel area around Libertyville, where
10 the Prairie Meadows Clinic will be located.

11 "In just one year, there are 29 additional
12 patients dialyzing in the Libertyville area. At
13 this rate, the area clinics will be at 79 percent
14 average utilization in one year" end quote.

15 Since submitting this new information,
16 there have been only six additional patients
17 dialyzing in the Libertyville area and average
18 utilization has been essentially flat.

19 Given utilization has not increased at
20 Fresenius' projected and existing facilities have
21 capacities to accommodate the projected referrals,
22 the State Board should deny Fresenius' application
23 for the proposed Prairie Meadows dialysis facility.

24 Thank you for your time and consideration

1 of my commenting on this projector.

2 CHAIRWOMAN OLSON: Thank you.

3 MR. URSO: I would like to call additional
4 people to come up, please. This has to do with Holy
5 Cross Hospital, Project 13-76.

6 I would like Melvin Koko, Charles Sheets,
7 Marilyn Fleming, Delia Davis and Betty Gutierrez.
8 They can come forward, too.

9 CHAIRWOMAN OLSON: Go ahead, Laurie, please
10 spell your name for the court reporter.

11 MS. STENGLER: My name is Laurie Stengler,
12 L-a-u-r-i-e S-t-e-n-g-l-e-r. I represent the Murray
13 Parents Association and oppose the closure of Murray
14 Center. Over the past 30 years, the
15 institutionalization has taken root in this country.
16 This has been a disaster for the most seriously
17 mentally ill.

18 Ten times more individuals with mental
19 illness now live in prisons over hospitals. This is
20 an unforeseen consequence of policies based on an
21 appeal that ended up harming the most seriously
22 mentally ill.

23 We are deeply concerned about the force of
24 the institutionalization of our severely

1 intellectually disabled loved ones as the place has
2 been at risk for abuse and neglect. 200 guardians
3 object to the closure of this vital facility.

4 We currently have a federal restraining
5 order that prevents unwanted transfers out of
6 Murray. Our case was heard in Federal Court and we
7 await a ruling from Judge Aspen.

8 Last summer Friends for Murray Center
9 filed suit in state court raising concerns regarding
10 the appropriateness of transfers out of Murray under
11 the Office of the State Guardian.

12 Stewart Freeman was appointed guardian ad
13 litem to make placement decisions for wards of the
14 state. He filed a scathing affidavit and detailed
15 numerous problems he found while making surprise
16 visits to CILAs that were caring for his wards.

17 Quoting Mr. Freeman, "Based upon what I
18 have discovered to date, I do not have a high
19 opinion of CILAs and their ability to care for my
20 medically-fragile clients and clients with
21 behavioral issues."

22 We need a full accounting of the
23 Jacksonville transition. The preliminary evaluation
24 published last month by UIC only includes results

1 for 36 percent of people that responded to the
2 survey.

3 64 percent of these residents are not
4 accounted for in the survey. How can we make
5 conclusions? Where is the data to support the
6 success of this closure?

7 The director of the Jacksonville Homeless
8 Shelter recently attributed her client uptick in
9 part due to the JDC closure. This supports our
10 concerns regarding the welfare of those unaccounted
11 for.

12 The request to close Murray should be
13 denied. Thank you for your time and consideration.

14 CHAIRWOMAN OLSON: Thank you.

15 MR. URSO: Melvin Koko.

16 CHAIRWOMAN OLSON: We called four names, only
17 two people at the table. Are the other two not here
18 or not going to speak?

19 We have 13 names down to speak, either in
20 support or opposition of the Holy Cross Hospital
21 application. We respectfully ask you keep your
22 comments to two minutes.

23 Nelson will speak very loudly when your
24 two minutes are up, and you'll be asked to conclude

1 your remarks. Thank you, Laurie.

2 DR. KOKO: Good morning. My name is Dr. Melvin
3 Koko. I am a psychiatrist serving the south and
4 west side communities of Chicago.

5 Melvin is M-e-l-v-i-n. Koko is K-o-k-o.
6 I am opposing Project 1376, the Holy Cross Hospital
7 proposal relating to psychiatric services.

8 This Board is in an undesirable position.
9 Certainly you want to improve success to mental
10 health services, but for several reasons this
11 project will not do that.

12 This Board has limited jurisdiction over
13 one unique element of psychiatric services,
14 inpatient admissions for stabilization. It does not
15 regulate the full continuum of these services, which
16 includes medication management and monitoring,
17 supportive housing, individual, family and group,
18 psychotherapy, and crisis management hospitalization
19 and partial hospitalization.

20 Unfortunately, the lack of funding for
21 mental health services has created service gaps on
22 the outpatient side has caused many patients with
23 mental illness to fall through the cracks and only
24 receive behavioral health services when in crisis.

1 Without sustained treatment, which can
2 best be provided from in a community-based setting,
3 these patients will continue the cycle of repeated
4 hospitalization, which is costly and can be
5 infective.

6 If this Board would like to study this
7 broader issue further, I would be happy to volunteer
8 my services. Without a broader perspective, it will
9 be difficult to positively impact the delivery of
10 mental health services.

11 Hospitalization for mental illness
12 addresses crisis stabilization only. Once a crisis
13 is stabilized, the triggers that cause the crisis
14 can be effectively treated in a community center
15 setting.

16 The clear consensus is that treating
17 mental illness in the community is a best practice.
18 Beyond good regulation of mental health disorder in
19 outpatient setting, receiving services in the
20 community is much less costly, and it creates
21 patient empowerment.

22 Consistent outpatient treatment reduces
23 reinforcement of dependency, hopelessness, learned
24 helplessness and other maladaptive behaviors.

1 The holy Cross proposal does not address
2 the critical needs of people suffering from mental
3 illness. It is not based on an outpatient model,
4 and it dos not address the root problems of mental
5 illness.

6 What it does is duplicates existing
7 services where there is a scarcity of funding. I
8 respectfully request this Board to deny Holy Cross'
9 DON application.

10 CHAIRWOMAN OLSON: Thank you.

11 MR. URSO: Let me call a few more names so we
12 have some people sitting at the table. Jeff Bartow,
13 Jean Xobui, am I mispronouncing that X-o-b-u-i,
14 Thomas Dart, Ronald Campbell and John M. Myers. You
15 may step up, please.

16 CHAIRWOMAN OLSON: You can go ahead, sir.

17 MR. SHEETS: Chuck Sheets, S-h-e-e-t-s. I'm
18 here on behalf of the Association Of Safety Net
19 Community Hospitals.

20 I'm opposed to the Holy Cross expansion
21 project because it will have a negative impact on
22 the community safety net providers.

23 Section 2 of the Health Facilities
24 Planning Act spells out the purpose of the board and

1 ends with this statement, "Cost containment and
2 support for safety net services must continue to be
3 the central tenets of the certificate of need
4 process."

5 Section 5.4 of the act requires the
6 applicant to describe the impact on safety net
7 services in the community and the impact on safety
8 net providers.

9 Section 12 of the act requires the Board
10 to take into consideration the priorities and needs
11 of medically underserved areas, and to give special
12 consideration to the impact of projects on safety
13 net services.

14 The Association of Safety Net Community
15 Hospitals has 10 members. Table 1 of the State
16 Agency Report depicts 13 area hospitals within 30
17 minutes of the projects. None of these hospitals
18 meet the Board's target utilization rate. Five of
19 these 13 hospitals are safety net providers.

20 Table 6 of the State Agency Report depicts
21 30 hospitals within 45 minutes of the project, and
22 26 of the 30 hospitals do not meet the Board's
23 target occupancy. Nine of these hospitals are
24 safety net providers.

1 Loretta Hospital is one of the association
2 members whose service area overlaps with Mount
3 Sinai/Holy Cross service areas. Loretta has on
4 average 15 to 20 available site beds on a daily
5 basis and accepts patients regardless of the ability
6 to pay.

7 Importantly, Loretta, like St. Bernard
8 Hospital, has stated that it never received any
9 patient transfer requests from Holy Cross or Mount
10 Sinai over the past year.

11 I urge you to remember the Board's
12 statutory charge to protect and support safety net
13 services. If approved, the project will clearly
14 hurt the existing safety net providers in this
15 community.

16 Don't be fooled by colorful labels which
17 attempt to mischaracterize the AMI services
18 proposed. These patients can be easily cared for by
19 the area providers.

20 MR. AGBODO: Two minutes.

21 MR. SHEETS: I urge you to vote no.

22 CHAIRWOMAN OLSON: Who is next? State your
23 name for the court reporter and spell it.

24 MR. BARTOW: My name is Jeff Bartow. I'm the

1 executive director of the Southwest Organizing
2 Project.

3 J-e-f-f B-a-r-t-o-w. SWOP is a
4 broad-based multi-issue community organization with
5 30 local southwest side member institutions, which
6 represent approximately 35,000 people.

7 SWOP's leadership works across racial,
8 religious and economic differences to build the
9 collective capacity of families to act for the
10 common good on the southwest side.

11 We emphatically believe that there is a
12 significant shortage of acute mental illness
13 hospital beds near to the people that need them in
14 our neighborhoods and that scarce public
15 transportation is a huge burden for many people.

16 I testified at the public hearing about
17 this project, and I must tell you that I was very
18 disappointed and even angered by the weak arguments
19 of the opposition to this vital program for our
20 communities.

21 I overwhelmingly heard many institutions
22 expressing concerns about their profits. What I did
23 not hear were there concerns about quality,
24 accessibility or basic response times for patients

1 or their families in need of this critical care.

2 I know from personal experience that there
3 are excessively long waits and many hurdles for
4 patients that sometimes desperately need care. For
5 these reasons, the Southwest Organizing Project
6 strongly urges the Illinois Health Facilities and
7 Planning board to approve this needed acute mental
8 illness unit at Holy Cross Hospital. Thank you.

9 CHAIRWOMAN OLSON: Thank you. Next? Please
10 spell your name.

11 MR. MYERS: Good morning. John Myers,
12 M-y-e-r-s. I'm an attorney from Springfield. I
13 represent a neighborhood group Step Up Sinai to
14 Enforce and Perform Unmet Promises.

15 This group frankly thinks the money that's
16 going to be spent if this application is awarded is
17 better spent on other projects that he Sinai has
18 promised to do in the neighborhood, but I'm here to
19 talk about the technical defects in this
20 application, which we pointed out at the public
21 hearing on this matter.

22 Among other things, the application talked
23 quite a bit about the needs and whatnot for new
24 beds, but it never addressed the fact that there are

1 76 excess beds in the planning area.

2 Much of the application had to do with
3 matters outside the planning area, and we thought
4 and think that the application was deficient for
5 that reason; and certainly the staff of this Board
6 has amplified that and put it all out there in great
7 detail what we had outlined in somewhat sketchy
8 detail in our objection.

9 The fact of the matter is there is no
10 demonstrated need for this facility in the planning
11 area. Consequently, on behalf of the Step Up Group,
12 I would urge this Board to deny this application and
13 hopefully Sinai will then use the money for the
14 kinds of projects that it is committed to do in the
15 neighborhood. Thank you very much.

16 CHAIRWOMAN OLSON: Thank you.

17 DR. JONES: Good morning. My name is
18 Dr. NNeka, N-n-e-k-a, Jones. I'm a First Assistant
19 Executive Director with the Cook County of
20 Department of Corrections, and I'm speaking on
21 behalf of Sheriff Tom Dart.

22 At the Cook County Department of
23 Corrections, we currently house approximately 9,000
24 inmates; and out of that 9,000 inmates, about

1 one-third of them are mentally ill.

2 Of those that are diagnosed with a mental
3 illness, many have a serious mental illness. Our
4 psychiatric infirmary within the jail is always over
5 capacity.

6 By opening a 50-bed psychiatric unit at
7 Holy Cross Hospital, it will allow the city police
8 to deter the individuals that come into our jail and
9 place them into a facility that is more compatible
10 to their needs on the front end.

11 On the back end, when we are releasing
12 individuals from our custody, we have no say so over
13 when we do that. That is guided by the courts and
14 the families that bond out their loved ones.

15 At any given moment, we may have a
16 psychiatrically-unstable individual released the
17 from our custody, and we are often told by local
18 community hospitals that they are on, quote, bypass,
19 meaning they are over capacity. They will not
20 accept them.

21 That places our clinicians at the dilemma
22 of having to determine to release this person
23 psychiatrically unstable into the community with no
24 resources, or to hold them within a jail, which we

1 all know is the last resort, and is criminally not
2 the best recourse for us to make.

3 So, I ask that the Committee support the
4 opening of this 50-bed psychiatric facility at Holy
5 Cross Hospital to allow our community to have a
6 place for these individuals that need the resources
7 so much.

8 CHAIRWOMAN OLSON: Thank you. Next, Frank?
9 You all may leave the table once you've spoken.

10 MR. URSO: You spoke already, right, sir?

11 MR. CAMPBELL: No.

12 CHAIRWOMAN OLSON: I'm sorry. Spell your name,
13 please.

14 MR. CAMPBELL: Ronald Campbell, R-o-n-a-l-d
15 C-a-m-p-b-e-l-l. I'm Ronald Campbell from St.
16 Bernard Hospital.

17 We oppose Holy Cross Hospital's proposal,
18 as our data indicates that it would severely harm
19 our hospital and place it in jeopardy of closing our
20 limited services.

21 St. Bernard Hospital has capacity and will
22 accept referrals from Holy Cross to our psychiatric
23 unit, regardless of whether the patient has
24 insurance.

1 Holy Cross cites high utilization of Mount
2 Sinai's psych unit and difficulty in finding
3 appropriate beds at another hospital as reasons for
4 its proposal.

5 Holy Cross is about 10 minutes from St.
6 Bernard Hospital, and its primary service area has a
7 significant overlap with ours. We operate 40 beds,
8 and typically have 7 psych beds available on any
9 given day.

10 If Holy Cross referred to St. Bernard
11 Hospital, it would allow patients to receive mental
12 health services close to home and Mount Sinai's unit
13 would have capacity.

14 The Safety Net Hospital Association has
15 weighed in, and although its members will take these
16 patients, the fact of the matter is that Sinai is
17 not contacting safety net hospitals like St. Bernard
18 and Loretta to place patients.

19 Holy Cross asserts it needs a unit to
20 provide psychiatric services in its community, but
21 because of lack of support from nearby
22 psychiatrists, despite its location on Chicago's
23 south side, we have projected referrals will come
24 from underutilized Thorak and Weiss Hospital units.

1 These are north side hospitals and
2 associated position offices are well north of the
3 Holy Cross neighborhoods. It is disingenuous for
4 Holy Cross to assert that this new service is needed
5 for south or west side community, when its letters
6 are for physicians who work on the opposite side of
7 Chicago.

8 One matter that should not be overlooked
9 is that Holy Cross received only enough psychiatric
10 letters to count for 10 beds not 50. Thank you.

11 CHAIRWOMAN OLSON: Thank you, sir.

12 MS. AVERY: Next we have Carol Shneider,
13 Charles Holland, Timothy Caveney and Timothy.
14 Egan.

15 Please remember to state and spell your last name
16 for court reporter

17 MS. SHNEIDER: Good morning. Can you hear me?

18 MS. AVERY: Move closer. Is the green light
19 on?

20 MS. SHNEIDER: Good morning. My name is Carol
21 Shneider, C-a-r-o-l S-h-n-e-i-d-e-r. I'm president
22 and CEO of Mercy Hospital and Medical Center, a
23 safety net hospital in Chicago, and we're opposing
24 this application for the following reasons: First,

1 there is simply no need for these additional
2 services.

3 There is an over abundance of AMI beds in
4 the area. In addition to your State Agency Report
5 citing lack of need, our consultant's calculate that
6 there are over 300 excess AMI beds within what the
7 applicant has identified as its primarily referral
8 area.

9 Second, the applicant has stated that it
10 has had difficulty in finding hospitals to receive
11 its psychiatric patients. Mercy Hospital, as well
12 as other safety net hospitals, has testified that
13 the applicants have not been referring patients to
14 us.

15 Our own experience over the last four
16 years is that we have had no acceptable referrals
17 from Mount Sinai, even though we are only six miles
18 and only 15 minutes away. There was only one
19 referral from Holy Cross Hospital, even though Mercy
20 Hospital has capacity.

21 The third and final point I'll make is
22 that the approval of this application will produce
23 additional hardship on an already fragile safety net
24 hospital network. For many of our hospitals, the

1 revenue from inpatients supports the entirety of our
2 behavioral health program and our ability to serve
3 those in need.

4 Inpatient psychiatric services is leveling
5 off or declining, as the treatment model shifts to
6 outpatient modalities. At Mercy, approval of this
7 application will cost our program and impact our
8 patient care by creating unnecessary duplication,
9 resources at the safety net hospitals will be
10 additionally stressed and financially challenged,
11 especially in the current Illinois Medicaid
12 environment.

13 In summary, I urge the Board to reject
14 this application, due to the lack of bed needs,
15 unnecessary duplication of services, and the
16 negative impact the project would have on the
17 existing safety net hospital network. Thank you.

18 CHAIRWOMAN OLSON: Thank you.

19 MR. HOLLAND: Good morning. I'm Charles
20 Holland, H-o-l-l-a-n-d, president and CEO of St.
21 Bernard Hospital, a safety net hospital serving the
22 south side of Chicago for over 100 years. St.
23 Bernard is located just east of Holy Cross Hospital.

24 We oppose Holy Cross Hospital's proposal

1 to open an inpatient psychiatric service because the
2 existing providers, which include many safety net
3 hospitals, have capacity to serve the communities
4 and the proposal jeopardizes our existence.

5 In the relevant planning areas, there is
6 currently a combined excess of 310 AMI beds; and as
7 the State Agency Report confirms, nearly all Chicago
8 hospitals providing these services are underutilized.

9 Simply put, there is no need for the
10 proposed unit. St. Bernard is one of five CHIPS
11 providers in the Chicago area contracted with the
12 state. This arrangement reimburses CHIPS providers
13 for treating every uninsured individual who require
14 inpatient mental health services.

15 Collectively, the five CHIPS providers had
16 72 psych beds available at any given time in 2012.
17 They are underutilized based on your standards, with
18 the average occupancy of only 72 percent.

19 Given that psychiatric services to
20 indigent persons are reimbursable, no CHIPS provider
21 would refuse to admit a patient unless there is no
22 available psych bed, or the patient is dangerous to
23 others based on past criminal behavior.

24 If a patient is determined to be dangerous

1 to others, we refer these forensic patients to a
2 more secured unit that the state operates in
3 Maywood, Madden Mental Health Center.

4 The forensic cases are a very small number
5 of patients that we do intake on; and in the last
6 12-month period, we only transferred 16 forensic
7 patients to Madden.

8 Holy Cross has not suggested it will be
9 constructing facilities for violent aggressive
10 patients. I don't see a need for it, if that is
11 their intent at this time.

12 As for Sheriff Dart's position on this
13 proposal, a St. Bernard representative met with
14 Sheriff Dart last week to discuss the negative
15 impact of this proposal on other safety net
16 hospitals.

17 Sheriff Dart expressed regret for not
18 having a better understanding of the negative impact
19 this project would have on other safety net
20 hospitals, and we and other existing providers will
21 be meeting with him soon to discuss how we can help
22 meet this released inmates ongoing mental health
23 needs.

24 MR. AGBODO: Two minutes.

1 MR. HOLLAND: The vast majority of these needs
2 can be met on an outpatient basis. Let's dispel the
3 notion that jails and hospitals are interchangeable
4 form troubled individuals. This is not the case.

5 While a significant number of residents
6 suffer from mental illnesses, individuals are not
7 incarcerated because of their mental illness.

8 I thank you for your time today and
9 respectfully request this Board help preserve our
10 safety net hospital's financial viability and reject
11 the Holy Cross proposal.

12 CHAIRWOMAN OLSON: Thank you. Next.

13 MS. FLANAGAN: Good morning. My name is
14 Loretta Flanagan, and I'm here on behalf of Tim
15 Egan, the CEO of Roseland Community Hospital.

16 THE COURT REPORTER: Spell your name.

17 MS. FLANAGAN: F like Frank, l-a-n-a-g-a-n.

18 Tim is out ill today and will not be here,
19 so I'm spiking on his behalf. I am here today to
20 oppose the Holy Cross proposal Project 1376.

21 I came to Roseland Hospital last June, and
22 since that time I have been working to control
23 expensive and to right size the organization to live
24 within our means to help insure that the facility

1 continues to serve our community for years to
2 coupling.

3 We are living within our means, but as I
4 have said, we are still living on peanut butter and
5 jelly, despite that every year we would spend more
6 than \$20 million on unreimbursed care.

7 We opened 90 years ago with a mission to
8 provide care to area residents; and despite our
9 challenges, we have maintained this deliberate
10 focus.

11 The core services we provide include
12 preventive and educational services directed at
13 combative diseases that disproportionately affect
14 our community, including asthma, obesity, cancer,
15 diabetes, and of course mental illness.

16 Within our hospital in the community,
17 Roseland would be, or without our hospital in the
18 community, Roseland would be a healthcare debit.

19 We oppose the Holy Cross proposal because
20 it was not well thought out from a broader community
21 perspective and because it jeopardizes many of
22 Chicago's safety net hospitals.

23 In Chicago, there are 20 such hospitals,
24 and among them 15 have inpatient psych units. Based

1 upon the 2012 CON Board data, average utilization of
2 these units was 57 percent, well below the state's
3 occupancy standard.

4 Based on this excess capacity,
5 collectively, these hospitals have 250 open psych
6 beds on average at any given time.

7 MR. AGBODO: Two minutes.

8 MS. FLANAGAN: Based on the last census for
9 patient base in the urban Chicago market continues
10 to shrink by 7 percent in 10 years, but this is a
11 decline that began decades ago.

12 Areas of great decline, some in double
13 digits, were on the south and southwest side, and
14 Holy Cross and Mount Sinai service areas are among
15 those with significant population losses.

16 In the current scenario, clearly demand
17 for the proposed services will only decrease.

18 Between 2009 and 2012, the state cut more than --

19 CHAIRWOMAN OLSON: Please conclude your
20 comments.

21 MS. FLANAGAN: Okay. This project will do
22 nothing for the many indigent individuals living
23 with severe mental illness who repeatedly cycle
24 through hospitals and jails, without receiving

1 essential services.

2 I thank you for your time and respectfully
3 request this Board reject Holy Cross' proposal.

4 CHAIRWOMAN OLSON: Thank you.

5 MS. FLANAGAN: Thank you.

6 MR. CAVENEY: My name is Tim Caveney, spelled
7 C-a-v-e-n-e-y. I'm the president and CEO of South
8 Shore Hospital, a safety net hospital, serving the
9 southeast side community Chicago community for over
10 100 years.

11 South Shore Hospital would be directly and
12 negatively affected by the Holy Cross Hospital
13 proposal, and we are here to oppose it. With 210
14 beds, there is currently at 57 percent excess of
15 mental health beds, beds available for inpatient
16 care in the Holy Cross hospitals planning area.

17 There is only a need for 134 of these
18 beds. So, if Holy Cross is allowed to add 50 more
19 beds, there would be nearly twice as many beds as
20 are needed.

21 No unit in the area, including ours, is
22 full or even operating at target, so there is simply
23 no need for this project. If the Holy Cross
24 proposal is approved, there will be undue harm

1 caused to the safety net providers in the area.

2 This is the key consideration when
3 mandated by the state's legislature. The Holy Cross
4 proposal should be rejected.

5 The Staff Report identifies 1700 psych
6 beds available within 45 minutes of Holy Cross
7 Hospital. Nearly all these providers report
8 significant capacity.

9 This is consistent with the fact that the
10 need for inpatient mental health services is not
11 increasing. Hence, approval of this proposal will
12 result in further underutilization of existing
13 inpatient behavioral health providers.

14 Delivery of mental health services is all
15 about state funding. Based on the large burden to
16 the Medicaid program that these services involve;
17 and in this instance, according to Holy Cross
18 Hospital, most of the funds for this project will
19 not come from a State of Illinois grant.

20 As such, grant funding represents scarce
21 taxpayer money that would be better commissioned to
22 meet other capital healthcare needs of all safety
23 net hospital facilities.

24 Taxpayers will pay the higher cost for

1 developing this unneeded infrastructure. I am
2 certain that the state will not provide a grant to
3 Holy Cross Hospital to fund overcapacity or cause
4 financial hardship to other safety net hospitals.

5 MR. AGBODO: Two minutes.

6 MR. CAVENEY: Perhaps a better use of state
7 funds would be to focus on funding outpatient
8 community-based services which are desperately
9 needed.

10 Like other safety net hospitals, we
11 struggle to make ends meet. Adding 50 psych beds to
12 our community will create more underutilization of
13 existing inpatient facilities and create financial
14 hardship for safety nets on the south side of
15 Chicago.

16 I thank you for your time and respectfully
17 request the Holy Cross application be denied.

18 MS. AVERY: Thank you. Next is Project
19 No. 14-001, Barrington Pain and Spine Institute.
20 Robert Erickson.

21 DR. ERICKSON: Good morning.

22 CHAIRWOMAN OLSON: Good morning.

23 DR. ERICKSON: My name is Robert Erickson. I'm
24 an neurosurgeon from Chicago.

1 THE COURT REPORTER: Spell your name.

2 DR. ERICKSON: Excuse me?

3 THE COURT REPORTER: Spell you name.

4 DR. ERICKSON: I'm sorry, E-r-i-c-k-s-o-n.

5 First name Robert. I am a Board Certified
6 Neurosurgeon. I was trained at Northwestern
7 University Medical School graduating in 1981.

8 MS. AVERY: Can you pull the mic closer?

9 DR. ERICKSON: Sure. I graduated from
10 Northwestern in Chicago, and went into the surgery
11 residency at the University of Chicago, and my
12 internship was one year.

13 I spent five years in neurosurgery and
14 stayed on the faculty very briefly. I was on
15 faculty at the University of Chicago for 19 years.
16 So, a total of 25 years in Hyde Park.

17 I then went into private practice. At my
18 time in Chicago, we were very interested in
19 small-incision surgery for the brain and for the
20 spine, some of the first truly minimally-invasive
21 surgeries in the late '80s and early '90s.

22 And as I went into private practice seven
23 years ago, I've had a chance to amplify that
24 experience, and I'm very happy to report that spine

1 surgery may be safely performed in an outpatient
2 setting.

3 We didn't just do this willie-nillie. We
4 proved it to ourselves at the University of Chicago
5 by doing 100 consecutive anterior cervical
6 discectomy infusions sending the people home and
7 checking for complications.

8 As you probably know, outpatient spine
9 surgery is now accepted and becoming more and more
10 popular nationwide. Myself, and with the aid of my
11 staff and other surgery centers, I've been able to
12 perform over 300 surgeries in the past three years
13 in a day-surgery setting, inclusive of anterior
14 cervical discectomy infusions, inclusive of disc
15 operations, inclusive of single-level and even
16 double-level lumbar spinal fusions, all of whom have
17 been able to leave the surgery center on the same
18 day without staying overnight.

19 Now, there are advantages to staying
20 overnight in a 23-hour admission setting and that
21 can be available. Now, about Barrington.

22 MR. AGBODO: Two minutes.

23 DR. ERICKSON: Barrington is a facility that I
24 had the opportunity to visit. The operating rooms

1 are large, clean, well lit, and the facility is
2 certainly suited to outpatient spine surgery.

3 I have no qualms about the staff. I'm
4 acquainted with Dr. Prunskis, who is spearheading
5 this effort. I know him from his fellowship days in
6 pain medicine the University of Chicago.

7 I've known him for approximately 20 years,
8 and I have no reservations about him organizing
9 this, and I have no reservations about operating
10 actively in this particular facility in Barrington.

11 CHAIRWOMAN OLSON: Thank you, Doctor.

12 DR. ERICKSON: Thank you.

13 CHAIRWOMAN OLSON: Okay, that concludes the
14 public participation portion of the meeting.

15 We'll move on to post-permit items
16 approved by the Chair. Mr. Constantino.

17 MR. CONSTANTINO: Thank you, Madam Chairwoman.
18 The Chairwoman has approved the following permit
19 renewals: Permit renewal for Project No. 10-019 St
20 John's Hospital, an additional nine-and-a-half
21 months. Permit renewal No. 10-042 St John's
22 Hospital an additional three months.

23 Permit renewal No. 12-032, Alden Courts of
24 Shorewood, an 18-month permit renewal; and a permit

1 alteration for Advocate Illinois Masonic Medical
2 Center to increase the size of the project by
3 approximately 4.4 percent, and decrease the clinical
4 cost by approximately \$401,000.

5 Thank you, Madam Chairwoman.

6 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.
7 Items for State Board action. The first item is a
8 permit renewal request from Transitional Care of
9 Arlington Heights requesting an extension, a permit
10 renewal from April 30th of 2014 to October 31st of
11 2015 for 18 months.

12 We have a State Board Staff Report.

13 Mr. Constantino?

14 MR. CONSTANTINO: Thank you, Madam Chairwoman.
15 The permit holders are requesting to renew the
16 permit for 18 months from April 30th, 2014, to
17 October 31st, 2015.

18 The permit holders were approved to
19 establish 120 bed skilled nursing facility in
20 Arlington Heights in June of 2011. This is the
21 second permit renewal for this permit.

22 The first permit renewal was also for 18
23 months. There were no findings. The State Board
24 Staff did receive one opposition comment on this

1 permit renewal.

2 Thank you, Madam Chairwoman.

3 CHAIRWOMAN OLSON: Thank, Mr. Constantino.

4 Would you all gentlemen please raise your hand be

5 sworn in, ladies and gentlemen, I'm sorry, and be

6 sworn in.

7 (Mr. Weiss, Mr. Cloch, Mr.

8 Chancellor and Ms. Cooper were

9 duly sworn.)

10 CHAIRWOMAN OLSON: Comments for the Board?

11 MR. SHEETS: Good morning, Madam Chair, Members

12 of the Board, Chuck Sheets on behalf of the

13 applicant.

14 I'll let everyone introduce themselves who

15 are here too answerer any questions.

16 CHAIRWOMAN OLSON: Thank you.

17 MR. WEISS: I am David Weiss, W-e-i-s-s.

18 MR. CLOCH: Brine Cloch, C-l-o-c-h.

19 MR. CHANCELLOR: Chris Chancellor,

20 C-h-a-n-c-e-l-l-o-r.

21 MS. COOPER: Anne Cooper, C-o-o-p-e-r.

22 CHAIRWOMAN OLSON: Questions from Board Members

23 for the applicant?

24 MR. HAMMOUDEH: I have one.

1 CHAIRWOMAN OLSON: Mr. Hammoudeh.

2 MR. HAMMOUDEH: Tell me about your zoning with
3 the village or the city.

4 MR. WEISS: That we have zoning, the zoning has
5 been completed.

6 MR. BRADLEY: Has it been changed since it was
7 originally undertaken?

8 MR. WEISS: So, from the original undertaking,
9 yes. We did end up having to do a few
10 clarifications, and we received approval in that
11 approximately it was in the middle of December.

12 I can look it up the precise date, but it
13 was in December of 2013 that I believe we received
14 final approval.

15 MR. BRADLEY: And did the zoning change reflect
16 in any way the use of the facility?

17 MR. WEISS: What happened was in the original
18 zoning, there was a classification that had no
19 definition; and so the challenge, as was really
20 examined, was that there was one of the subject that
21 was not a defined term.

22 And, so, having discussions with them,
23 with the village, the recommended path was just to
24 eliminate that particular reference, rather than go

1 through a whole definitional reclassification, if
2 you will, of definitions. That was the first half.

3 MR. BRADLEY: The answer is yes?

4 MR. WEISS: Correct, yes.

5 MR. BRADLEY: Did the changes have anything to
6 do with whether this is a transitional care facility
7 or a long-term care facility?

8 MR. WEISS: No, sir.

9 MR. BRADLEY: But someone earlier alleged that
10 that was the case. You're denying that's the case?

11 MR. WEISS: That was not accurate.

12 MR. BRADLEY: So, you are now set to go as a
13 long-care facility, as far as the zoning is
14 concerned?

15 MR. WEISS: There's no change in the original
16 scope, no change at all from the original.

17 MR. BRADLEY: So yes again? Are you now zoned
18 as a long-term care facility?

19 MR. WEISS: Skilled nursing.

20 MR. BRADLEY: Yes, okay.

21 MR. WEISS: I'm sorry, I apologize, I didn't
22 understand the question right.

23 CHAIRWOMAN OLSON: Other questions for the
24 applicants? You are at 15 percent complete on your

1 projects?

2 MR. WEISS: Yes.

3 CHAIRWOMAN OLSON: Other questions?

4 MR. BRADLEY: And no construction has been
5 undertaken yet?

6 MR. WEISS: No, construction actually has been
7 undertaken. That was an inaccurate statement.

8 MR. BRADLEY: How far along is construction?

9 MR. WEISS: The original site had a 30 --
10 approximately 30,000 square foot office building
11 that was packed with asbestos.

12 So, there was considerable preconstruction
13 that had to occur, and all of that process has been
14 completed, and excavation foundations are in
15 progress.

16 We are very much under construction. It
17 is a live construction site.

18 CHAIRWOMAN OLSON: Other questions or comments?
19 Seeing none, I'll entertain a motion to approve the
20 permit renewal for Transitional Care Center of
21 Arlington Heights from April 30th of 2014, to
22 October 21st of 2015. May I have a motion?

23 MR. BRADLEY: So moved.

24 DR. BURDEN: Second.

1 MR. ROATE: Motion made by Mr. Bradley,
2 seconded by Dr. Burden. Mr. Bradley?

3 MR. BRADLEY: Yes.

4 MR. ROATE: Dr. Burden?

5 DR. BURDEN: Yes. I believe the request, in
6 and of itself, is reasonable, and I vote yes.

7 MR. ROATE: Justice Greiman?

8 JUSTICE GREMAN: Yes.

9 MR. ROATE: Mr. Galassie?

10 MR. GALASSIE: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes.

13 MR. ROATE: Mr. Sewell?

14 MR. SEWELL: Yes.

15 MR. ROATE: Chairwoman Olson?

16 CHAIRWOMAN OLSON: Yes, for the reasons stated.

17 MR. ROATE: That is seven votes this the
18 affirmative.

19 CHAIRWOMAN OLSON: The motion passes. We have
20 no extension requests, no exemption requests and no
21 alteration requests.

22 The next order of business is the
23 declaratory ruling of Rockford Memorial Hospital to
24 change their 2012 inventory information. There were

1 no opposition and no findings to this inventory
2 change.

3 Is the applicant even present? The
4 applicant does not need to be here. So, if there is
5 questions from the Board, we'll entertain questions.

6 Seeing no questions, I'll ask for a motion
7 to approve the change of inventory for Rockford
8 Memorial Hospital.

9 MR. SEWELL: So moved.

10 DR. BURDEN: Second.

11 MR. ROATE: Motion made by Mr. Sewell, seconded
12 by Burden. Mr. Bradley?

13 MR. BRADLEY: Yes.

14 MR. ROATE: Dr. Burden?

15 DR. BURDEN: Yes.

16 MR. ROATE: Justice Greiman?

17 JUSTICE GREMAN: Yes.

18 MR. ROATE: Mr. Galassie?

19 MR. GALASSIE: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: Yes.

24 MR. ROATE: Chairwoman Olson?

1 CHAIRWOMAN OLSON: Yes.

2 MR. ROATE: Seven votes in the affirmative.

3 CHAIRWOMAN OLSON: Motion passes. Frank has
4 just a comment for the Board Members.

5 MR. URSO: I just want to remind the Board
6 Members to please detail and explain the reasons for
7 their voting. So, when they are voting, please do
8 that. That would be really great. Thank you.

9 CHAIRWOMAN OLSON: It is, in fact, now law.

10 MR. URSO: Correct.

11 CHAIRWOMAN OLSON: We explained that law.
12 Sorry, it passed in the house.

13 MR. URSO: Close enough.

14 CHAIRWOMAN OLSON: Healthcare worker
15 self-referral act, there is no action. Status
16 report unconditional or contingent permits, no
17 action.

18 Applicants subject to initial review,
19 first we have Highland Park Hospital in Highland
20 Park. This project had no opposition and no
21 findings. Please swear in the person at the table.

22 (Mr. Hall, Ms. Skinner and Mr.
23 Axel were duly sworn.)

24 CHAIRWOMAN OLSON: State Board Staff Report,

1 Mr. Constantino.

2 MR. CONSTANTINO: Thank you, Madam Chairwoman.
3 The applicants are proposing the modernization of
4 surgery and same-day surgery recovery rooms,
5 diagnostic imaging, sterile processing and
6 administrative space.

7 The cost of the project is approximately
8 73-and-a-half million dollars, and the anticipated
9 completion date is June 30th, 2019.

10 The applicants have met all the
11 requirements of the State Board. There was no
12 opposition and no public hearing was requested.

13 Thank you, Madam Chairwoman.

14 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.
15 Would you like to speak, or would you like to open
16 it for questions, since there was no opposition and
17 no findings? It's your choice.

18 MR. HALL: Thank you, ma'am. Good morning.
19 I'm Jesse Peterson Hall, J-e-s-s-e P-e-t-e-r-s-o-n
20 H-a-l-l, and I serve as president of the Highland
21 Park Hospital. Along with me are Honey Skinner and
22 Jack Axel.

23 I want to thank the agency staff for their
24 assistance during this process. I note that there

1 is no opposition to the project, and the State
2 Report is 100 percent positive.

3 This project is proposed in order to
4 modernize the hospital as a focus on the delivery of
5 outpatient services. I would be happy to answer any
6 questions.

7 CHAIRWOMAN OLSON: I thank you. Questions from
8 the Board?

9 JUSTICE GREIMAN: I have a question.

10 CHAIRWOMAN OLSON: Yes.

11 JUSTICE GREIMAN: Why is it taking us to 2019
12 to complete this project?

13 MR. HALL: Sir, this is a phased project. We
14 have to continue to operate the hospital in the
15 midst of the construction, so we need to do it in
16 sequential steps.

17 JUSTICE GREIMAN: So, certain areas will be
18 cut, stopped, others will go forward, is that the
19 way it works?

20 MR. HALL: That's correct, sir.

21 JUSTICE GREIMAN: When will most of it be done?

22 MR. HALL: When will most of it be done? By
23 late 2017, early 2018 we believe.

24 JUSTICE GREIMAN: I see. Okay.

1 CHAIRWOMAN OLSON: Other questions from the
2 Board? Seeing no other question, I'll entertain a
3 motion to approve Project 13-075 Highland Park
4 Hospital in Highland Park for a major modernization.

5 MR. GALASSIE: So moved.

6 MR. SEWELL: Second.

7 MR. ROATE: Motion made by Mr. Galassie,
8 seconded by Mr. Sewell. Mr. Bradley?

9 MR. BRADLEY: I think it's rare when we see a
10 plan come in that is in full compliance with the
11 state criteria, which have to be met, and you all
12 could be complimented for doing that. I vote yes.

13 MR. ROATE: Thank you. Dr. Burden?

14 DR. BURDEN: I agree with Mr. Bradley. I vote
15 yes based on the clarity of the presentation and
16 it's obvious to us, to me personally, that they meet
17 all requirements of the State Board. I vote yes.

18 MR. ROATE: Thank you. Justice Greiman?

19 JUSTICE GREIMAN: I vote aye and for the
20 reasons state the previously.

21 MR. ROATE: Thank you. Mr. Galassie?

22 MR. GALASSIE: Yes, for reasons previously
23 stated.

24 MR. ROATE: Thank you. Mr. Penn?

1 MR. PENN: Yes, for reasons previously stated.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes, it meets all the criteria.

4 MR. ROATE: Thank you. Chairwoman Olson?

5 CHAIRWOMAN OLSON: Yes, for the previous
6 reasons stated.

7 MR. ROATE: Thank you. That's seven votes in
8 the affirmative.

9 CHAIRWOMAN OLSON: Motion passes. Next we have
10 Holy Cross Hospital Chicago Project 13-076.

11 MR. AXEL: Madam Chairman, the applicant's
12 respectfully request to be off the agenda.
13 Dr. Burden, we are deferring off of today's agenda.

14 CHAIRWOMAN OLSON: Can you send that in writing
15 to Mr. Urso, please?

16 MR. AXEL: I would be happy to.

17 CHAIRWOMAN OLSON: To Mike Constantino. 13-078
18 Holy Cross Hospital has deferred from this meeting.

19 The next project is 14-001, Barrington
20 Pain and Spine Institute in Barrington.

21 MR. URSO: Mike, just for clarification, they
22 can defer, right?

23 MR. CONSTANTINO: That's correct.

24 MR. GALASSIE: It's at their option.

1 CHAIRWOMAN OLSON: Good morning, would you
2 please be sworn in by the young reporter.

3 (Mr. Friedman, Ms. Cooper and
4 Dr. Prunskis were duly sworn.)

5 CHAIRWOMAN OLSON: Mr. Constantino, State Board
6 Staff Report.

7 MR. ROATE: Thank you, Madam Chairwoman. The
8 applicant is proposing to add spine surgery
9 procedures to its existing limits specialty ASTC.

10 Currently the applicant performs pain
11 management procedures. The cost of the project is
12 approximately \$390,000. The anticipated completion
13 date is October 31st, 2014.

14 Five of the six ASTCs within the proposed
15 GSA are not at target occupancy of 80 percent. One
16 of the five hospitals within the propose moved GSA
17 are not at that 80 percent target occupancy.

18 In addition, the applicant did not provide
19 assurance that the facility would be operating at
20 the target occupancy within two years of project
21 completion.

22 If this project is approved, the facility
23 remains a limited specialty ASTC. There was no
24 public hearing and no letters of opposition were

1 received by the State Board Staff.

2 Thank you, Madam Chairwoman.

3 CHAIRWOMAN OLSON: Petition the Board.

4 MS. FRIEDMAN: Good morning. My name is Kara
5 Friedman, from Polsinelli. That K-a-r-a
6 F-r-i-e-d-m-a-n. Polsinelli is P-o-l-s-i-n-e-l-l-i.

7 My colleague, Anne Cooper, is joining us
8 from Polsinelli also. A-n-n-e C-o-o-p-e-r, and
9 representing the applicant is Dr. John Prunskis,
10 P-r-u-n-s-k-i-s.

11 Just a moment before Dr. Prunskis provides
12 his comment, I would like to note that this facility
13 is not adding any capacity in order to provide for
14 surgical services that are proposed here. They are
15 merely adding a second.

16 DR. PRUNSKIN: Thank you very much. My name is
17 Dr. John Prunskis. I'm a Board Certified
18 Interventional Pain Management Specialist and
19 president and medical director of American Pain
20 Spine Institute.

21 I'm here, as you know, with my attorney
22 who assisted in the preparation of this application,
23 Kara Friedman. I'm really pleased to be back before
24 this Board. The last time I was here was in 2011.

1 We received unanimous approval for the
2 establishment of our pain management surgery center,
3 and I want to thank you guys for that.

4 As update, we were licensed and began
5 operations in fall of 2012. Since that time, we've
6 performed over 5,000 cases at the surgery center and
7 had excellent results.

8 Pain interferes with every aspect of life,
9 and patients with painful conditions struggle each
10 day with activities that healthy individuals take
11 for granted.

12 The last decade or so has heralded
13 phenomenal advances in the field of interventional
14 pain management.

15 In recent years, pain management
16 procedures, which particularly involved injections
17 into facet joints or epidural space in the spine or
18 nerve root blocks and site-specific injections, have
19 had an incredible impact on the quality of life of
20 people suffering from painful conditions of the
21 spine and other areas.

22 We're pleased to be a part of this. Both
23 the patients and the medical staff have been very
24 satisfied with the care provided by the surgery

1 center and the results.

2 Indeed, recently since last appearing
3 before this Board, U.S. News and World Report named
4 us the top pain practice in Illinois. I'm here
5 today to request the Board to approve the addition
6 of spine surgery procedures to our center.

7 The addition of these procedures at our
8 facility is part of the continuing evolution of
9 spine care. In the past, it was not uncommon for
10 patients with back pain to refer first to a
11 neurosurgeon or an orthopedic spine surgeon or spine
12 surgery or care.

13 In the past, patients may have had spine
14 surgery with large incisions, stripping the muscles
15 from the bone, and then retracting the muscle to
16 allow access to the spine.

17 This procedure frequently led to
18 post-operative pain, longer hospital stays, an
19 increased need for pain medicine, and loss of normal
20 function of the muscles and ligaments.

21 More recently, utilization of
22 interventional pain management procedures has
23 increased with the expansion of interventional
24 techniques. Today, interventional pain management

1 specialists serve a critical role in the diagnosis
2 of treatment of painful spine conditions.

3 It's similar to the role that a
4 cardiologist now has with a cardiac surgeon where a
5 patient will first go to the cardiologist, get an
6 evaluation, see what needs to be done.

7 If nothing can be done except surgery,
8 then they get referred on to the cardiac surgeon.
9 We are the gatekeepers focusing on the precise
10 diagnosis to identifying the term on how to correct
11 the underlying cause of the pain in the spine and
12 other areas.

13 Through advanced technology and better
14 understanding of the origins of the pain, the use of
15 interventional pain management therapy has resulted
16 in fewer complications, lower mortality rates,
17 better outcomes, at a lower cost than conventional
18 surgery.

19 However, a limited number of conditions
20 affecting the spine do not respond favorably to
21 interventional pain management therapies; and for
22 those patients, the proposal we have submitted to
23 you allows us to offer that surgical option.

24 Spine surgery has recently seen rapid

1 advances enabling surgeons to expand patient
2 selection and treat an evolving array of spinal
3 disorders.

4 Currently spine surgery utilizes the
5 knowledge of important anatomy, along with
6 cutting-edge technology, to treat spinal conditions
7 without causing undo injury to the surrounding soft
8 tissues.

9 Highly specialized tools and
10 instrumentation provide for the safe and effective
11 treatment of these painful conditions in the spine.

12 The advantages of the current spinal
13 surgery techniques include less post-operative pain,
14 less dependence on narcotics, quicker recovery,
15 reduced blood loss, less soft tissue damage, smaller
16 surgical incisions, less scarring and improved
17 function.

18 Dr. Erickson, who appeared today in
19 support of this project, and I have collaborated
20 with each other since we trained at the University
21 of Chicago many years ago, more than I like to think
22 sometimes.

23 With this proposal, we now have an
24 opportunity to provide a seamless care to our

1 patients suffering from back pain in a way that we
2 wouldn't evening have imagined in the late '80s,
3 when we were first trained at the University of
4 Chicago.

5 This proposed project will not increase
6 capacity in the planning area, only our
7 capabilities. It will provide surgical options to
8 patients suffering from painful conditions for whom
9 other more conservative measures have failed; and it
10 will have a neutral impact on the provider
11 community, since we, like other providers, have some
12 excess capacity, and it will have a positive impact
13 on our patients.

14 Finally, I want to reiterate our
15 commitment to provide charity care to the
16 economically disadvantaged residence of Lake County.
17 We have an arrangement with the Lake County Health
18 Department to patient referrals to our affiliated
19 medical practice, the Illinois Pain Institute.

20 These patients have their charges waived
21 for procedures performed at the surgery sorry for
22 the duration of their care, and we will continue
23 with this arrangement.

24 Thank you for your consideration and your

1 staff's assistance throughout this process and for
2 your time today. I respectfully request that you
3 approve this application.

4 CHAIRWOMAN OLSON: Thank you, Doctor.
5 Questions from Board Members? Dr. Burden?

6 DR. BURDEN: I don't have a microphone, can you
7 hear me okay?

8 DR. PRUNSKIN: Yes, I can.

9 DR. BURDEN: Doctor, number one, I'm certainly
10 very impressed as a retired physician. I worked for
11 45 years as a urologist, and I personally had the
12 consequences of a shall we say an incident that left
13 me with mechanical instability post lumbar
14 laminectomy done the fashion that it was done in
15 1970.

16 That's one thing. Obviously my personal
17 interest is that I'm now fine and have done fine,
18 but I went through a tough time for a couple of
19 yours.

20 Having a great neurosurgeon say, "You're
21 going to learn to walk again. We're not going do
22 anything more." Lou Amador is deceased. He was
23 chief of services at Northwestern and Children's
24 Hospital where I was.

1 I have to say I'm very impressed from what
2 I heard from Dr. Erickson. My interest is personal,
3 and I hope maybe for the rest of the Board to enjoy
4 what you presented and what he presented doing
5 actual incisional micro-discectomy as an outpatient
6 in an ambulatory surgical treatment center is
7 certainly something I never thought would ever occur
8 personally, because what I went through and saw,
9 there is a great deal of concern, always has been,
10 in the area that I represented urologists that were
11 being alleged have practiced in an entity that led
12 to a lawsuit.

13 I was on a Board that looked at all the
14 alleged malpractice in the State of Illinois for
15 some 20 years, and I did see a lot of problems that
16 seem to occur in your area.

17 You have now presented things to us, to me
18 personally, that I never dreamt would occur. I have
19 two questions. The wall Street Journal of course
20 had an article, I'm sure you are well aware of, that
21 presented the extent of injuries subsequent to
22 percutaneous electrical stimulation of entities that
23 were thought untreatable prior to the event.

24 I'm curious, because I didn't hear, and

1 I'm curious to hear, will you present to me if the
2 risks that are coming forth are not extraordinary?

3 The journal presents things obviously that
4 look more for the plaintiff's attorney's outcome.
5 Several patients in this article, this was the Wall
6 Street Journal, is hardly the area to get your
7 medical area, but I read it, as well as the Illinois
8 Regional Journal of Medicine; and I was stunned to
9 hear the degree of immobility, patients coming for a
10 procedure to cure pain and going out in a
11 wheelchair.

12 Obviously that is not a result of you or
13 your colleague, Dr. Erickson at all we want to see.

14 Is the incidence of this exaggerated? Am
15 I able to hear you say that this incidence is no
16 greater than it's always been and maybe less?

17 There's always risks with spinal surgery.
18 We are well aware of it. I'm personally aware of
19 it. The later population doesn't seem to get it.

20 They seem to feel, "I'm going to get my
21 pain taken care of and everything is going to be
22 great." There are consequences sometimes and
23 misadventures.

24 Is this unrealistic what I heard

1 personally? I would just like to hear a few
2 comments, and that's one question.

3 The other is I certainly was impressed
4 with Dr. Erickson's neurosurgical experience. Is
5 there a Board that now reviews what you do, or is it
6 combined between pain management and neurosurgery to
7 evolve?

8 Is there any special Board that approves
9 and certifies the kind of work that I see coming and
10 it certainly is complicated, certainly requires
11 extensive training in my book; and I believe the
12 incidences that I've read about in the Wall Street
13 were probably done by people who haven't had
14 adequate experience and certification.

15 Those are the two questions I have. The
16 third one: What's your background as a pain man,
17 are you an internist, are you an neurosurgeon, are
18 you anesthesiologist who got interested in pain
19 medicine?

20 I'm married to anesthesiologist, so
21 understand that part. Can you help me on those
22 three questions, none of which really relate to what
23 your application states? They are my interest.
24 Okay.

1 DR. PRUNSKIN: Thanks very much, Dr. Burden. I
2 still remember your questions from 2011 where we
3 talked about the cervical, thoracic and lumbar spine
4 and the treatment of it.

5 Now I have greater understanding of your
6 interest because you relied your personal story. I
7 didn't know that before. I'm going to try to answer
8 those questions backwards, because the remember last
9 one most recently, it was regards to my training.

10 I have completed a surgical internship at
11 the University of Illinois, an anesthesiology
12 residency at the University Chicago, a fellowship at
13 the University of Chicago in pain management.

14 I'm Board Certified by the American Board
15 of Anesthesiology. I'm Board Certified and
16 voluntarily recertified by the American Board of
17 Medical Specialists in Interventional Pain
18 Management; and then I've gone on to become a fellow
19 of interventional pain practice, and the examiners
20 have asked me to be, and I'm currently an examiner
21 for that last certification.

22 With regards to neurosurgeons, they have
23 the American Board of Medical Specialist Board
24 Certification in Neurosurgery. Your second

1 question, the second question, if you could refresh
2 my memory, was that the article that you read?

3 DR. BURDEN: The liability involved and of
4 course explain to me, personally, enough to solve
5 the second question.

6 I think the liability aspects are not our
7 concern at this Board. That's my interest as a part
8 of the question. That's it. But go ahead, you're
9 doing fine.

10 DR. PRUNSKIN: Sure. In our literature, and I
11 have to tell you I'm not familiar with that article
12 that you read in the Wall Street Journal.

13 I don't regularly read that paper, but in
14 our literature, the incidence of complication has
15 markedly been reduced with the more
16 minimally-invasive procedures.

17 Back when spine procedures were done, even
18 in the '80s, there were large incisions. The
19 bone -- the muscle is literally stripped away from
20 the spine and that created its own set of
21 complications, which now is no longer necessary with
22 the minimally-invasive procedures.

23 So, in our literature at least, it would
24 speak -- not only our literature, but in our

1 experience at our ambulatory surgical center
2 currently; and in my experience with Dr. Erickson,
3 we just don't see complications. We just haven't
4 seen it.

5 DR. BURDEN: That impresses me to no end,
6 frankly. I'll wrap it up. No one on the Board
7 wants to hear me to continue. I'm too vocal.

8 Anyway, the insurance carriers,
9 malpractice insurers, I'm going back 40 years, there
10 were a lot of cases that came in the category of, we
11 say a surgical procedure that presented no
12 improvement, and maybe worse situations.

13 Your point now to us that you are doing
14 things and arguing things that reduce the risk
15 substantially, and that's part of what I wanted to
16 know.

17 I appreciate, Doctor, very much your
18 comments.

19 DR. PRUNSKIN: Thank you.

20 CHAIRWOMAN OLSON: Other questions? Actually,
21 I have a couple questions. They are much simpler.

22 I just want to be clear that there's ASTCs
23 in your service area capacity, but I want to be
24 clear the service that you are offering the surgery,

1 the spinal surgery, is not offered at any of those
2 other ASTCs?

3 The actual spinal surgery that you are
4 talking about.

5 MS. FRIEDMAN: What our application presents is
6 that the surgeons that would do the
7 minimally-invasive procedures, as well as
8 Dr. Prunskis is practicing, and the other
9 anesthesiologists who are doing pain management are
10 not collaborating in any other surgery center.

11 CHAIRWOMAN OLSON: We don't know for sure those
12 other ASTCs are not doing spinal surgery? I believe
13 the application indicated that the other ASTCs were
14 not doing spinal surgery.

15 DR. PRUNSKIN: I'm not 100 percent sure. I
16 believe that's correct. There is a possibility
17 there might be, but I'm not 100 percent sure.

18 At least in talking to the area spine
19 surgeons, this is something that has their
20 attention.

21 CHAIRWOMAN OLSON: The minimally invasive?

22 DR. PRUNSKIN: It's a seamless approach. We're
23 taking the patient from the original diagnosis of
24 back pain, trying to do what we can conservatively;

1 and if all else fails, precisely diagnose the source
2 of that back pain, and then bring in the surgeon.

3 That seamless approach does not exist anywhere.

4 CHAIRWOMAN OLSON: You obviously couldn't do
5 traditional spinal surgery in the ASTC?

6 DR. PRUNSKIN: Traditional is a tough word for
7 me to answerer.

8 CHAIRWOMAN OLSON: You're talking about
9 stripping away the muscle.

10 DR. PRUNSKIN: That's not even done any more
11 because with the minimally-invasive techniques,
12 we're able to preserve the anatomy.

13 Those days of where the muscle was
14 stripped was right now kind of used -- looked at as
15 quite primitive. No one would really do that
16 anymore.

17 CHAIRWOMAN OLSON: And then my second question
18 is I'm extremely impressed by your arrangement with
19 Lake County Health Department in serving the un and
20 underinsured.

21 I don't want to put a condition on your
22 application, but as a courtesy, would you supply the
23 Board with just a letter or some information, say,
24 12 months after you open, pending approval, telling

1 us how many patients you treated, what kinds? Not a
2 condition.

3 I think you should be an example to our
4 SCTCs who traditionally don't see un and
5 underinsured. I'm asking as a courtesy if you would
6 supply that information to the Board.

7 DR. PRUNSKIN: We would be happy to, Ms. Olson.
8 We are already do have some numbers.

9 I don't have them at my fingertips right
10 now, but just to give you an idea, we'd see all
11 those patients in our practice, the Illinois Pain
12 Institute, not all of them of course need a
13 procedure.

14 CHAIRWOMAN OLSON: Right.

15 DR. PRUNSKIN: Most back pain, you know, a
16 little physical therapy, a little rest.

17 CHAIRWOMAN OLSON: Right.

18 DR. PRUNSKIN: And then a subset of those go on
19 to get the interventional procedures. But I just
20 handed almost \$55,000 in 2013 of charity care,
21 55,000.

22 CHAIRWOMAN OLSON: You should have had somebody
23 with those numbers.

24 DR. PRUNSKIN: I do recall those numbers seeing

1 it. We would be happy to do that. We anticipate
2 continuing that program.

3 CHAIRWOMAN OLSON: I applaud that arrangement.
4 I would hope it would be an example to your
5 colleagues at other ASTCs.

6 Other questions or comments from the
7 Board?

8 MR. SEWELL: I want to confirm the way I'm
9 thinking about this with the staff.

10 This is a situation where our rules are
11 limited to sort of a multi-specialty or general
12 ambulatory surgery treatment facility, and we don't
13 have rules to this specific kind of care that's
14 being proposed by the applicant; is that correct?

15 MR. CONSTANTINO: That's correct.

16 MR. SEWELL: So, for the general kind of
17 ambulatory surgery treatment centers that are in the
18 area, there is no need for any -- they aren't
19 proposing any additional capacity, they are
20 proposing a service within that general category?

21 MR. ROATE: That's correct.

22 MR. SEWELL: The reason they are before us is
23 because they are a new service.

24 MR. CONSTANTINO: That's correct, too.

1 MR. SEWELL: Just my thinking is cleared up.

2 CHAIRWOMAN OLSON: Any other questions or
3 comments to the applicant?

4 JUSTICE GREIMAN: Yes, we generally have in our
5 documents they set forth the amount of charity that
6 an agency performs. Yours doesn't seem to have it.

7 Could you tell me what percentage of your
8 gross is charity?

9 DR. PRUNSKIN: Judge, I don't recall the
10 percentage, but the numbers are approximately
11 \$55,000.

12 JUSTICE GREIMAN: I see. Okay.

13 MR. BRADLEY: What's the gross?

14 MS. FRIEDMAN: I'm not sure what you mean by
15 the gross.

16 JUSTICE GREIMAN: The gross receipts?

17 CHAIRWOMAN OLSON: Mike, are SCTCs required to
18 submit charity?

19 MR. CONSTANTINO: We just have a partial report
20 in front of you the 2012. The 2013 has been
21 submitted; however, it is under the process of being
22 reviewed right now.

23 If you look at their profile information,
24 I believe it's just for a partial year.

1 CHAIRWOMAN OLSON: Your arrangement with Lake
2 County is the arrangement in 2013?

3 DR. PRUNSKIN: The facility opened in the end
4 of 2012.

5 CHAIRWOMAN OLSON: Okay. I'm sorry, I didn't
6 mean to interrupt the question.

7 MR. BRADLEY: I think following up on the
8 Justice's question, how much is your total intake in
9 money in a year?

10 MS. FRIEDMAN: I apologize. Anne is looking
11 for the data right now, but just as sort of as, you
12 know, surgery centers are not typically tax-exempt
13 entities.

14 So, the Lake County Health arrangement was
15 entered into to demonstrate the commitment to
16 providing services to everyone regardless of the
17 ability to pay.

18 And, so, that's an undertaking that we've
19 done that many other surgery centers have not done,
20 and they are not providing any charity care.

21 MR. GALASSIE: I can certainly attest to that.

22 CHAIRWOMAN OLSON: Me, too.

23 MR. GALASSIE: It's very progressive on their
24 part to have that arrangement with the community

1 health center.

2 CHAIRWOMAN OLSON: It is. That is why I
3 applaud you for it. Most surgery centers just don't
4 see Medicaid or uninsured patients.

5 Other questions or comments?

6 MS. FRIEDMAN: I don't think we have that
7 number with us right now.

8 MR. BRADLEY: You have no idea how much money
9 this outfit took in in the course of a year?

10 DR. PRUNSKIN: I know we were profitable. We
11 paid all of our staff's salaries. I don't recall
12 the exact number, sir.

13 MR. BRADLEY: Give me a ballpark.

14 MR. GALASSIE: Under ten million or over ten
15 million?

16 DR. PRUNSKIN: I would say it is under.

17 MR. GALASSIE: Under five million or over five
18 million?

19 DR. PRUNSKIN: Perhaps between five and ten.

20 MS. FRIEDMAN: You're talking about revenues.

21 MR. GALASSIE: Gross revenues.

22 DR. PRUNSKIN: I mean, before we paid expenses,
23 it is somewhere between five and ten. I couldn't
24 give you an exact number beyond that.

1 MR. BRADLEY: So, let's then get to the
2 percentage, what are we at, one percent?

3 MR. GALASSIE: A little less.

4 MR. BRADLEY: That generously is one percent.
5 If it's up around ten million, it's half a percent.

6 CHAIRWOMAN OLSON: Which I would say again is
7 half a percent more than almost any other.

8 MR. GALASSIE: Exactly, Madam Chairwoman. You
9 could not even count on one hand how many
10 relationships Lake County Health department has like
11 that.

12 CHAIRWOMAN OLSON: I wish I could find one.
13 Any other questions or comments for the Board?

14 Seeing none, I will entertain a notion to
15 approve Project 14-001 for Barrington Pain and Spine
16 Institute to add spine surgery procedures.

17 May I have a motion?

18 MR. GALASSIE: So moved.

19 DR. BURDEN: Second.

20 CHAIRWOMAN OLSON: Roll call, please.

21 MR. ROATE: Motion made by Mr. Galassie,
22 seconded by Dr. Burden. Mr. Bradley?

23 MR. BRADLEY: In the staff report, they are
24 deficient in three criteria in 1110, assurance

1 impact on other facilities, and change in scope of
2 service; therefore, I vote no.

3 MR. ROATE: Thank you. Dr. Burden?

4 DR. BURDEN: In my humble opinion being on this
5 Board five years plus, I don't think I've seen an
6 ambulatory surgical treatment center make a
7 presentation comparable. I'm very impressed.

8 I know other Board Members may not agreed,
9 but as a retired physician, your credentialing is
10 above reproach.

11 In terms of what I see, and what I have in
12 front of me, I vote a very strong yes and recommend
13 you continue your service as you are doing. That's
14 remarkable. Thank you.

15 MR. ROATE: Thank you. Justice Greiman?

16 JUSTICE GREIMAN: We have an agency is which is
17 devoted to delivering surgery, narrow services, and
18 which is to make services greater for people who
19 come in and walk into the place.

20 It makes sense to do it, and I vote eye.

21 MR. ROATE: Thank you. Mr. Galassie?

22 MR. GALASSIE: I am voting yes for the cost
23 effectiveness of the program and the commitment to
24 the uninsured in the community.

1 MR. ROATE: Thank you. Mr. Penn?

2 MR. PENN: I'm voting no, based on the state's
3 finding deficiencies in categories 1110.

4 MR. ROATE: Thank you, Mr. Penn. Mr. Sewell?

5 MR. SEWELL: I vote yes. The review criteria
6 that has the existing -- in spite of the review
7 criteria that has the existing ambulatory treatment
8 center, not at capacity, I think this service is one
9 that is necessary.

10 If we had rules that could specify, you
11 know, what the population base capacity was of
12 various treatments, I think we would probably find
13 there was a need for this. So, I vote yes.

14 MR. ROATE: Thank you. Madam Chair?

15 CHAIRWOMAN OLSON: I vote yes for the reasons
16 previously stated.

17 MR. ROATE: That's five votes in the
18 affirmative, two votes in the negative.

19 CHAIRWOMAN OLSON: Motion passes. Thank you
20 and good luck.

21 DR. PRUNSKIN: Thank you.

22 MS. FRIEDMAN: Thank you.

23 CHAIRWOMAN OLSON: Next item is 13-058, Warren
24 G. Murray Developmental Center in Centralia. This

1 is to defer the project. This is a deferral
2 requested by the Board. Am I correct?

3 MR. CONSTANTINO: Yeah, the State Board Staff
4 requesting the Board defer this project.

5 CHAIRWOMAN OLSON: State Board Staff. Please
6 swear in the gentleman at the table.

7 (Mr. Turner was duly sworn.)

8 MR. TURNER: Joe Turner, J-o-e T-u-r-n-e-r.

9 CHAIRWOMAN OLSON: State 's Board Staff Report,
10 Mike.

11 MR. CONSTANTINE: Thank you, Madam Chairwoman.
12 The State Board Staff is requesting that the State
13 Board grant a State Board deferral until such time
14 as all legal proceedings are completed.

15 Under current State Board Rules, once a
16 project is deemed complete, it must have initial
17 consideration by the State Board within six months
18 of that completeness determination.

19 However, the applicants cannot request a
20 deferral to a meeting that is scheduled more than
21 six months from the application is deemed complete
22 presently. That is the reason why we're asking the
23 Board today to grant a Board deferral.

24 Thank you, Madam Chairwoman.

1 MR. GALASSIE: I'm confused. Are we asking --
2 Mike, are you asking for a deferral date? Are we
3 deferring this is it a six-month deferral?

4 MR. CONSTANTINE: No, there is no specific
5 date. In other words, it would be --

6 MR. GALASSIE: Open ended?

7 MR. CONSTANTINE: Open ended until the federal
8 court case is completed.

9 MR. GALASSIE: I see. Thank you, Mike. I
10 missed that. Thank you.

11 CHAIRWOMAN OLSON: Questions for the gentleman
12 at the table?

13 MR. GALASSIE: Motion to approve.

14 CHAIRWOMAN OLSON: I have just one question out
15 of curiosity.

16 MR. BRADLEY: There's a motion.

17 CHAIRWOMAN OLSON: I'm sorry. Motion by
18 Mr. Bradley.

19 MR. PENN: Second.

20 CHAIRWOMAN OLSON: Roll call, please.

21 MR. ROATE: Motion made by Mr. Bradley,
22 seconded by Mr. Penn. Mr. Brad?

23 MR. BRADLEY: Yes.

24 MR. ROATE: Dr. Burden?

1 DR. BURDEN: Yes.

2 MR. ROATE: Justice Greiman?

3 JUSTICE GREMAN: Yes.

4 MR. ROATE: Mr. Galassie?

5 MR. GALASSIE: Yes, based only staff

6 recommendation.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: Yes.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: Yes, he staff recommendation.

11 MR. ROATE: Chairwoman Olson?

12 CHAIRWOMAN OLSON: Yes, based on staff

13 recommendation.

14 MR. ROATE: Seven he votes in the affirmative.

15 CHAIRWOMAN OLSON: Motion passes. Can I ask my
16 question? Just curiosity, is it correct there are
17 only 28 residents residing at Murray?

18 MR. TURNER: No, there is 222 individuals
19 residing at Murray, and then there is an additional
20 12 in pre-transition. It's a total of 234.

21 CHAIRWOMAN OLSON: Thank you. I was just
22 curious. Okay.

23 Item -- the next item in your packet was
24 14-002, Physician Surgical Center in Belleville, and

1 that project has been deferred.

2 So, at this time I would entertain a short
3 break. It's 10:51. Let's reconvene at 11:05,
4 11:00. We're going to shoot for 11:00.

5 MR. GALASSIE: Thank you, Madam Chair.

6 (Recess taken.)

7 CHAIRWOMAN OLSON: I'm going to call the
8 meeting back to order. The next item on the agenda
9 is 14-003 Centegra Specialty Hospital in Woodstock;
10 and 14-004, Centegra Specialty Hospital in
11 Woodstock.

12 I'm assuming there's one presentation for
13 both projects, a separate vote, but one project.
14 Would you please raise your hand to be sworn in by
15 the court reporter?

16 (Mr. Sciarro, Ms. Streng, Dr.
17 Senn and Dr. Hafiz were duly
18 sworn.)

19 CHAIRWOMAN OLSON: State Board Staff Report,
20 Mike.

21 MR. CONSTANTINE: Thank you, Madam Chairwoman.
22 The applicants are proposing to discontinue a 36-bed
23 AMI unit at Centegra Specialty hospital in
24 Woodstock, Illinois.

1 There is no cost to this project. The
2 anticipated completion date is September 30th, 2014.
3 The applicants have met all the State Board
4 requirements for this discontinuation of the AMI
5 service.

6 There was a public hearing, and there was
7 opposition to this project. Support letters were
8 also received by the State Board Staff. This
9 project was submitted in conjunction with the
10 establishment of a 34-bed AMI unit at Centegra
11 Hospital in Woodstock, Project No. 14-004.

12 Thank you, Madam Chairwoman.

13 CHAIRWOMAN OLSON: Comments from the Board.
14 Are you going to open for questions or comments?

15 MR. SCIARRO: Comments, please. Good morning,
16 I'm Jason Sciarro, S-c-i-a-r-r-o, president and
17 chief operating officer of Centegra Health System.

18 With me today Hadley Streng, S-t-r-e-n-g
19 director of planning and business development.
20 Dr. Sheila Senn, S-e-n-n, vice-president of Centegra
21 Health System, site administrator for both of our
22 Woodstock compasses, and Dr. Irfan Hafiz. Irfan,
23 I-r-f-a-n. Hafiz, H-a-f-i-z. Chief medical
24 officer.

1 We would like to thank the staff for their
2 positive review of our Application and appreciate
3 the efforts of both the staff and the Board to
4 schedule and conduct our public hearing.

5 We're excited to continue to enhance and
6 grow our behavioral health services to the
7 communities we serve. We would be pleased to answer
8 any questions that the Board may have.

9 CHAIRWOMAN OLSON: Question, comments from the
10 Board? Go ahead, Mr. Bradley.

11 MR. BRADLEY: I don't quite get what you are
12 doing here. Give me a brief overview of what's
13 happening.

14 MR. SCIARRO: Okay. We operate an AMI facility
15 at our South Street campus in Woodstock. We're
16 proposing to close that unit and move it to our
17 Woodstock Hospital campus, which is two miles from
18 that facility.

19 And in closing and reopening, we would be
20 increasing our capacity for behavioral health
21 patients by 10; and then to do that, we are
22 consolidating our obstetrics unit at our Woodstock
23 Hospital and our McHenry Hospital into our McHenry
24 Hospital.

1 So, we're moving our behavioral health and
2 expanding into our OB unit. We would be closing OB
3 at one facility, and then consolidating that service
4 at our other hospital, which is approximately eight
5 miles away.

6 MR. BRADLEY: Thank you.

7 CHAIRWOMAN OLSON: And if I'm correct, the only
8 opposition to the project was from people concerned
9 about OB services, and what you are telling us is
10 that the other hospital they would go to is eight
11 miles from the current hospital?

12 MR. SCIARRO: Correct.

13 CHAIRWOMAN OLSON: Other questions, comments,
14 concerns? Seeing none, we'll first approve project
15 14-003 Centegra Specialty Hospital, Woodstock, to
16 discontinue a 36-bed AMI category of service.

17 May I have a motion?

18 MR. PENN: You said we're going to approve
19 that. Call for a motion.

20 CHAIRWOMAN OLSON: I'm looking for a motion.
21 Did I say to approve?

22 MR. PENN: So moved.

23 MR. SEWELL: Second.

24 MR. ROATE: Motion made by Mr. Penn, seconded

1 by Mr. Sewell. Mr. Bradley?

2 MR. BRADLEY: Based on the State Board Report,
3 I vote yes.

4 MR. ROATE: Thank you. Dr. Burden?

5 DR. BURDEN: I vote yes for the same reason.

6 MR. ROATE: Thank you. Justice Greiman?

7 JUSTICE GREIMAN: My vote is the same. I vote
8 yes.

9 MR. ROATE: Thank you. Mr. Galassie?

10 MR. GALASSIE: Yes, for reasons stated.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes, based on the State Report.

13 MR. ROATE: Thank you. Mr. Sewell?

14 MR. SEWELL: Yes, for the same reason.

15 MR. ROATE: Thank you. Chairwoman Olson.

16 CHAIRWOMAN OLSON: Yes, for the same reasons as
17 well.

18 MR. ROATE: Thank you. That is seven votes in
19 the affirmative.

20 CHAIRWOMAN OLSON: The motion passes. Now may
21 I have a motion to approve Project 14-004 Centegra
22 Hospital, Woodstock, to discontinue a 14-bed
23 obstetric service?

24 May I have a motion?

1 MR. PENN: So moved.

2 MR. GALASSIE: Second.

3 MR. ROATE: Motion made by Mr. Penn, seconded
4 by Mr. Galassie. Mr. Bradley?

5 MR. BRADLEY: Again, based on the State Board
6 staff report, I vote yes.

7 MR. ROATE: Dr. Burden?

8 DR. BURDEN: Yes.

9 MR. ROATE: Justice Greiman?

10 JUSTICE GREIMAN: Yes.

11 MR. ROATE: Mr. Galassie?

12 MR. GALASSIE: Yes, for reasons stated.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Yes, for reasons stated.

15 MR. ROATE: Mr. Sewell?

16 MR. SEWELL: Yes, for the same reason.

17 MR. ROATE: Chairwoman Olson?

18 CHAIRWOMAN OLSON: Yes, for the same reasons as
19 well.

20 MR. ROATE: Seven votes in the affirmative.

21 CHAIRWOMAN OLSON: Motion passes. Good luck in
22 your project.

23 MR. SCIARRO: Thank you.

24 CHAIRWOMAN OLSON: Next to the table we need

1 14-007, Concerto Dialysis in Crestwood.

2 Would you please be sworn in by the court
3 reporter.

4 (Ms. Koshy was duly sworn.)

5 CHAIRWOMAN OLSON: Mike, State Board Staff
6 Report.

7 MR. CONSTANTINE: Thank you, Madam Chairwoman.
8 The applicants are proposing to add two dialysis
9 station to an existing seven-station facility for a
10 total of nine stations in Crestwood, Illinois.

11 The cost of the project is approximately
12 \$25,000. The anticipated completion date is
13 June 30th, 2014. There is a need for 83 stations in
14 the HSA seven planning area, and the most recent
15 utilization data for this facility is 88 percent.

16 The applicants have met all the
17 requirements of the State Board. There was no
18 opposition and no public hearing was requested.

19 Thank you, Madam Chairwoman.

20 CHAIRWOMAN OLSON: There was no opposition and
21 no findings to your project. Would you like to
22 present to the Board or just open for questions?

23 MS. KOSHY: Open to questions. Unfortunately,
24 I had someone else that was supposed to be here, my

1 lawyer, and he didn't show up. This is the first
2 time I'm doing this.

3 CHAIRWOMAN OLSON: I think you will be fine.

4 DR. BURDEN: Glad to hear, no lawyer.

5 MS. KOSHY: My name is Elizabeth Koshy,

6 E-l-i-z-a-b-e-t-h. Koshy, K-o-s-h-y.

7 CHAIRWOMAN OLSON: Questions or comments from
8 the Board?

9 MR. PENN: I make a motion we approve this
10 application.

11 MR. SEWELL: Second.

12 CHAIRWOMAN OLSON: Okay. Roll call, please.

13 MR. ROATE: Motion made by Mr. Pen, seconded by
14 Mr. Sewell. Mr. Bradley?

15 MR. BRADLEY: Based on the report of the staff,
16 I vote yes.

17 MR. ROATE: Thank you. Dr. Burden?

18 DR. BURDEN: Based on the report of the staff,
19 I say yes.

20 MR. ROATE: Thank you. Justice Greiman?

21 JUSTICE GREIMAN: I would have listened to a
22 lawyer's argument if he had shown up, but I'll vote
23 yes for the same reason.

24 MR. ROATE: Thank you. Mr. Galassie?

1 MR. GALASSIE: Based on the in-depth
2 presentation, I will vote yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: I'm going to vote yes based on the
5 state findings.

6 MR. ROATE: Thank you. Mr. Sewell?

7 MR. SEWELL: Yes, based on the State Agency
8 Report.

9 MR. ROATE: Thank you. Madam Chair?

10 CHAIRWOMAN OLSON: Yes, as well, based on the
11 State Agency's Report.

12 MR. ROATE: Seven votes in the affirmative.

13 CHAIRWOMAN OLSON: Motion passes.

14 MS. KOSHY: Thank you.

15 CHAIRWOMAN OLSON: Maybe everybody will come
16 without their lawyer now, I don't know.

17 MS. KOSHY: Thank you.

18 CHAIRWOMAN OLSON: Okay. Next is item I-01,
19 12-094, Fresenius Medical Care Prairie Meadows,
20 Libertyville. This application is subsequent to an
21 intent to deny.

22 Please be sworn in.

23 (Mr. Ranalli and Ms. Wright were
24 duly sworn.)

1 CHAIRWOMAN OLSON: Mike, State Board Staff
2 Report.

3 MR. CONSTANTINE: Thank you, Madam Chair. The
4 applicants are proposing to establish a 12-station
5 ESRD facility in Libertyville, Illinois, at a cost
6 of approximately \$3.3 million. The anticipated
7 completion date is February 28th, 2015.

8 This project received an intent to deny at
9 the March 2013 State Board Meeting. No public
10 hearing was requested; however, there was opposition
11 to the project.

12 There is an excess of 30 stations in the
13 HSA eight planning area. Five of the seven
14 facilities within 30 minutes are not operating at
15 target occupancy of 80 percent.

16 Thank you, Madam Chairwoman.

17 CHAIRWOMAN OLSON: Thank you, Mike.
18 Presentation to the Board?

19 MS. RANALLI: Thank you again. Claire Ranalli,
20 counsel to the applicant; and with me is Laurie
21 Wright, family Specialist for Fresenius.

22 Claire Ranalli, R-a-n-a-l-l-i-a, counsel
23 to the applicant; and Laurie Wright, W-r-i-g-h-t,
24 CON specialist.

1 If I talk too fast, let me know. First,
2 I'll surrender my law license and become a
3 consultant to DB. Not really. My parents were so
4 proud of me when I got that law license.

5 CHAIRWOMAN OLSON: I don't think that is a good
6 idea.

7 MS. RANALLI: We'll be very brief. We know
8 when we come back in front and it's denied, the goal
9 from your perspective is that something would have
10 changed that might materially alter your vote.

11 I think your concerns last time when we
12 were before you were the fact that there was excess
13 capacity as well no need. That has not changed, and
14 we can't sit here and do a tap dance and let you
15 know that it has, but we are still in front of you
16 because we believe in the project.

17 We deferred it a number of times thinking
18 that the utilization would increase, which it did.
19 Honestly, it didn't increase as much as we thought
20 it would, but it did increase when we were first
21 before you.

22 The average utilization in the area was
23 66 percent. When we submitted the application, it
24 was at 66. I apologize. Then when we were before

1 you, it was at 68.

2 It is now at 73 percent average
3 utilization in the area. Although there are five
4 facilities that are within 30 minutes that are
5 underutilized, of those five three are at
6 78 percent, 78 percent and 79 percent.

7 So, that is very close to there only being
8 two facilities in reality that are under your target
9 underutilization rate; and with that said, we would
10 be happy to answer any questions for you.

11 JUSTICE GREIMAN: The closest one of your
12 agency's facilities was doing, like, 48 percent.

13 MS. RANALLI: Is that the Mundelein facility?

14 JUSTICE GREIMAN: Yes.

15 MS. RANALLI: That is, and that is one of the
16 facilities that we thought, Justice Greiman, would
17 increase significantly in utilization.

18 It has, as of the March data. It is now
19 close to 60 percent, 63 percent, but it has not
20 grown as quickly as we thought it would. It is
21 growing.

22 Again, as of March 15th, it was at
23 63 percent. We thought that utilization would
24 increase more quickly than it did. Part of our

1 planning process is to plan not for today, but what
2 the area may look like a year or two from now, when
3 the Prairie Meadows facility would go live.

4 JUSTICE GREIMAN: So, let me ask a question.
5 Should there be concern about from this Board, for
6 the community generally, when one company has a vast
7 majority of the stations? Should we be concerned
8 about that?

9 MS. RANALLI: Well, there are two answers to
10 that, and then I may ask Laurie to comment on it,
11 since she actually works with the company.

12 First of all, there are two very robust
13 competitors in Illinois. We don't have a vast
14 majority of the stations. We actually have
15 probably, and this is an estimate, because we didn't
16 check market share particularly, but slightly over
17 50 percent.

18 JUSTICE GREIMAN: Right. A few months ago,
19 about a year ago, one of you folks said you had
20 about 53 percent, 54 percent.

21 MS. RANALLI: Right.

22 JUSTICE GREIMAN: That was of the operations,
23 but not necessarily the stations. You didn't know
24 how many stations was presented.

1 MS. RANALLI: Correct. In the context, you
2 know, as the Board sees facilities, most of the
3 projects are around 12 stations.

4 I think probably from a station
5 complement, that would pretty much track as well. I
6 mean, throughout the country, quite frankly, the two
7 main providers are Davita and Fresenius. I don't
8 think it is particularly different, one way or the
9 other, in Illinois.

10 And, so, that is probably throughout the
11 world. The two providers are Davita and Fresenius,
12 and that very robust competition, and the fact
13 they're are similar companies in many ways, it's
14 probably a good thing because they are competing on
15 quality, not on cost, because the major provider is
16 Medicare.

17 So, it pays what it pays, whether it is
18 Davita, Fresenius or a small privately-held clinic,
19 but certainly quality and patient satisfaction and
20 physician satisfaction. You know, we, as a company,
21 as well as other dialysis providers that are not
22 necessarily physician owned, want to make sure that
23 the physicians feel they have a comfortable clinical
24 environment to care for their patients.

1 JUSTICE GREIMAN: Do your patients come from
2 doctors who have recommended you to them?

3 MS. RANALLI: All of them. Is that correct,
4 Laurie? The only way we, as a company, see a
5 patient is if a nephrologist says to the patient,
6 "You need dialysis. Here are your options."

7 Frequently the patient chooses.
8 Frequently the physician guides, but probably most
9 likely it is a joint -- hopefully it's a joint
10 communication between the patient and the physician.

11 JUSTICE GREIMAN: And that's why your charity
12 is not exactly outstanding; is that correct?

13 MS. RANALLI: Well, probably that is more a
14 result of the fact that Medicare pays for about
15 80 percent; and in Illinois, Medicaid, not in all
16 states, unfortunately, but in Illinois Medicaid also
17 will pay for patients on dialysis.

18 JUSTICE GREIMAN: Okay, thank you.

19 CHAIRWOMAN OLSON: Other questions or comments?
20 I'm just curious, so you deferred -- you were given
21 the intent to deny March of 2013, and then you
22 deferred at every meeting since then; and, so, now
23 you have to take action today, right, because it's a
24 year? Okay. Yes, Doctor?

1 DR. BURDEN: I want to compliment our Lawyer
2 Ranalli for being so candid. The expectations were
3 not reached, but they are better. We like to hear
4 integrity and honesty.

5 I heard you say it, and I'm sure you meant
6 it, maybe this opportunity of your saying it will
7 lead to future statements of that nature from men
8 and women who represent your profession.

9 MS. RANALLI: Thank you.

10 MR. GALASSIE: Echo those comments.

11 CHAIRWOMAN OLSON: Other questions or comments?
12 Seeing none, may I have a motion to approve Project
13 12-094, Fresenius Medical Care, Prairie Meadows, to
14 establish a 12-station ESRD facility in
15 Libertyville?

16 May I have a motion?

17 DR. BURDEN: So moved.

18 MR. SEWELL: Second.

19 MR. ROATE: Motion made by Dr. Burden, seconded
20 by Mr. Sewell. Mr. Bradley?

21 MR. BRADLEY: Well, when this was before us
22 before the majority of the Board voted against it
23 based on planning area need and duplication of
24 services; and for that reason, I see no changes in

1 the situation that are significant enough to
2 override the Board's decision at that time, so I
3 vote no.

4 MR. ROATE: Dr. Burden?

5 DR. BURDEN: Even though I previously commented
6 about the integrity of the legal representation
7 regarding the improvement, there still needs more
8 improvement to really influence me to change my
9 vote. So, I still vote no.

10 MR. ROATE: Justice Greiman?

11 JUSTICE GREIMAN: Yes, I have difficulties with
12 the same issues that they both raised, as well as
13 I've said publicly before I have some problems
14 about, you know, one agency having more than
15 50 percent of the stations, so I'll vote no also.

16 MR. ROATE: Thank you. Mr. Galassie?

17 MR. GALASSIE: I appreciate the presentation.
18 I'm voting no for underutilization issues. I
19 believe there will be a point in time when this
20 could be justified, but I don't believe it is today.

21 MR. ROATE: Thank you. Mr. Penn?

22 MR. PENN: I'm going to vote no based on the
23 planning area need and duplication of distribution
24 services.

1 MR. ROATE: Thank you. Mr. Sewell?

2 MR. SEWELL: I also vote no. I think there is
3 a point in the future when utilization does meet the
4 Board's criteria of this applicant, and their
5 competitor can, you know, respond to that based on
6 market, so I vote no.

7 MR. ROATE: Thank you. Madam Chair?

8 CHAIRWOMAN OLSON: I vote no as well for the
9 reasons stated.

10 MR. ROATE: Seven votes in the negative.

11 CHAIRWOMAN OLSON: The motion does not pass.

12 MR. URSO: You will be receiving a denial
13 letter from the Board. You'll have an opportunity
14 for due process, if you so desire.

15 MS. RANALLI: Great. Thank you very much.

16 CHAIRWOMAN OLSON: Other business? There is
17 none. Rules development. Claire has a report for
18 us. Can somebody give her a microphone?

19 MS. BURMAN: I have an update on the amendments
20 to Part 1110, which includes revisions to the ASTC
21 review criteria.

22 On March 16th, JCAR did approve this rule
23 making. April 15th, the rules went into effect and
24 the rules will be published this Friday in the

1 Illinois Register. So, that's done for now.

2 CHAIRWOMAN OLSON: Thank you to Claire and the
3 State Board Staff for a lot of work on that. That
4 took a lot of time, a lot of effort, and it's good
5 to know it's finally been approved.

6 So, thank you, Claire, and those that
7 worked with you.

8 MR. URSO: Claire, maybe you could just give a
9 summary of what those changes were because they are
10 pretty significant, the ASTC.

11 MS. BURMAN: Well, I'll do my best. The change
12 is that the two designations do not exist anymore,
13 except in the fact that existing multitis, multitis that
14 got a permit before April 15th still have a period
15 of time up until, let's see, January 1st of 2018.

16 They can still function the way they have
17 been where they can add a service without a permit.
18 They do have to notify the Board within a 30-day
19 period of adding the service; and then again on
20 January 1st, 2018, there are no more designations.

21 Everybody who calls themselves an ASTC will
22 be required to come in for a permit, if they wish to
23 add a service. That was very good.

24 CHAIRWOMAN OLSON: Thank you. Any questions or

1 comments about that?

2 JUSTICE GREIMAN: Yes. You had to go before
3 JCAR; is that right?

4 MS. BURMAN: Yes.

5 MR. ROATE: You think JCAR is constitutional?

6 CHAIRWOMAN OLSON: Oh, boy, I didn't know that
7 was coming.

8 MS. BURMAN: Can we talk after the meeting?

9 JUSTICE GREIMAN: I'm serious. Isn't it a
10 significant violation of the separation of powers?

11 MR. URSO: Judge, I don't think we need to talk
12 about that.

13 JUSTICE GREIMAN: I mean, I feel strongly about
14 it only because I was the sponsor of JCAR. It was
15 my embarrassment. In the legislature, I sponsored
16 JCAR.

17 CHAIRWOMAN OLSON: That could be a discussion
18 for lunch.

19 JUSTICE GREIMAN: Okay. Never mind.

20 CHAIRWOMAN OLSON: Question? Mr. Penn has a
21 question.

22 MR. PENN: Claire, where are we with the
23 comparative application of procedure where we can
24 compare two aps?

1 MS. BURMAN: I would defer to Courtney on that.

2 MS. AVERY: It's on our list, and we're still
3 doing research; and Claire and I met, and we did not
4 put it on the list of priorities, but the research
5 is still being done.

6 With prioritization, we can get it done
7 quickly, but we're still evaluating and comparing
8 how other states do it, so we can come up with a
9 process. So, I think we should have it probably by
10 the end of the year.

11 MR. PENN: Other states do the comparative
12 application?

13 MS. AVERY: There are a few that do it. They
14 don't do it so much in the context the way this
15 Board does. They have it hidden in state agencies
16 where some staff make recommendations. We're still
17 evaluating.

18 I think we put it as a lower priority
19 because we haven't been seeing that many like we did
20 before with hospitals and one HSA is competing; and
21 based on our bed needs and our inventory, we won't
22 have a lot that would need comparative review, but
23 we are still working on it.

24 MR. PENN: Again, I would like the priority

1 moving forward. From what I seen, it will cause us
2 to be sued by one or two applicants.

3 MS. AVERY: Okay.

4 CHAIRWOMAN OLSON: Okay. The next item is
5 unfinished business, and there is no unfinished
6 business.

7 New business is now in order, and you all
8 have a copy of the financial report. Are there
9 questions or comments regarding that report?

10 MR. GALASSIE: No, ma'am.

11 CHAIRWOMAN OLSON: Legislative update.
12 Courtney?

13 MS. AVERY: Okay, with the legislative update,
14 House Bill 5968 has been moved to the senate. It
15 passed out of the house chamber with 86 to 27 votes.

16 Right now, the chief sponsor is Senator
17 Cullerton, and it has been held in assignment, but
18 we've been assured that it will be moved out by the
19 time session reconvenes next week.

20 I've been advocating that the bill be
21 assigned to the Public Health Senate Committee and
22 not the Judicial. So, I'll keep you posted. We may
23 need some help on that bill when it gets to the
24 senate. Senate Bill --

1 CHAIRWOMAN OLSON: This is the one that is
2 basically housekeeping?

3 MS. AVERY: Right.

4 CHAIRWOMAN OLSON: That's the one that also
5 includes the language that yes and no votes need to
6 be explained.

7 MS. AVERY: Yes.

8 CHAIRWOMAN OLSON: I apologize, I first thought
9 I said it already passed both houses, and it's not.

10 MR. URSO: We always talked about it.

11 CHAIRWOMAN OLSON: I don't think we should stop
12 doing it, but it's basically a bill to kind of use
13 some help.

14 MS. AVERY: Correct.

15 MR. GALASSIE: Can I ask a question, and if
16 this is not the appropriate time, just correct me,
17 but I continue to grapple with the structure that we
18 have here.

19 When we have an applicant that comes in
20 front of us, and there's been no opposition, and
21 there is no opposition, and their staff is
22 recommending approval, I fail to understand why the
23 Board has to have that in front of it.

24 The Chair should be empowered to approve

1 it, in my opinion. The chair should be empowered.
2 Frankly, in my opinion, the staff should be
3 empowered to approve it. But that perhaps not be
4 being the tradition here, I certainly think the
5 Chair should have authority to approve, if there is
6 no opposition, the staff agrees they meet all
7 criteria.

8 CHAIRWOMAN OLSON: One of the issues with
9 public participation, we don't know if there's going
10 to be someone in the audience that opposes it, and
11 they can come in here in front and say the Open
12 Meetings Act allows it.

13 The second thing that we can do is
14 probably look at some kind of statutory change. Is
15 there a recommendation, the Board's recommendation
16 to do so?

17 MR. GALASSIE: You know my opinion on public
18 participation.

19 MS. AVERY: Yes.

20 MR. GALASSIE: I think we are overly
21 conservative in regards to what we provide as public
22 participation, and I don't believe AG's Office --
23 let me say that in the positive.

24 I believe the AG's Office sees us as

1 empowered to develop public participation however we
2 choose to, and I believe at this point we continue
3 to leave that door too wide open.

4 MS. AVERY: What we can do is look at the
5 statute and make some recommendations for
6 legislative to change to include that. So, we will
7 do so.

8 MR. GALASSIE: To include?

9 MS. AVERY: The empowering of the Chair. She
10 would need statutory authority in order to do so.
11 We can't just decide that we'll do it, and we have
12 to go through public hearings, public comments.

13 MR. GALASSIE: Which is why I brought it up at
14 this point.

15 MS. AVERY: We will.

16 MR. GALASSIE: As one member, I would strongly
17 encourage that.

18 MS. AVERY: We'll look at it before the next
19 legislative session.

20 Okay, and Senate Bill 2628, which is not
21 an initiative of the Board, but it demands our act.
22 That bill passed out of the senate with 57 votes,
23 and it's now going to the house, and it has not been
24 assigned to a committee. It's still in rules.

1 I think it will probably move out and be
2 in public health next week or so public health.

3 JUSTICE GREIMAN: What does it do?

4 MS. AVERY: I'm sorry, that is the bill that
5 amends the language to our act that would include
6 that the health facility administer an affirmative
7 action program for minority-owned, women-owned,
8 veteran-owned and small-business enterprises and the
9 percent of the annual capital expenditure that was
10 actually spent on those aforementioned entities, and
11 that's sponsored by Sandoval.

12 CHAIRWOMAN OLSON: Any other questions?

13 MR. PENN: I'm going to add a comment on Dale's
14 remarks.

15 CHAIRWOMAN OLSON: Okay.

16 MR. PENN: I agree 100 percent. I'm saying I
17 agree with Board Member Dale.

18 CHAIRWOMAN OLSON: Galassie.

19 MR. PENN: Thank you. I've been gone too long.
20 About approving applications where it meets the
21 state's standards, and there's no negative public
22 commenting on it, I think the Chairperson should
23 have that power to push the application through
24 without coming before the Board.

1 CHAIRWOMAN OLSON: Garages does that require
2 legislative?

3 MR. URSO: I can tell the Board Members and the
4 Chair at this point in time, that type of authority
5 has not been granted on permits to the Board Chair
6 through the statute.

7 The type of things that the Board Chair
8 can work independently from the Board is on
9 exemptions, extensions of obligation, permit
10 renewals and alterations to the permit.

11 The Board Chair has authority by the
12 statute to do those types of things. So, it
13 probably requires statutory revision to allow the
14 chairperson to approve unopposed permit applications
15 that have no findings.

16 JUSTICE GREIMAN: I just want to know we know
17 that it's not 100 percent of the Board, I disagree.
18 I think that we don't have that much work here, and
19 it gives me at least a sense, overall sense of
20 what's going on in the delivery of medical services.

21 So, I like the way the system works now,
22 and I disagree with my two colleagues.

23 CHAIRWOMAN OLSON: We're stuck with it until
24 there is legislative changes.

1 MR. URSO: I should add of the number of items
2 that the Chair has authority to review, the Chair
3 can always refer those to the full Board, even
4 though the Chair has authority.

5 So, that is why you see summary rules
6 coming before, some alterations. So at times you
7 will see that reverted back to the full Board.

8 CHAIRWOMAN OLSON: I guess I would be remiss if
9 I didn't thank Ann Guild for her assistance as well
10 with these legislative matters. Thank you, Ann.

11 Next on the docket, we have a
12 discontinuation of Evanston Hospital dialysis
13 facility. That was a five-station ESRD.

14 Comments, Mike, or do we need a motion to
15 approve that for continuation?

16 MR. CONSTANTINE: What we're doing is just
17 removing it from our inventory. It is a
18 hospital-based facility and not a free-standing
19 ESRD, but we need your approval to do it.

20 MR. GALASSIE: Motion to approve.

21 MR. SEWELL: Second.

22 MR. ROATE: Motion made by Mr. Galassie,
23 seconded by Mr. Sewell.

24 CHAIRWOMAN OLSON: Can we do a voice vote on

1 that one?

2 MR. CONSTANTINE: Is that okay?

3 CHAIRWOMAN OLSON: Go through the roll.

4 MR. ROATE: Okay. Mr. Bradley?

5 MR. BRADLEY: Yes.

6 MR. ROATE: Dr. Burden?

7 DR. BURDEN: Yes.

8 MR. ROATE: Justice Greiman?

9 JUSTICE GREMAN: Yes.

10 MR. ROATE: Mr. Galassie?

11 MR. GALASSIE: Yes.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: Yes.

14 MR. ROATE: Mr. Sewell?

15 MR. SEWELL: Yes.

16 MR. ROATE: Madam Chair?

17 CHAIRWOMAN OLSON: Yes. Motion passes.

18 MR. ROATE: Seven votes in the affirmative.

19 CHAIRWOMAN OLSON: Next I'm looking for a

20 motion to, after review of the closed meeting

21 transcripts, to keep those transcripts closed.

22 These are June 2013 through December 2013.

23 May I have a motion to keep these

24 transcripts closed?

1 MR. PENN: So moved.

2 CHAIRWOMAN OLSON: May I have a second?

3 MR. BRADLEY: Second.

4 CHAIRWOMAN OLSON: I think we will do a voice
5 vote on issues this. All those in favor, say aye.

6 (A chorus of ayes.)

7 CHAIRWOMAN OLSON: Opposed.

8 (No response.)

9 CHAIRWOMAN OLSON: The motion passes. I next
10 need a motion to approve a couple reduction of beds
11 at critical access hospital.

12 First is Ferrell Hospital, a one-bed
13 reduction to 25 beds. Second Sparta Hospital, a
14 one-bed reduction to 25 beds.

15 May I have a motion to approve those two
16 reductions?

17 MR. SEWELL: So moved.

18 JUSTICE GREIMAN: Second.

19 CHAIRWOMAN OLSON: Do a voice vote on this one.
20 All those in favor, say aye.

21 (A chorus of ayes.)

22 CHAIRWOMAN OLSON: Opposed?

23 (No response.)

24 CHAIRWOMAN OLSON: The motion passes.

1 MS. AVERY: Mike, with Sparta, are they to
2 discontinue pediatric surgery?

3 MR. CONSTANTINE: Yes. What we're trying to do
4 is get the critical access hospitals to the required
5 25 beds.

6 MS. AVERY: Okay.

7 CHAIRWOMAN OLSON: Next order of business is
8 the operations report.

9 MS. AVERY: I E-mailed it to -- sorry.

10 CHAIRWOMAN OLSON: Thank you, Mr. Bradley, for
11 working with the State Board Staff on this report.

12 MS. AVERY: Do you have a copy?

13 MR. CARVALHO: I have it.

14 CHAIRWOMAN OLSON: Okay. Mr. Bradley, would
15 you like to give us a quick report?

16 MR. BRADLEY: Well, I think this addresses
17 several items that perhaps were promised in the
18 past, some items that have reconsidered and haven't
19 been acted on yet, and some agenda for the future.

20 I believe this came from concerns of
21 Chairman Galassie and it's been continued by the
22 current Chairperson.

23 What we're suggesting here is a list of
24 the things with which we need to deal. We're not

1 suggesting a particular timetable, and we're not
2 asking for you to take a stand on any of these
3 issues at this point, but we think these are items
4 that need to be addressed.

5 And basically, the thrust of it is after
6 significant changes to the nature and legality of
7 this Board, the people who put it back together have
8 done the yeoman's work in reestablishing a working
9 procedure; but there are some things that still are
10 going to be rough patches that need to be sorted
11 out, the nature of whom reports to whom, the nature
12 of the relationship with the Department of Public
13 Health. Those things are thorny issues that I think
14 bear some discussion before this Board acts on them.

15 Some other things I think are much
16 simpler, the electronic input to the Board, the way
17 that the Board handles electronic.

18 So, I think we got a pretty good system,
19 but I believe it needs to be significantly updated
20 to keep track of what's going on in the electronic
21 world.

22 And my understanding is that we got
23 somewhere down the line and then kind of stopped;
24 and when I found out how much money it cost us to

1 stop, \$25,000, I was kind of shocked that it hadn't
2 just gone forward. So, I think some of these are
3 easy things to deal with.

4 The question of professional membership
5 comes up, and the question of Board Member renewal
6 and staff renewal, it seems to me, for instance,
7 that a Board with this kind of authority and
8 responsibility needs to keep up with what's going on
9 in the rest of the United States in this area.

10 Somebody says, "Well, other Boards are
11 doing it. Oh, really, that's very interesting." It
12 would be nice I think to have a meeting once a year
13 perhaps in an afternoon and evening where we and the
14 people who watch us to hear from some folks around
15 the country who can tell us what the cutting edge of
16 activity in this field is, what other states are
17 doing, what changes they are making, how they are
18 modernize and so on.

19 So, we are in a very rapidly changing
20 healthcare environment, and time and again it's
21 pointed out here our rules and our procedures aren't
22 keeping up with the dynamic changes out there.

23 It would be good to sit and consider it.
24 That is just one example with the kinds of renewal I

1 think we need to have on an ongoing basis.

2 You've got the question of some of the
3 staff's employment regarding union membership and
4 protecting those rights. You've got the question of
5 compensation for this Board, which is an issue that
6 has been out there for some time and hasn't been
7 dealt with.

8 This isn't the year for it, but it's
9 something that I think needs to be considered at
10 some point.

11 So, what we've given you here is a list of
12 the things that the staff and I believe should be
13 worked on and should be addressed, rather than just
14 looking at the routine approvals and so on that come
15 before us every month; and I would hope that you
16 would adopt this agenda with the Chair person and
17 the staff would then work out what to attack first
18 and what to do with it.

19 CHAIRWOMAN OLSON: Again, thank you, Mr.
20 Bradley. What I really want to look for at this
21 point is a motion to adopt this agenda and to allow
22 Mr. Bradley and his group to move forward.

23 We're not looking for an approval on
24 anything specific just to approve the agenda before

1 me.

2 DR. BURDEN: But I just want to make a comment
3 along the lines of what Mr. Bradley said. I
4 couldn't agree with him more in terms of the overall
5 approach, particularly for purposes of more cohesive
6 next education, improvement in our ability to
7 respond.

8 Obviously the changes as a retired
9 physician I have strong feelings about this, in
10 terms of what's occurring in the political medical
11 climate and what it may mean to us in terms of our
12 responses.

13 So, I agree, there is no question the idea
14 of moving forward to the degree we can and, indeed,
15 the amount of time that currently is involved, will
16 increase somewhat, but not beyond an expected
17 amount.

18 So, I think there is some real reasons for
19 what he's put together, and I congratulated that's
20 done in a manner that I think should appeal to all
21 of us.

22 CHAIRWOMAN OLSON: May I take that as a motion?
23 Doctor, could that be motion?

24 MR. GALASSIE: I would like to appreciate and

1 thank and acknowledge the efforts here. It is a
2 framework. Can I ask you guys one quick question?

3 CHAIRWOMAN OLSON: Sure.

4 MR. GALASSIE: David, in addition to part of
5 this legislation, part of it had to do with, I'm
6 going to call it the senate exactly.

7 Again we all understand the position of
8 the fiscal state of the state. Just any sense, do
9 you see any movement?

10 MR. CARVALHO: Sure. I can update you on that.
11 Can we get into one comment on your motion, so
12 relevant to your motion?

13 CHAIRWOMAN OLSON: I don't think we have a
14 motion.

15 MR. CARVALHO: Okay. I'm waiting for your
16 motion. Actually, I won't wait for your motion.

17 As a framework, let me back up. We
18 received this last night. Neither Bill nor I, nor
19 anybody in management at the Department, has had any
20 input into this.

21 I do believe we may have had some
22 discussions with Mike. He's at least listed on her,
23 but in terms of Illinois Department of Public Health
24 perspective on this, I only saw it last night.

1 I can only suggest one thing. Your first
2 bullet point I'm not sure what that means the way
3 it's worded. We do not have a personnel code.
4 There is a CMS personnel code, the Center --whatever
5 it stands for, Central Management Services.

6 MS. AVERY: Let me clarify real quickly. I
7 apologize profusely to Member Bradley because I did
8 not get it out to him, and everybody else got it at
9 the same time that you did; and I probably used the
10 wrong code when we were meeting on another issue,
11 which the Department neglected to help us on.

12 I had to do an ADA requirement. We went
13 to the Department of Central Management Services and
14 CMS recommended that the Board make a statement that
15 we follow the personnel guidelines.

16 I shouldn't have said code. That we
17 formally adopt that we're following the Personnel
18 Human Resource Guidelines of IDPH.

19 MR. GALASSIE: Can I comment on that?

20 MR. CARVALHO: Sure.

21 MS. AVERY: I shouldn't have used code.

22 MR. GALASSIE: And Member Penn might recall
23 this, because I think he was actually a scholar on
24 the subject.

1 Several years ago, probably four or so, it
2 doesn't have to remain the sacred, but at that time
3 when we were creating the current structure that we
4 have with our executive director and so on, there
5 was a fair amount of dialogue on the Board that we
6 did not want to create yet another level -- another
7 unit of government in Illinois.

8 At that point in time, the sense, as I
9 recall, the sense was that we wanted to have a very
10 close affiliation with IDPH, rather than create our
11 own staff.

12 So, I just think that is a dialogue that
13 would need to occur again. I'm not suggesting that
14 can't change, and it may well be time to change, but
15 I feel a responsibility just to voice that history
16 of the Board having felt strongly that we would
17 maintain a close relationship with IDPH; and we
18 would act consistently with IDPH, or whatever
19 Courtney mentioned personnel policies in terms of
20 salaries and increases and those kinds of issues.

21 Again, we can certainly change them, but I
22 think it would warrant a dialogue.

23 MR. BRADLEY: I don't think the proposal today
24 is to make any changes. It's just for various

1 sources, certain things have come up, and we feel
2 it's time to have a discussion on it, but not today.

3 I think you need to structure each of
4 these in a manner that fits the timing when they
5 come up. So, I think all of these are issues that
6 there could be a great deal of discussion on, but
7 we're not suggesting that today.

8 CHAIRWOMAN OLSON: So, I guess what we would
9 like to do is to change that first bullet point
10 instead of personnel code, we're going to have
11 personnel guidelines.

12 MS. AVERY: And I'll check with HR to find out
13 what the appropriate is and bring it back for you
14 all to review it.

15 CHAIRWOMAN OLSON: Okay. So, again, I'm just
16 looking for a motion to allow this working group to
17 move forward with the agenda presented, not that
18 we're making any decision on making any changes.

19 MR. GALASSIE: I would make a motion we adopt
20 this proposal as a framework for future dialogue
21 amongst the Board and with IDPH.

22 CHAIRWOMAN OLSON: Very well said. May I have
23 a second to that motion?

24 MR. SEWELL: Can I say something before the

1 second?

2 CHAIRWOMAN OLSON: Yes.

3 MR. SEWELL: The brief mention of Member
4 Galassie about the center for comprehensive health
5 planning, this may be a good group to sort of look
6 at that and familiarize the whole Board what the
7 implications of that are, because it may be that if
8 we work in support of activating or implementing
9 that, we could communicate with Dr. Hasbrouck and
10 try to make plans to move forward with that.

11 MR. CARVALHO: Normally my problem is not
12 seeing too little, but apparently I didn't continue
13 to tell you the status of the center.

14 And I veered a little into wanting to
15 correct this personnel code because I just wanted
16 you to word it right.

17 I also would like what, as Mr. Bradley
18 said, I'm not trying to express an opinion on the
19 subject, that was technically the wrong term, so
20 that is why I wanted to correct it before you
21 adopted it.

22 Clearly the Department will have opinions
23 on all of these and I will, too, but not for today.
24 On the center, actually, we filed an annual report

1 with you.

2 There was one pretty extensive or longer
3 than usual this spring, but let me give you update
4 on that.

5 To create the center, we first have to go
6 through the personnel code to create the director of
7 the center, the planner, the comprehensive health
8 planner. That job description has been drafted.

9 It has been provided to the Governor's
10 Office, because the appointment is by the governor,
11 not by the director. That job has to be established
12 by the Governor's Office.

13 So, we have shared with them the necessary
14 paperwork, and I do not have an up-to-date report on
15 it. I hope they have a better -- CMS is more
16 responsive to them than it is to an agency, one
17 would hope. So, that shouldn't be a big hangup
18 getting the job established.

19 I do believe the Governor's Office is
20 actively looking for persons to fill that position.
21 The Department has taken the liberty of creatin an
22 organizational chart, which was in the communication
23 to the Board earlier this year, so that the planner
24 has something to work with; but certainly our

1 thought was that the planner ought to have the
2 flexibility to decide, you know, if the tentative
3 organization chart that the Department put together
4 was exactly what he or she wanted.

5 The funds to fund it are in the budget
6 this year, and they are in the proposed budget for
7 next year. So, funding for the next year at least
8 should not be an issue.

9 So, we're looking forward to the governor
10 making an appointment. As long as I'm speaking into
11 a microphone, if there is anybody who wants to bring
12 their interest if this position to my attention,
13 I've been asked by the Governor's Office to collect
14 resumes and provide some input on that.

15 So, feel free to do that on a confidential
16 basis. That's where things stand on that.

17 CHAIRWOMAN OLSON: I do think it would be a
18 good idea to add that to the list of framework here,
19 because I do think there is some pretty big
20 financial concerns with that.

21 It is the expectation that this Board will
22 continue to fund that center. Projections aren't
23 good for us how long we can do that. So, I think it
24 is something to add to the list.

1 MS. AVERY: To keep abreast of it.

2 CHAIRWOMAN OLSON: Right, to make sure the
3 Board is educated on where it stands.

4 So, can we include that in your motion?

5 MR. GALASSIE: Sure.

6 CHAIRWOMAN OLSON: We have an amended motion on
7 the floor. We've added to educate the Board on the
8 Center for Comprehensive Health Planning to this
9 framework. I have a motion. I need a second.

10 MR. PENN: What's the motion?

11 CHAIRWOMAN OLSON: To accept this framework and
12 allow the group to continue to work on these items.

13 No decision made at this point to be pro
14 or con on any particular item, but they would
15 continue to investigate and bring them back to the
16 Board for discussions.

17 MR. GALASSIE: Board dialogue and IDPH.

18 CHAIRWOMAN OLSON: Yes.

19 MR. WEISS: I'll second.

20 CHAIRWOMAN OLSON: We'll approve this by voice
21 vote, if that is okay. All those in favor, say pro?

22 (A chorus of ayes.)

23 CHAIRWOMAN OLSON: Anybody opposed?

24 (No response.)

1 CHAIRWOMAN OLSON: Okay, the motion passes, and
2 Mr. Bradley will continue to keep the Board apprized
3 of his actions with regard to this.

4 MR. BRADLEY: Madam Chair?

5 CHAIRWOMAN OLSON: Yes.

6 MR. BRADLEY: I have one personal issue I would
7 like to raise also.

8 CHAIRWOMAN OLSON: Sure.

9 MR. BRADLEY: Looking at our operations from
10 the standpoint of the people who sit up there, if
11 they want to make a presentation before us, as I
12 understand it, they have to show up at 8:30 in the
13 morning to sign up.

14 Then they come in here at 9:00 o'clock and
15 we go into executive session, and they can back out
16 and sit for however long.

17 It seems to me it would be less bothersome
18 to our public if we're going to go into executive
19 session at 9:00 o'clock, they be told they have to
20 be here, say, at 9:00 o'clock to sign up; and
21 somebody can sign them up out there while we're in
22 executive session.

23 I just think it starts the day off with
24 kind of a sour note for these folks.

1 CHAIRWOMAN OLSON: Can we move executive
2 session to the end of the day or to the end of the
3 agenda?

4 MS. AVERY: I think we should keep it at the
5 beginning of the meeting, because of the referrals
6 and everything. It kind of flows a little better.

7 But what we can do, some of them have to
8 sign in when they get here, because they can't scan
9 or fax the sheet, so they E-mailed it.

10 They fill it out and E-mailed. Then we
11 need the signature and we have on the form to be
12 secured upon arrival, or something to that nature;
13 but we can move the sign in where Cathy is there at
14 9:00 o'clock instead of 8:30.

15 MR. BRADLEY: I think that can be going on
16 while we're in executive session.

17 CHAIRWOMAN OLSON: Okay. So, what happens if
18 we don't have an executive session?

19 MS. AVERY: We will have one. Cathy can be out
20 signing in.

21 CHAIRWOMAN OLSON: We'll always have executive
22 session?

23 MS. AVERY: Oh, yeah. Cathy can just start
24 signing in at 9:00 o'clock.

1 CHAIRWOMAN OLSON: Okay. Then you will make
2 that change?

3 MS. AVERY: Yes.

4 CHAIRWOMAN OLSON: The next meeting is
5 June 3rd, 2014, and that is in Springfield at the
6 Northfield in.

7 Just an item for information, the
8 October 7th meeting will be in Bollingbrook, and the
9 November 12th meeting will be in Rochelle. So,
10 those are flipped around.

11 MR. GALASSIE: Madam Chair, what time do you
12 think you will start the meeting in Springfield,
13 would it be 9:00?

14 CHAIRWOMAN OLSON: Would you like it to be --
15 won't everybody be traveling the night before or no?

16 MR. GALASSIE: I was just asking. You're
17 thinking 9:00 o'clock?

18 CHAIRWOMAN OLSON: Yes.

19 MR. BRADLEY: If folks are planning to come to
20 Springfield and stay the night before the meeting,
21 and would like to get together for dinner, I would
22 be happy to host at the Sangamo Club, if you all
23 want to arrange something.

24 CHAIRWOMAN OLSON: Now you're going to come the

1 night before, Dale. Okay?

2 I would entertain a motion to adjourn.
3 Please stay for lunch. We've paid for lunch. It's
4 ready now. You can eat quickly and go. May I have
5 a motion to adjourn?

6 MR. GALASSIE: So moved.

7 MR. SEWELL: Second.

8 CHAIRWOMAN OLSON: All in favor?

9 (A chorus of ayes.)

10 CHAIRWOMAN OLSON: Meeting is adjourned.

11 (WHICH WERE ALL THE PROCEEDINGS HAD.)

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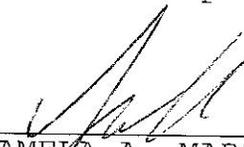
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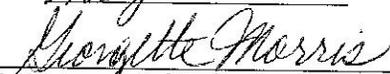
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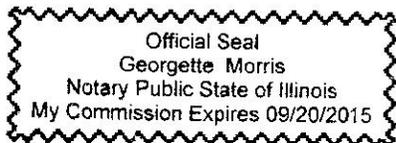
1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)

4 PAMELA A. MARZULLO, C.S.R., being first duly sworn,
5 says that she is a court reporter doing business in the city
6 of Chicago; that she reported in shorthand the proceedings
7 had at the Proceedings of said cause; that the foregoing is
8 a true and correct transcript of her shorthand notes, so
9 taken as aforesaid, and contains all the proceedings of said
10 meeting.

11 
12 PAMELA A. MARZULLO
13 License No. 084-001624

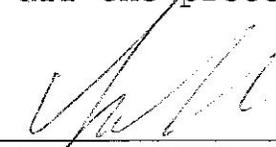
14 SUBSCRIBED AND SWORN TO
15 before me this 13th day
16 of May 2014.

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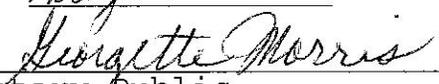


1 STATE OF ILLINOIS)
) SS:
2 COUNTY OF C O O K)
3

4 PAMELA A. MARZULLO, C.S.R., being first duly sworn,
5 says that she is a court reporter doing business in the city
6 of Chicago; that she reported in shorthand the proceedings
7 had at the Proceedings of said cause; that the foregoing is
8 a true and correct transcript of her shorthand notes, so
9 taken as aforesaid, and contains all the proceedings of said
10 hearing.



11 PAMELA A. MARZULLO
12 License No. 084-001624
13

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15 before me this 13th day
16 of May 2014.

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