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Transcript of Open Session - Meeting

Date: April 30, 2019
Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES AND SERVICES REVIEW BOARD

OPEN SESSION - MEETING

Bolingbrook, Illinois 60490

Tuesday, April 30, 2019

9:18 a.m.

BOARD MEMBERS PRESENT:

MARIANNE ETERNO MURPHY, Acting Chairman

SENATOR DEANNA DEMUZIO

MICHAEL GELDER

JULIE HAMOS

BARBARA HEMME

JOHN MC GLASSON, SR.

RON MC NEIL

Job No. 223747

Pages: 1 - 511

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CRC, FAPR

1 EX OFFICIO MEMBERS PRESENT:
2 ARVIND K. GOYAL, IHFS
3
4 ALSO PRESENT:
5 COURTNEY AVERY, Administrator
6 JEANNIE MITCHELL, General Counsel
7 MICHAEL CONSTANTINO, IDPH Staff
8 ANN GUILD, Compliance Manager
9 GEORGE ROATE, IDPH Staff
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1 P R O C E E D I N G S
2 CHAIRMAN MURPHY: Good morning.
3 Can we take our seats, please.
4 Good morning. I'd like to call the
5 meeting to order.
6 Before we do a roll call, I would like to
7 welcome our two newest Board members, Michael
8 Gelder and Julie Hamos.
9 Welcome. Thank you.
10 (Applause.)
11 CHAIRMAN MURPHY: George, can we have a
12 roll call, please?
13 MR. ROATE: Thank you, Madam Chair.
14 UNIDENTIFIED AUDIENCE MEMBER: You need a
15 louder mic.
16 MR. ROATE: Senator Demuzio.
17 MEMBER DEMUZIO: Present.
18 MR. ROATE: Michael Gelder.
19 MEMBER GELDER: Present.
20 MR. ROATE: Julie Hamos.
21 MEMBER HAMOS: Present.
22 MR. ROATE: Barbara Hemme.
23 MEMBER HEMME: Present.
24 MR. ROATE: John McGlasson.

1 MEMBER MC GLASSON: Yes, sir.
2 MR. ROATE: Dr. McNeil.
3 MEMBER MC NEIL: Present.
4 MR. ROATE: Marianne Murphy.
5 CHAIRMAN MURPHY: Here.
6 MR. ROATE: Thank you.
7 Chairman Sewell is absent. Seven in
8 attendance.
9 CHAIRMAN MURPHY: Thank you.
10 Okay. May I have a motion to go into
11 closed session pursuant to Sections 2(c)(1),
12 2(c)(5), 2(c)(11), and 2(c)(21) of the Open
13 Meetings Act.
14 MEMBER DEMUZIO: Motion.
15 MEMBER MC NEIL: Second.
16 CHAIRMAN MURPHY: Motion and second.
17 We are adjourned. Can you please clear
18 the room -- I'm sorry. Not adjourned.
19 We're going into executive session, if you
20 could clear the room for --
21 MS. MITCHELL: 20 minutes.
22 CHAIRMAN MURPHY: -- for about 20 to
23 30 minutes.
24 ///

1 (At 9:19 a.m. the Board adjourned into
2 executive session. Open session proceedings
3 resumed at 9:50 a.m. as follows:)
4 CHAIRMAN MURPHY: Thank you.
5 All right. We're going to proceed to
6 Agenda Item No. 4.
7 MS. MITCHELL: May I have a motion to
8 approve the consent agreement for University of
9 Illinois Medical Center at Chicago, HFSRB 17-03.
10 MEMBER MC NEIL: So moved.
11 MEMBER DEMUZIO: Second.
12 MS. AVERY: Sorry, George.
13 (An off-the-record discussion was held.)
14 MR. ROATE: Thank you, Madam Chair.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Present.
17 MR. ROATE: Mr. Gelder.
18 MEMBER GELDER: I'm recused on this matter.
19 MR. ROATE: Thank you.
20 Mr. Hamos -- Ms. Hamos.
21 MEMBER HAMOS: Present.
22 MR. ROATE: Ms. Hemme.
23 MEMBER HEMME: Present.
24 MR. ROATE: Mr. McGlasson.

1 MEMBER MC GLASSON: Present.
2 MR. ROATE: Dr. McNeil.
3 MEMBER MC NEIL: Present.
4 MR. ROATE: Madam Chair.
5 CHAIRMAN MURPHY: Present.
6 MS. MITCHELL: We're taking a vote. So is
7 everybody --
8 MS. AVERY: Yes, yes. Yes, yes.
9 CHAIRMAN MURPHY: Can you do it again?
10 MS. MITCHELL: Can you do it again?
11 CHAIRMAN MURPHY: We're voting on a
12 motion. This isn't roll call.
13 MEMBER DEMUZIO: I thought she said "roll
14 call."
15 MS. AVERY: I did.
16 MR. ROATE: One more time.
17 MEMBER DEMUZIO: My apologies.
18 MR. ROATE: Senator Demuzio.
19 MEMBER DEMUZIO: Yes.
20 MR. ROATE: Mr. Gelder.
21 MEMBER GELDER: Still recuse.
22 MR. ROATE: Thank you.
23 Ms. Hamos.
24 MEMBER HAMOS: Yes.

1 MR. ROATE: Thank you.
2 Ms. Hemme.
3 MEMBER HEMME: Yes.
4 MR. ROATE: Mr. McGlasson.
5 MEMBER MC GLASSON: Yes.
6 MR. ROATE: Thank you.
7 Dr. McNeil.
8 MEMBER MC NEIL: Affirmative.
9 MR. ROATE: Thank you.
10 Madam Chair.
11 CHAIRMAN MURPHY: Yes.
12 MR. ROATE: That's 7 votes in the
13 affirmative.
14 MS. AVERY: Thank you.
15 MS. MITCHELL: And then on that matter
16 again, can I have a motion to approve that the
17 administrator be the signatory on the amended
18 consent agreement in the absence of a Board Chair?
19 CHAIRMAN MURPHY: So moved.
20 MEMBER DEMUZIO: Second.
21 MR. ROATE: Senator Demuzio.
22 MEMBER DEMUZIO: Yes.
23 MR. ROATE: Mr. Gelder.
24 MS. AVERY: Recuses.

1 MEMBER GELDER: Recuse.
2 MR. ROATE: Ms. Hamos.
3 MEMBER HAMOS: Yes.
4 MR. ROATE: Ms. Hemme.
5 MEMBER HEMME: Yes.
6 MR. ROATE: Mr. McGlasson.
7 MEMBER MC GLASSON: Yes.
8 MR. ROATE: Dr. McNeil.
9 MEMBER MC NEIL: Yes.
10 MR. ROATE: Madam Chair.
11 CHAIRMAN MURPHY: Yes.
12 MR. ROATE: 7 votes in the affirmative.
13 MS. MITCHELL: Next up, can I have a
14 motion to refer to legal Provident Hospital?
15 MEMBER MC NEIL: So moved.
16 CHAIRMAN MURPHY: Second?
17 MEMBER DEMUZIO: Second.
18 MR. ROATE: Senator Demuzio.
19 MEMBER DEMUZIO: Yes.
20 MR. ROATE: Mr. Gelder.
21 MEMBER GELDER: I'm sorry. This is on
22 what motion?
23 MS. MITCHELL: Provident Hospital.
24 MR. ROATE: To refer Provident Hospital.

1 MEMBER GELDER: Yes.
2 MR. ROATE: Thank you.
3 Ms. Hamos.
4 MEMBER HAMOS: Yes.
5 MR. ROATE: Ms. Hemme.
6 MEMBER HEMME: Yes.
7 MR. ROATE: Mr. McGlasson.
8 MEMBER MC GLASSON: Yes.
9 MR. ROATE: Dr. McNeil.
10 MEMBER MC NEIL: Yes.
11 MR. ROATE: Madam Chair.
12 CHAIRMAN MURPHY: Yes.
13 MR. ROATE: 7 votes in the affirmative.
14 MS. MITCHELL: That's all I have.
15 CHAIRMAN MURPHY: Thank you.
16 May I have a motion to approve the
17 April 30th, 2019, meeting agenda.
18 MEMBER DEMUZIO: Motion.
19 MEMBER HEMME: Second.
20 CHAIRMAN MURPHY: All in favor?
21 (Ayes heard.)
22 CHAIRMAN MURPHY: Any opposed?
23 (No response.)
24 CHAIRMAN MURPHY: Thank you.

1 May I have a motion to approve the
2 March 5th, 2019, meeting transcript.
3 MEMBER MC NEIL: So moved.
4 CHAIRMAN MURPHY: Second?
5 MEMBER DEMUZIO: Second.
6 CHAIRMAN MURPHY: Thank you.
7 All in favor?
8 (Ayes heard.)
9 CHAIRMAN MURPHY: Thank you.
10 Any opposed?
11 (No response.)
12 CHAIRMAN MURPHY: Okay. Motion carries.
13 (An off-the-record discussion was held.)
14 CHAIRMAN MURPHY: Okay. I would like to
15 ask the Board to amend today's agenda.
16 I would like a motion to move the
17 Westlake-only public participation to in front of
18 the Westlake litigation discussion, so taking that
19 part of the public participation before Agenda
20 Item No. 7.
21 Can I have a motion for that, please?
22 MEMBER HEMME: So moved.
23 CHAIRMAN MURPHY: Second?
24 MEMBER DEMUZIO: Second.

1 CHAIRMAN MURPHY: Is there any discussion
2 on that motion?
3 (No response.)
4 CHAIRMAN MURPHY: George, can I have a
5 roll call?
6 MR. ROATE: Thank you, Madam Chair.
7 Senator Demuzio.
8 MEMBER DEMUZIO: Yes.
9 MR. ROATE: Mr. Gelder.
10 MEMBER GELDER: Yes.
11 MR. ROATE: Ms. Hamos.
12 MEMBER HAMOS: Yes.
13 MR. ROATE: Ms. Hemme.
14 MEMBER HEMME: Yes.
15 MR. ROATE: Mr. McGlasson.
16 MEMBER MC GLASSON: Yes.
17 MR. ROATE: Dr. McNeil.
18 MEMBER MC NEIL: Yes.
19 MR. ROATE: Madam Chair.
20 CHAIRMAN MURPHY: Yes.
21 MR. ROATE: Okay. 7 votes in the
22 affirmative.
23 MS. MITCHELL: Okay.
24 - - -

1 MS. MITCHELL: We're going to get ready to
2 start public participation.
3 Speakers will be called up in groups.
4 Please quickly make your way to the table when
5 your name is called. The people in your group can
6 speak in any order. You do not have to speak in
7 the order in which your name is called.
8 You will be limited to two minutes for
9 your statement. Given the number of speakers
10 today, we will strictly adhere to the two-minute
11 limit. If you are still speaking at two minutes,
12 at the two-minute mark you will be instructed to
13 conclude your comments.
14 At the beginning of your remarks, please
15 state and spell your name for the court reporter.
16 If you have written remarks, please leave them --
17 leave them at the end of the table, and this is
18 the table which you will come up and speak at.
19 First up, Dr. Glenn A. Kushner, Igor
20 Sokolowski -- I apologize if I'm butchering
21 names -- Representative Chris Welch, and Ari
22 Scharg.
23 Please come up to the table.
24 You may begin. Please don't forget to

1 state and spell your name.
2 DR. KUSHNER: Yes. I am Dr. Glenn
3 Kushner, K-u-s-h-n-e-r, president of the medical
4 staff of Westlake Hospital.
5 In the world -- in the words of Elton
6 John, "We're still standing, yeah, yeah, yeah.
7 Once we never could hope to win, the threats you
8 made were meant to cut us down. You know we're
9 still standing better than ever, looking like a
10 true survivor. We're still standing after all
11 this time, picking up the pieces of our hospital
12 without you on our mind. We're still standing,
13 yeah, yeah, yeah."
14 There's one reason: At Westlake Hospital
15 we love our patients and are committed to this
16 community, to all people, regardless of their
17 protected or unprotected status or their ability
18 to pay.
19 Westlake Hospital is the only hospital in
20 the area to offer OB and psych. Our psych unit is
21 necessary to a broad community. Chronic psych
22 patients run out of lifetime Medicare days and,
23 therefore, cannot go to a freestanding psych
24 hospital such as Riveredge. These patients, who

1 are real people, need our help. We offer
2 electroshock therapy, commonly called ECT, which
3 no area hospital offers. We offer treatment for
4 opioid addiction, needed more now than ever.
5 We don't stand alone. There are others
6 that have expressed an interest in not only
7 keeping us open but taking us into their family.
8 I have personally spoken to more than one CEO who
9 have expressed interest and wish to know when the
10 financials will be available to a potential owner.
11 This hospital began as a community
12 hospital and needs to stay in the community. It's
13 a lighthouse and beacon of hope for all in our
14 community and the surrounding communities. Please
15 don't shut out the light that shines from above.
16 Thank you.
17 (Applause.)
18 DR. SOKOLOWSKI: Good morning, everybody.
19 My name is Dr. Mark Sokolowski,
20 S-o-k-o-l-o-w-s-k-i. I'm an orthopedic and spine
21 surgeon at Westlake Hospital and I have been for
22 12 years.
23 Pipeline would have you believe that
24 Westlake's services are limited in scope and

1 redundant. In fact, we routinely perform complex
2 spine surgeries at Westlake. I'm on staff at five
3 hospitals in Chicago, but I choose to do many of
4 my complex cases at Westlake because the surgical
5 team is excellent and so are our outcomes.
6 Westlake provides services not readily
7 available elsewhere in the community, including at
8 West Suburban Hospital. The same anterior lumbar
9 spine fusion Tiger Woods had before his win is
10 available even to the nonfamous residents of
11 Melrose Park and routinely performed by me and my
12 colleague Dr. Ivankovich at Westlake. Our
13 surgical team is fully intact. In fact, we have a
14 complex spine surgery scheduled at Westlake
15 tomorrow morning.
16 I'm also past president of the medical
17 staff and current chairman of the peer-review
18 committee at Westlake. I assure you safety is our
19 primary concern. Safety has never been
20 compromised at Westlake, is not now compromised,
21 and will not be under my watch. Because no
22 physician leadership from Pipeline has ever
23 attended any of our peer-review meetings, I am not
24 surprised by their inaccurate assessment of safety

1 at our community institution.
2 Westlake is a critical resource for
3 Melrose Park. Closure will have a significant and
4 negative impact upon the health and well-being of
5 Melrose Park's residents. I implore you to vote
6 to defer Pipeline's discontinuation application
7 until arrangements can be made to preserve these
8 vital services in this community.
9 Thank you very much.
10 (Applause.)
11 MR. SCHARG: Good morning.
12 My name is Ari Scharg, S-c-h-a-r-g. I'm
13 special counsel for the Village of Melrose Park.
14 As the Board is aware, we have filed
15 litigation against Pipeline and all the entities
16 that are a part of the application to the Board to
17 close the hospital.
18 That litigation claims that Pipeline and
19 the Applicants have engaged in a fraudulent scheme
20 and conspiracy to obtain the hospital under false
21 pretenses and to close it down, in violation of
22 statements they made to this Board and to the
23 community and to the State and to the Village of
24 Melrose Park.

1 The discontinuance application is the
2 product of fraud. Full stop.
3 What I want to talk about is not just,
4 though, the fact that under the Board's rules the
5 consideration of the application must be deferred
6 until a later date -- because it absolutely
7 requires that. And what's very relevant with
8 respect to the Board's rules is that there are
9 actually two separate rules for dealing with
10 exemptions and permits.
11 When dealing with an exemption that is the
12 subject of litigation, it's -- the rules,
13 Section 1130.560(b)(2), requires -- it says that
14 the HFSRB will defer consideration.
15 With a permit, on the other hand,
16 1130.655(c) -- excuse me -- 1130.655(b)(5) states
17 that the HFSRB may defer a consideration. That is
18 a significant difference in terminology.
19 With a permit, discretion is given to the
20 Board; with an exemption, discretion's taken away.
21 MR. ROATE: Two minutes.
22 MR. SCHARG: I want to add one more thing.
23 There's been new evidence that has come
24 out recently. There was an in-court hearing --

1 MS. MITCHELL: Two minutes.
2 CHAIRMAN MURPHY: Please conclude your
3 remarks.
4 MR. SCHARG: May I have 10 seconds?
5 There was an in-court hearing two weeks
6 ago where the CEO of Pipeline admitted under oath
7 in court that he made the decision to close down
8 the hospital before he purchased it, which means
9 that there was an alteration made to the exemption
10 that was issued --
11 CHAIRMAN MURPHY: Sir, can you please
12 conclude your remarks?
13 MR. SCHARG: -- and the permit is -- the
14 exemption is, therefore, void.
15 Thank you.
16 (Applause.)
17 REPRESENTATIVE WELCH: Good morning.
18 My name is Emanuel "Chris" Welch, and I am
19 State Representative of the Seventh District.
20 I have also served as chair of the Westlake
21 Hospital board since October of 2009.
22 I want to first begin by thanking all of
23 you for your service to this Board and to our
24 state.

1 Next, I want to ask you a question: How
2 do you want to be seen as a Board? How do you
3 want to be seen? Because all eyes are on you.
4 How you handle the Pipeline application is
5 important because those eyes are on you. What
6 message does this Board want to send to all those
7 that are watching and paying attention? Is it
8 okay to lie and deceive this Board? Is it okay to
9 lie and deceive communities in this state?
10 Pipeline Health swore under oath, under
11 penalties of perjury, to keep Westlake Hospital
12 open for at least two years when they filed an
13 application for change of ownership before this
14 Board in September of 2018.
15 Pipeline Health swore under oath not to
16 make any changes to the charity care policy for at
17 least two years when they spoke to this Board in
18 that application in September of 2018. They did
19 this in September of 2018 fully aware of the
20 hospital assessment that they're now publicly
21 critical of, knowing that it had been voted on
22 six months prior to them ever signing any
23 documentation before you.
24 Now we know that, after swearing under

1 oath before you in September of 2018, that in
2 December of 2018 Pipeline's CEO, Jim Edwards, said
3 that they privately decided to close Westlake
4 Hospital but, yet, they continued the lying and
5 deceiving of the community. They went in the
6 press. They called elected officials like myself
7 and the Mayor of Melrose Park and other elected
8 officials and continued to lie and deceive the
9 community all the way through their purchase of
10 the hospital in January of 2019.
11 This Board should not want to be
12 remembered for rewarding lying and cheating.
13 MR. ROATE: Two minutes.
14 REPRESENTATIVE WELCH: We are here to ask
15 you to officially request that the Attorney
16 General get involved on your behalf and
17 investigate Pipeline Health for fraud and
18 misrepresentation.
19 We also ask you to defer any decision on
20 their application until all litigation is complete
21 and the Attorney General has investigated their
22 fraud and misrepresentation.
23 I thank you kindly for your time.
24 (Applause.)

1 MS. MITCHELL: Next up, Daniel Ivankovich,
2 Raimundo Aguilar, Charles Allen, Kelly Anthony,
3 and Virginia Arrajo.
4 Please come up when your name is called.
5 That is Virginia Arrajo, Kelly Anthony,
6 Charles Allen, Raimundo Aguilar, and Dr. Daniel
7 Ivankovich.
8 MS. AVERY: You can start, sir.
9 MS. MITCHELL: You can start.
10 DR. IVANKOVICH: Greetings. Daniel
11 Ivankovich, I-v-a-n-k-o-v-i-c-h.
12 I want to thank you all for allowing me to
13 speak. I am an orthopedic trauma and spine
14 surgeon.
15 I've been practicing and licensed in
16 Illinois since 1995. I've seen over
17 120,000 patient visits, performed 14,000
18 procedures, and we have created programs for the
19 medically underserved of Chicago. We have
20 orthopedic and musculoskeletal programs that exist
21 in underserved communities and serve many of the
22 safety net hospitals in Chicago. For this me and
23 my colleagues have been awarded Chicagoan of
24 the Year, Illinois Citizen of the Year, CNN Hero,

1 and Red Cross Hero.
2 Dr. Mark Sokolowski is my colleague. We
3 perform complex spine surgeries together. In 2007
4 we picked Westlake Hospital as a facility that
5 could serve the full needs of complex joint
6 replacement, spine surgery for patients throughout
7 Chicago. I bring patients from all over the city
8 that are medically comorbid and need these
9 surgeries that are not routinely offered at
10 safety net hospitals.
11 And we have a tremendous staff, people
12 with 20 to 30 years of experience that are in our
13 surgical team that are not only empathetic and
14 compassionate but they're amazing.
15 I served as vice chair of the department
16 of surgery from 2015 to 2017. My job was to
17 review clinical data and outcomes, and I was very
18 shocked when the people of Pipeline said that the
19 hospital was unsafe. Dealing with a complex and
20 comorbid population, Westlake Hospital has
21 outstanding outcomes.
22 I think that we have never seen a Pipeline
23 medical director come. I've never been
24 questioned; no one has inquired. But I think that

1 it was abrupt, that it was incorrect to say the
2 hospital was unsafe. It's anything but.
3 This will affect not only patients in
4 Melrose Park --
5 MR. ROATE: Two minutes.
6 DR. IVANKOVICH: -- but orthopedic
7 patients throughout the city that require these
8 surgeries.
9 I urge you to defer decision on this and,
10 for the people of Melrose Park, keep Westlake
11 Hospital open.
12 Thank you.
13 (Applause.)
14 MS. ANTHONY: Good morning. My name is
15 Kelly Anthony.
16 I am a unit secretary at Westlake
17 Hospital. I've been there for a total of
18 19 years. I've had both of my children in
19 Westlake Hospital. It couldn't get any safer than
20 that.
21 To go to a place where you can work and
22 trust every physician, every anesthesiologist,
23 every secretary, every PCT, every RN, every
24 housekeeper, every security and know that they are

1 trusting in you as a patient to treat you like you
2 were one of their children -- they supported each
3 other. They support each other. It's the safest
4 place you would want to go. There's no way
5 I would work there and say that I would go and
6 have my children there.
7 I must love this place. I love Westlake.
8 It is the safest, the best staff members in the
9 world. I couldn't ask for anything more.
10 But for what Pipeline is doing,
11 underhanded and dirty, lied to us in our faces,
12 told us about what they were going to do, walked
13 up to the floor, introduced themselves and said,
14 "We're going to make you grow; we're going to show
15 you the best -- we're going to expand you," and
16 then turn around a month later and hand -- and
17 find out, in the news, that they're going to close
18 you, now, that's heartbreaking.
19 Thank you.
20 (Applause.)
21 INTERPRETER MARIN: I'm going to translate
22 for Raimundo.
23 MS. AVERY: Wait a minute. Why don't you
24 move to that mic so there's not a delay in passing

1 it back and forth. Is that okay?
2 INTERPRETER MARIN: Yeah.
3 MR. AGUILAR: (Speaking Spanish.)
4 INTERPRETER MARIN: My name is Raimundo --
5 Raimundo Aguilar, R-a-i-m-u-n-d-o A-g-u-i-l-a-r,
6 and I'm a Melrose Park community member, and I
7 have been there since 1985.
8 My children were both born there, and I am
9 surprised that this is happening to Westlake
10 Hospital.
11 MR. AGUILAR: (Speaking Spanish.)
12 INTERPRETER MARIN: I do not know if
13 Westlake Hospital will close or not, but it is a
14 very important hospital, especially for the
15 elderly in the community. And I please urge you
16 to not let Westlake Hospital close.
17 Thank you.
18 (Applause.)
19 MS. MITCHELL: When your name is called,
20 if you could quickly make your way to the table,
21 we do have a lot of speakers, so we need to keep
22 it moving.
23 Next up are Mari Collins, Tamara
24 Dey-Venturella, Dr. B. Eshaghy, Anna Marie

1 Falcone, and Liz Figueroa.
2 I really apologize for butchering names.
3 MS. AVERY: You can go ahead and start.
4 MS. COLLINS: Mari Collins.
5 MS. MITCHELL: Please use the microphone.
6 MS. COLLINS: Mari Collins, RN --
7 MS. MITCHELL: Closer.
8 MS. COLLINS: -- and resident of
9 Melrose Park.
10 Westlake Hospital is as much as what the
11 others have said for the orthopedic services for
12 the behavioral health services, for the services
13 we provide for high-risk infants; however, the
14 World Health Organization and Healthy People 2010
15 asked for access to care. They discussed access
16 to care and providing for the underinsured or
17 uninsured.
18 Westlake has been doing that for all
19 the years that I've been there. In addition to
20 all the medical programs that Westlake provides,
21 it's important in the community because they also
22 do a lot of community service. They give free
23 seminars about health topics to our community.
24 They provide backpacks with school supplies for

1 our children in the district. They do health
2 screenings on a routine basis. Our doctors speak
3 free of charge to the community about issues in
4 our -- health issues in our area.
5 They -- people who have come to our
6 hospital recognize all of us because we've been
7 there a long time, and our community needs the
8 hospital to continue to provide the services that
9 they provide.
10 Thank you.
11 (Applause.)
12 MS. FALCONE: Hello. My name is Anna
13 Marie Falcone. I am from Schiller Park. I am a
14 unit secretary at Westlake Hospital.
15 I started working when the west wing was
16 built in 1983. Myself, as many other employees,
17 are life-timers of the hospital. We're more like
18 family to each other. We trust our doctors that
19 care for us and our family. Two of my children
20 were born there, six of my grandchildren were born
21 there, and most of my family does attend Westlake
22 Hospital when they are in need of medical care.
23 They are like family. Doctors, nurses,
24 secretaries, everyone in the hospital everyone

1 knows. We trust our family's health to our
2 coworkers that we are there with.
3 We are in need, also, of the psych unit.
4 There's really no other psych unit in the area, it
5 has been said in the past by others. Babies,
6 we've delivered many. I worked yesterday; I heard
7 our little ringer going off. That's when a baby's
8 born. We have the need for both of those in the
9 area.
10 We are also a stroke center. And in the
11 past, while we've been told that there's no need
12 for us, other hospitals have gone on bypass and --
13 where would those patients go if we weren't there?
14 There would be no care for the patients.
15 You know, every second counts. From birth
16 to death, every second counts. And if Melrose
17 Park is -- the hospital in Melrose Park is taken
18 from -- if Westlake is taken from Melrose Park,
19 where will all these patients go?
20 Thank you.
21 (Applause.)
22 MS. FIGUEROA-SERRANO: Good morning.
23 First and foremost, I'd like to thank you
24 for the opportunity of addressing my insight and

1 knowledge to you, pleading that Westlake does not
2 close its doors.
3 My name is Liz Figueroa-Serrano, and I'm
4 the advocate and community partners coordinator at
5 Sarah's Inn domestic violence organization. I'm
6 also a resident in Proviso Township, and Westlake
7 is my hospital of choice.
8 For many years Westlake has provided
9 incredible medical attention to underserved
10 populations within the district and beyond.
11 Westlake has been and is the most favored hospital
12 in our community, providing access to trustworthy
13 medical services. Within walking distance for
14 many patients has been vital and continues to be
15 vital. Westlake has always remained patient
16 centered, and positive feedback from the
17 communities are always provided.
18 As a representative of Sarah's Inn, we
19 thank Westlake for their ongoing support
20 throughout 16 years, undoubtedly supporting the
21 mission and the work that we do, advocating for
22 victims and survivors of domestic violence and
23 their children. Despite the changes in
24 administration, Westlake has sustained its

1 services as a safe haven for facilitating ongoing
2 weekly support groups.
3 Closing the doors of Westlake will
4 unsympathetically affect the women and children
5 that we serve. The women have vocalized their
6 distrust with the news that the hospital may
7 potentially close. Many have shared their
8 children were born at Westlake and continue to
9 receive ongoing medical attention at Westlake.
10 The staff has always been supportive and
11 know the clients as they come in and out. This
12 has always been a safe haven that our clients have
13 come to. Providing culturally sensitive care is
14 indispensable to this group of people. Beyond our
15 clients, Sarah's Inn is eternally grateful to the
16 staff at Westlake.
17 Is there anything that you, as a Board,
18 can do to stop the shutdown, a shutdown that will
19 be detrimental not just to the community but to
20 many other communities --
21 MR. ROATE: Two minutes.
22 MS. FIGUEROA-SERRANO: -- a hospital that
23 has displayed care that is unmatched for people of
24 color?

1 Thank you.
2 (Applause.)
3 MS. MITCHELL: Next up, Dr. Jen Furm or
4 Furn, Anthony Garrison, Dr. Richard Goldberg,
5 Maria Gomez, and Irma Hernandez.
6 MS. HERNANDEZ: Good morning.
7 My name is Irma Hernandez. I am married
8 and have three children of 18, 15, and 6 years old.
9 Me and my family have been in the
10 Melrose Park area for 15 years until now. I have
11 been a volunteer in the area for 15 years. My
12 family and I have been attending the hospital,
13 Westlake, for 15 years, and I am here to ask do
14 not close the hospital, please, since my two
15 daughters were born here and the service was
16 excellent.
17 I find Westlake Hospital convenient due to
18 it being very close to my house and has me less
19 worried for when an emergency can occur. Here in
20 the hospital is also the doctor who reviewed
21 my two daughters when they were born 15 and
22 6 years ago.
23 Growing up in Mexico with no hospital is
24 very scary due to the fact that if someone got

1 very ill and needed medical attention as soon as
2 possible, the nearest hospital would be an hour
3 driving or more, which by that time a person would
4 have passed away, depending on the situation.
5 I feel that having this hospital is a true
6 blessing. We have to build, not destroy. I ask
7 you, before you think about money, think about the
8 lives you can keep saving. For Hispanics,
9 African-Americans, and all of us in this -- in
10 this hospital --
11 MR. ROATE: Two minutes.
12 MS. HERNANDEZ: -- shutting it down means
13 death or life.
14 CHAIRMAN MURPHY: Ma'am --
15 MS. HERNANDEZ: Thank you.
16 (Applause.)
17 MS. GOMEZ: (Speaking Spanish.)
18 (Applause.)
19 INTERPRETER MARIN: Good morning. My name
20 is Maria Gomez, M-a-r-i-a G-o-m-e-z.
21 I am a leader with the PASO organization
22 and I -- West Suburban Action Project -- and
23 I have lived in the community of Melrose Park for
24 more than 15 years.

1 I am here today as a PASO leader and as a
2 member of my community to express my disagreement
3 in closing Westlake Hospital. The hospital for me
4 is very important because my grandchildren have
5 been born there, emergency surgeries have been
6 done there, and my family and I have been there on
7 several occasions.
8 Those of us who go to this hospital are
9 mostly like me, people of color, Latin, and blacks
10 with few resources, and it is not fair that
11 companies like Pipeline want to close the
12 hospital.
13 I also have a daughter with special needs,
14 and the people of Westlake Hospital have always
15 helped me in all the processes I have to do for
16 her, including translation so I can understand the
17 doctors about my daughter's care.
18 The hospital is minutes from my house.
19 I sometimes walk to go to my consultations. And
20 if they close, it means that I as a person -- as a
21 senior citizen with a sick daughter -- would not
22 be able to have the resources to continue
23 receiving care in case of illness because I do not
24 have a car to get around.

1 I ask Pipeline and I ask you, the Board,
2 to not only think of me as a senior citizen but
3 also my neighbors who live near the area and do
4 not have the resources to move freely to meet our
5 needs.
6 Thank you.
7 (Applause.)
8 MS. MITCHELL: Next up, Gabino Huerta,
9 Dr. Hamid Humayun, Manuel Iglesias, Anne Igoe,
10 Yelena Ishua- -- Ishahun.
11 MR. HUERTA: Good morning. My name is
12 Gabino Huerta.
13 I live in Melrose Park. I'm against
14 discontinuation for many reasons.
15 (Speaking Spanish.)
16 INTERPRETER MARIN: So one of the reasons
17 I'm worried about closing Westlake Hospital is
18 because of -- all the community of Melrose Park
19 and the communities around will be affected.
20 We will be moved -- have to move our care
21 over to West Suburban Hospital and West Suburban
22 Hospital will become overcrowded and we will not
23 be able to receive the care we need.
24 Thank you.

1 (Applause.)
2 DR. IGLESIAS: Hi. I'm Dr. Manuel
3 Iglesias, I-g-l-e-s-i-a-s. I have been at
4 Westlake since 1978, 41 years.
5 I have been providing gastroenterology
6 services to the community. I'm proud to say that
7 I have three generations of patients actually
8 there, and they are really upset about this
9 particular situation. I get calls every day from
10 confused patients not knowing what to do, and this
11 is something that I think is pretty bad.
12 I urge you to advise not to close Westlake
13 Hospital. We need it. The community of
14 Melrose Park needs it for many, many years.
15 Thank you.
16 (Applause.)
17 MS. IGOE: Good morning. My name is
18 Anne Igoe, I-g, as in "George," -o-e.
19 I serve as the vice president for SEIU
20 Healthcare Illinois and Indiana. We represent
21 90,000 hospital health care -- and health care
22 workers, specifically thousands of union members
23 who live and work in the Melrose Park and Maywood
24 area.

1 We stand with workers and community
2 members to call a Code Blue on this action. We're
3 calling a Code Blue for the closure of Westlake
4 Hospital and the closure of any hospital that
5 serves a community of color anywhere in this
6 state.
7 We call on the Board to defer this
8 decision and allow for the State to take action to
9 keep Westlake Hospital open so as to provide
10 charity care and care to those served by the State
11 Medicaid program.
12 Pipeline claims that the hospital is
13 underutilized and they will be losing money under
14 the new hospital assessment program. We feel that
15 the 10,000 days of care provided to patients
16 covered under Medicaid is hardly underutilized.
17 What it sounds like is that Pipeline just can't
18 make a profit on Medicaid and charity care.
19 SEIU Healthcare is calling on the Board
20 and the State to step in and stand up for the
21 community that is served by the hospital. We
22 cannot make decisions on keeping a hospital open
23 based only on the opportunity to make a profit.
24 While on paper 47.68 percent of the

1 patients are on Medicaid, what doctors, nurses,
2 and other employees know is that this number is
3 much higher. When taking into consideration the
4 current denial rate for claims, the hospital is
5 serving a much higher Medicaid population.
6 Westlake Hospital is a safety net and
7 should receive recognition by the State and
8 receive the appropriate level of funding. In 2015
9 the Illinois Hospital Association pressed
10 legislators to pass Public Act 99-0154, which
11 amended the Illinois Health Facilities Planning
12 Act to make it easier for hospital operators to
13 close facilities and eliminate services.
14 As the lawyer from Melrose Park stated,
15 this Board has been limited in its ability to make
16 decisions concerning the care for the community.
17 We think that is wrong.
18 We're calling on the hospital Review Board
19 to defer this decision and allow the closure of
20 the hospital --
21 MR. ROATE: Two minutes.
22 MS. IGOE: -- and in support of greater
23 oversight so the decision to buy, sell, open, and
24 close a hospital have greater oversight by the

1 State so that decisions are not based solely on
2 profit.
3 Thank you.
4 (Applause.)
5 MS. MITCHELL: Next up, Mary Kateeb, Anna
6 Marin, Dr. Ray McDonald, Sandra Melendres, and
7 Dr. -- sorry, not Dr. -- Renae Meruz.
8 You may begin.
9 MS. MARIN: Hi. My name is Anna Marin,
10 A-n-n-a M-a-r-i-n, and I'm the organizing director
11 of PASO - West Suburban Action Project.
12 PASO is a community-based social justice
13 organization that works to engage community
14 members to address issues that affect them, their
15 families, and neighbors with a mission to build
16 stronger communities where all residents can live
17 dignified lives regardless of their race, gender,
18 sexual orientation, socioeconomic, or immigration
19 status.
20 PASO is based in Melrose Park, Illinois,
21 and serves the surrounding west Cook County
22 suburbs and some of DuPage County. Ever since
23 Pipeline first announced the closing of Westlake
24 back in February, PASO has come together with

1 community members in opposition.
2 Days after the announcement, PASO stood
3 alongside the immigrant African-American
4 low-income mothers and children and families in
5 front of the hospital in solidarity with the
6 nurses and doctors and staff of the hospital,
7 religious leaders from neighborhood churches,
8 elected officials from mayors to State
9 representatives to Congresspersons to tell
10 Pipeline how critical Westlake Hospital is to our
11 community. We hoped they would do the right
12 thing.
13 PASO brought together community members to
14 testify against the closing of the hospital, both
15 in front of State representatives and in front of
16 this Board during a public hearing held in
17 Melrose Park. We endured Pipeline's
18 representatives trying to placate our community
19 with empty gestures of bussing women in labor to
20 another hospital and substituting critical
21 services to clinics miles away when many patients
22 walk to Westlake Hospital for lack of
23 transportation. And we hoped they would do the
24 right thing.

1 PASO brought community members downtown to
2 speak to the media outside the courtroom as
3 Pipeline tried to defend its flagrant violation of
4 the law in systematically shutting down sections
5 of the hospital to illegally render it useless and
6 placing the emergency room on bypass status
7 for days at a time, putting our community in
8 danger for lack of access to local medical
9 services. And we still hoped they would do the
10 right thing.
11 PASO gathered over 300 letters and
12 postcards from concerned -- no, enraged --
13 community members, hospital employees, church
14 patrons, grandparents, workers, single mothers and
15 delivered them to the office of this Board in
16 person in Springfield, imploring --
17 MR. ROATE: Two minutes.
18 MS. MARIN: -- that action be taken to
19 keep Westlake Hospital open. Now we hope you do
20 the right thing.
21 Thank you.
22 (Applause.)
23 DR. MC DONALD: Hello. My name is Raymond
24 McDonald. I've been on the medical staff of

1 Westlake Hospital for 45 years.
2 I've had almost every job at the hospital,
3 including being the ER director, but for 42 years
4 I've been the medical director of the Belleville
5 Developmental Center, which is a home for severely
6 challenged patients. These patients have cerebral
7 palsy, Down's syndrome, autism, quadriplegia --
8 you name it, they have it.
9 And Westlake Hospital has done a terrific
10 job for handling these type of patients. I've
11 been on many other medical staffs and never have
12 I seen such a dedicated physician and nursing
13 staff that will, with care, take care of these
14 very complicated patients.
15 The other thing I want to make is a second
16 point. I've been on the board at Westlake
17 Hospital for many years and know a lot about the
18 past history.
19 Historically, Westlake Hospital sold to
20 Resurrection Health Care 20 years ago for
21 $70 million. Currently the new owner bought
22 Westlake Hospital, West Suburban Hospital,
23 Weiss Hospital, and the beautiful River Forest
24 Medical Center for the same $70 million at a very

1 depreciated dollar rate.
2 I think to replace these four functioning
3 health care institutions today would cost well
4 over a billion dollars. And as I said, the
5 current owners purchased all four of them for
6 $70 million, about 7 cents on the dollar for
7 irreplaceable facilities that I think should never
8 have been sold to the private sector in the first
9 place.
10 I hope in the future that the State of
11 Illinois does not allow the transfer of any
12 strategic, valuable, public properties to the
13 private sector lest they disappear forever and are
14 no longer available to future generations.
15 Thank you.
16 (Applause.)
17 MS. MITCHELL: Next up, Bess Mocek or
18 Mojek, Tatiana Munoz, Richard Paduch, Dr. Kathy
19 Papazian, and Dr. Shobhana Patodia.
20 You may begin.
21 MS. MOCEK: My name is Bess Mocek,
22 M-o-c-e-k. I've been a nurse and a nurse manager
23 from 1981 to 2016 at Westlake Hospital. Both of
24 my children were born there.

1 I grew up poor. I know firsthand what the
2 people who live in Bellwood, Maywood, Melrose Park
3 are up against. My parents both worked to feed us
4 and put a roof over our head, but there was no
5 money for preventative health care or seeing a
6 doctor. My mom died at the very young age of 48
7 because of this.
8 I was over a $5 million budget for two big
9 nursing units. I went to monthly budget meetings
10 starting in 2000 -- 2000. We -- our numbers of
11 uninsured and, therefore, doing it out of the
12 kindness of Westlake's heart to take care of these
13 people -- we will, by shutting down Westlake, put
14 those communities who have no insurance, no money,
15 have -- will have no access to health care.
16 What happens is what happened to my
17 mother. You can't afford to see a doctor. The
18 day comes when you are so sick you feel like
19 you're going to die. You walk on over to
20 Westlake's ER. We have two cath labs. We stop
21 your heart attack from happening. We stop you
22 from having a full-blown stroke. Your baby has
23 fetal distress, we do an emergency C-section.
24 I personally -- as a State of Illinois

1 taxpayer all of my 62 years, I'm pissed. And the
2 reason I'm pissed is I and my fellow Illinois
3 residents are going to be paying a lot more in
4 taxes to take care of the people who have a weak
5 heart because their heart attack wasn't getting
6 their coronary arteries opened right away in the
7 cath lab.
8 MR. ROATE: Two minutes.
9 MS. MOCEK: I am going to be paying a lot
10 more on Medicaid to keep them in a nursing home
11 after their big stroke for 10 or 20 years.
12 And the baby. If you're against
13 abortion --
14 MS. MITCHELL: Please complete -- conclude
15 your remarks.
16 MS. MOCEK: -- how much will it cost this
17 State to, on Medicaid, take care of children with
18 brain damage because they didn't get out when they
19 had fetal distress?
20 I think the Health Review Board has to
21 understand. I've been there --
22 MS. MITCHELL: Please conclude your
23 remarks, ma'am.
24 MS. MOCEK: -- I understand these

1 communities. You need to keep Westlake open
2 two years --
3 MS. GUILD: Ma'am -- ma'am, you have to --
4 MS. MOCEK: -- there will be changes in
5 the health care system federally and there would
6 be hope.
7 If you close them now --
8 MS. MITCHELL: Ma'am, please conclude your
9 remarks.
10 MS. MOCEK: -- all of the people in that
11 community will have no hope and the deaths of the
12 children will be on our heads. And it's not the
13 right thing to do.
14 MEMBER HAMOS: Thank you.
15 (Applause.)
16 MS. MUNOZ: Hello. My name is Tatiana
17 Munoz, and I am a community organizer with PASO -
18 West Suburban Action Project, and I oppose the
19 closing of Westlake Hospital.
20 The health of the community depends on
21 this hospital, and it provides many services that
22 are readily available to everyone. Nursing
23 students from my school, which is 15 minutes away
24 from the hospital, had clinicals at Westlake, and

1 even students were impacted by Pipeline's actions
2 of pausing services.
3 The students in this situation were
4 relocated to other hospitals, which ended up being
5 a little bit further of a commute for them, and in
6 that transition students lost hours and had to
7 make those up on their own time. Students who
8 work, have families, need to spend time had to
9 make up hours because of decisions made by
10 Pipeline.
11 I also have classmates that live in the
12 area and have been affected by the situation at
13 Westlake with lack of services for themselves and
14 for their families.
15 As a community organizer I have heard
16 stories from various individuals about the
17 benefits of having a hospital so close and one
18 that cares about the well-being of the community
19 and one that identifies so closely with the
20 community.
21 PASO has brought some of those individuals
22 here for you today, and you have seen their faces.
23 You now have faces to remember when you make your
24 decision, and I urge you to remember the

1 individuals and the stories that they have told
2 you today because it's very simple to forget that
3 there's human beings being impacted. So we
4 brought them here for you to remember their faces,
5 and I urge you to please remember them when making
6 your decision to keep Westlake open.
7 Thank you.
8 (Applause.)
9 DR. PAPAZIAN: Good morning. My name is
10 Dr. Kathy Papazian, P-a-p-a-z-i-a-n. I am an
11 attending ER physician at Westlake -- and have
12 been for the last 10 years -- and a new resident
13 of Melrose Park.
14 I am on the front lines --
15 MS. MITCHELL: It's a little difficult to
16 hear you, ma'am.
17 DR. PAPAZIAN: I can talk up.
18 I am on the front line in emergency
19 medicine. I am the front door to Westlake. I can
20 tell you that, when we were on bypass, we were
21 still seeing patients. We were boarding them in
22 the emergency room because Pipeline would not let
23 me admit them upstairs despite the fact that I had
24 nursing upstairs, despite the fact that I had

1 a lab that could take my MIs and strokes.
2 I have the unique experience of actually
3 practicing in both hospitals in Melrose Park.
4 I will tell you for a fact, when they go to the
5 opposite hospital, you will not see a nurse until
6 they figure out how you're going to pay for the
7 visit.
8 Case in point: We had a 5-year-old that
9 came into the other hospital that had a fever.
10 They did -- asked the patient, "How are you going
11 to pay for this?" That patient walked that child
12 a mile down to Westlake Hospital. By the time
13 that child got to Westlake, he was in a coma
14 from DKA.
15 That's the reality of Melrose Park.
16 People do not feel comfortable going to West Sub
17 or the other hospital in Melrose Park. They come
18 to Westlake because we understand them. We make
19 it comfortable for them. There are patients that
20 I see on a regular basis that I know their medical
21 history better than they do.
22 So I urge you, please defer your decision
23 and let the Court take its course.
24 Thank you.

1 (Applause.)
2 MS. MITCHELL: Next up, Veronica Perry,
3 Dr. Neil Rosenberg, Sylvia Saenz, Dr. Nabil Saleh,
4 and Dr. Lyndon Taylor.
5 DR. ROSENBERG: Good morning.
6 My name is Dr. Neil, N-e-i-l, Rosenberg,
7 R-o-s-e-n-b-e-r-g.
8 I'm board certified in internal medicine,
9 pulmonary medicine, and critical care medicine and
10 the medical director of the ICU and respiratory
11 care services. I want to give two brief
12 experiences and then I'll address the ICU.
13 One, I was sitting in the doctors lounge
14 about two months or three months ago, and an
15 individual from Pipeline joined us and expressed
16 his desire of how he was looking forward to
17 working with us, building the hospital, setting up
18 new programs, and giving us every indication that
19 the hospital is going to stay open, and we were
20 looking forward to working together with him.
21 I have an office in the professional
22 building, and every day my patients come in almost
23 crying, "What am I going to do when the hospital
24 leaves? What are you going to do? Who's going to

1 take care of me? How am I going to continue with
2 the services?"
3 As far as the ICU, we work the same
4 protocols that you see elsewhere in the country.
5 Right now we have an individual with a heroin
6 overdose -- you've heard on the news recently --
7 we have an alcoholic going through alcohol
8 withdrawal symptoms; and as of yesterday we had an
9 80-year-old gentleman admitted through the
10 emergency room with an acute ST-elevated
11 myocardial infarction, a heart attack.
12 He received the same care he would receive
13 anywhere. EKG showed this, the cardiologist was
14 called, he was taken to the cath lab, the stent
15 was placed, the artery opened, and he's being
16 transferred to the telemetry unit in stable
17 condition today.
18 There was a reported comment by
19 Mr. Edwards that the care in the ICU was not of
20 the quality that he expected because we had agency
21 nurses participate in the care of the patients.
22 This is a standard thing in every ICU around the
23 city. This is another demonstration of his lack
24 of knowledge of how care is administered.

1 The ICU can have 2 patients one day and
2 12 the next. Staffing problems can often be a
3 difficult situation, and agency nurses are
4 well-qualified in our electronic medical record.
5 MR. ROATE: Two minutes.
6 DR. ROSENBERG: They proceed with the same
7 protocols that you see everywhere.
8 We have a stroke center that's certified.
9 We have the same protocols that you do with sepsis
10 from the -- in the entire country, and the care
11 they're provided is what you would see in a
12 standard anywhere else.
13 And I hope that you will continue to let
14 us proceed and thank you for giving us the
15 opportunity to talk to you.
16 (Applause.)
17 DR. SALEH: Good morning, Board.
18 Thank you for allowing me to talk today.
19 My name is Nabil Saleh, N-a-b-i-l
20 S-a-l-e-h. I'm a pediatrician. I've been
21 practicing in the area for 40 years. I'm a past
22 medical staff president and past chairman of the
23 department and a current member of the board of
24 trustees.

1 Aside from everything that was said about
2 the services we provide from maternity, drug
3 rehabilitation services, kidney dialysis, a
4 dialysis unit which is the biggest unit in the
5 area, aside from the fact that we take charity
6 work and charity patients without asking about the
7 choice they have, aside from the fact that
8 Pipeline says that there is overbedding in the
9 hospitals in the area, I want to tell them that
10 this is not one size fit all. It all depends on
11 the demographics; it all depends where the
12 hospital is located; it all depends how the
13 patients' access to the hospital and the health
14 care in that area is.
15 I'm a pediatrician. My patients walk to
16 my office in the professional building at Westlake
17 Hospital with three or four kids, whether it's
18 rain, shine, or snow, because they don't have the
19 facilities or the means to get a Lyft or Uber or
20 taxi or private cars. Hardworking, middle class,
21 local people who hardly have one car for the
22 husband to go to work; the mothers walk to my
23 office.
24 Last week I discharged a baby from the

1 nursery, premature, that required resuscitation,
2 required IV, was not feeling well, and had sepsis.
3 The mother had to walk three or four -- every
4 three hours to nurse that baby, to cuddle the
5 baby, and to be with that baby in the crisis. And
6 great event, fortunately, that the baby went home
7 fine last week.
8 Pipeline came to --
9 MR. ROATE: Two minutes.
10 DR. SALEH: -- Westlake with the promise
11 that they would work with us. One day prior to
12 our meeting to -- one day prior to their entry of
13 deciding to close the hospital, they were meeting
14 with us to tell us how wonderful we are and what
15 programs we can work with.
16 Instead of coming with deceit and lack of
17 transparency, they should have come to talk with
18 clarity and honesty with the Board, the Village,
19 the legislators, and with everyone that's
20 concerned.
21 I invite the Board to come to Westlake.
22 Please do come to Westlake. Talk to the patients,
23 talk to the doctors and nurses, and you will find
24 people who are really proud to serve this

1 community --
2 MS. MITCHELL: Sir --
3 DR. SALEH: -- and will continue --
4 MS. MITCHELL: Sir --
5 DR. SALEH: -- to do so.
6 Thank you.
7 (Applause.)
8 CHAIRMAN MURPHY: Thank you.
9 MS. SAENZ: Hi. Thank you for having me.
10 My name is Sylvia, last name Saenz. I'm a
11 certified nursing assistant for 23 years at
12 Westlake.
13 I grew up in Melrose Park, and I --
14 actually, I know ancestors of the people that
15 actually built the hospital. Those people were
16 farmers. They worked very hard to build a
17 hospital for the community that -- they were
18 growing their vegetables and fruits and everything
19 that feeds us because those things are the things
20 that keep us healthy. They knew that that
21 foundation was going to keep us going for many,
22 many, many generations, and that's what they
23 wanted to give us, an inheritance.
24 And this inheritance, we need to pass it

1 along to other grandchildren and great
2 grandchildren because, honestly, there is a lot of
3 love at Westlake, and you see it every day.
4 We have patients coming to Westlake from
5 all over the place, and it's not just the black
6 and Hispanic thing. I see all races coming to our
7 hospital.
8 I work in same-day surgery, and I see
9 doctors sending in their patients to us that are
10 billionaires, millionaires, other doctors,
11 lawyers, police officers, firemen. Why do they
12 send them to our hospital? Because they know that
13 we are safe. We take good care of them, and we
14 know how to take good care of them.
15 So I urge you to please help us to
16 continue this fight because it's not just about
17 us. It's about everybody. We're all included,
18 your -- your brothers, your sisters, your nephews,
19 your nieces.
20 I also work in the emergency department,
21 and I have seen a lot of tragic situations where
22 people from affluent neighborhoods are coming to
23 our areas and to the surrounding vicinities and
24 are overdosing on heroin. Heroin and fentanyl is

1 killing everyone. And guess what? It could be
2 your relative, your child, your nephew, your
3 niece.
4 And what is happening? We are saving
5 their lives, and I have to go home crying because
6 we saved some rich person's child.
7 MR. ROATE: Two minutes.
8 MS. SAENZ: Guess what? They're all a
9 part of us. It's not just a Hispanic thing. It's
10 not just a black thing. It's everybody sticks
11 together because we have a lot of love in our
12 hearts.
13 MR. ROATE: Two minutes.
14 MS. SAENZ: Thank you.
15 (Applause.)
16 MS. MITCHELL: Dr. Mark Tomera, Estela
17 Vara, Ana Maria Villarreal, Kathleen Ward,
18 Rosemary Williams, and Marianna Woosley.
19 MS. AVERY: Go ahead and start.
20 Doctor, go ahead.
21 DR. TOMERA: Okay.
22 MS. VARA: Good morning.
23 MS. MITCHELL: Please state and spell your
24 name -- sorry.

1 MS. VARA: My name is Estela Vara.
2 E-s-t-e-l-a V-a-r-a.
3 I am a community activist with PASO - West
4 Suburban Action Project. I have been a member of
5 the area for more than 14 years, and I'm here
6 today to express my absolute rejection of the
7 closure of West Hospital [sic].
8 I went to Westlake Hospital for the first
9 time when my son Francisco had a pain in his
10 stomach seven years ago, when he was a child, and
11 he had an emergency operation for appendicitis.
12 I feel very blessed to have a hospital
13 five minutes from my house because this time was
14 critical for saving my son's life and because the
15 hospital and staff made me feel safe and like my
16 family. That day was the first time of many times
17 that my family and I visited the Westlake
18 Hospital.
19 As a member of my community and organizer
20 with PASO, I am here today to tell the Pipeline
21 Health company that we'll continue organizing and
22 we work with the legislators in the area, with the
23 City of Melrose Park, religious leaders,
24 institutions, and community members to avoid

1 closing the hospital. I ask you guys, for the
2 community, to keep Westlake Hospital open.
3 Thank you as --
4 (Applause.)
5 MS. VARA: -- as a mother.
6 DR. WARD: My name is Dr. Kathleen Ward,
7 K-a-t-h-l-e-e-n W-a-r-d. I'm currently the chair
8 of the department of internal medicine at Westlake
9 Hospital.
10 When I was up last night trying to think
11 about what I wanted to talk about here, it was a
12 little perplexing because I talk a lot about
13 Westlake Hospital.
14 But, basically, I came to the conclusion
15 that your Board is really responsible to the
16 people of Illinois, not to anybody else, and it's
17 your responsibility to be certain that the closure
18 of a hospital, which is a gigantic undertaking,
19 will not negatively impact that community, the
20 patients, and the society at large.
21 And I take issue with the closure of
22 Westlake Hospital. I'm a cardiologist by trade.
23 We are interested in rapid diagnosis and care.
24 And if you look at the medical literature, all of

1 our care is becoming faster and faster and faster
2 because cardiovascular disease and neurovascular
3 decease, if it is not diagnosed and treated
4 expeditiously and quickly -- and we're talking
5 about minutes -- you have death and devastating
6 complications. Similarly, critical care patients
7 suffer the same fate.
8 Now, if you look at the American Hospital
9 Directory, which is available online, the 4/4/19
10 data -- I went through the data last night, and
11 I found that, if you compare Oak Park Hospital,
12 West Suburban Hospital, Gottlieb, and Westlake --
13 if you close this hospital, 12 percent of cardiac
14 admissions will be affected by this. 12 percent.
15 If you look at the number of beds in those
16 same hospitals, we will lose 17 percent of the
17 critical care beds in our community, and this is
18 really big. If you look at the neurological
19 admissions, 24 percent of neurological patients
20 will be affected.
21 Now, why is this important? Well, because
22 the distance from Westlake Hospital to the other
23 surrounding hospitals -- all you have to do is
24 look it up on IDOT -- I said this before.

1 MR. ROATE: Two minutes.
2 DR. WARD: The average time to get these
3 patients to the hospital is 17 extra minutes.
4 That's 17 extra minutes that can result in death,
5 heart failure, respirators, and paraplegia.
6 MR. ROATE: Two minutes.
7 CHAIRMAN MURPHY: Ma'am --
8 DR. WARD: So I ask you to please refer
9 this to Kwame Raoul and to stay the closure of
10 Westlake Hospital.
11 Thank you.
12 (Applause.)
13 MS. VILLARREAL: Good morning. My name is
14 Ana Villarreal V-i-l-l-a-r-r-e-a-l.
15 I'll just give a short testimony this
16 morning about what the Melrose Park hospital,
17 Westlake Hospital, means to me.
18 I have been in the community for more than
19 20 years. Westlake Hospital is part of my life;
20 one of my two children was born there. I always
21 use the hospital when I need it. All my medical
22 records are there. I cannot imagine Melrose Park
23 without the hospital.
24 I always receive very good treatment.

1 I find very good people to help me, what I need.
2 I pray for not close the hospital. The community
3 of Melrose Park needs it and all the communities
4 around.
5 Thank you.
6 (Applause.)
7 DR. HUMAYUN: I'm Dr. Hamid Humayun.
8 I'm one of the nephrologists, and I've been on
9 staff at Westlake for over 35 years. I've been in
10 all capacities. I've been chairman of emergency
11 and at the present time I'm vice chair of
12 medicine.
13 Westlake Hospital is a very good hospital,
14 and the way it is in this shape is because of the
15 poor management on the part of the administration.
16 It is as good as any other hospital, and I don't
17 really see any reason why it should close because
18 it provides quality care.
19 The staff is interested in keeping it
20 running, the physicians are interested, the
21 community is interested, and so it is the hospital
22 which I think is badly needed for the community,
23 and I really don't see any reason why it should
24 close. I mean, it is as good or better than most

1 of the neighboring hospitals.
2 Thank you.
3 MS. MITCHELL: Next group -- there are
4 individuals who signed up and had numbers on their
5 sheets, so I'm going to call you up now.
6 So those with Nos. 1, 2, 3, 4, and 7,
7 please come up.
8 And please leave your sheets on the table
9 when you're done and don't forget, at the
10 beginning of your remarks, to state and spell your
11 name.
12 MAYOR SERPICO: I guess I'm one.
13 My name is Ron Serpico, S-e-r-p-i-c-o.
14 I'm the Mayor of the Village of Melrose Park.
15 I appreciate the challenge that you have before
16 you today.
17 I'm not going to reiterate all the things
18 that happened with the hospital and what they
19 serve, but I can tell you my own personal opinion,
20 a bunch of docs that came up that were taking care
21 of my father, my father-in-law, and my family.
22 And as you heard from the times that they were
23 here, there's a serious commitment to the
24 hospital.

1 I was asked why the Village took on this,
2 and we took it on because it's the most
3 vulnerable. And if we didn't do it, obviously, we
4 wouldn't be here today. Pipeline would have
5 trampled over us. They've been disingenuous from
6 the beginning.
7 And you have a challenge and a charge
8 today to take seriously the lies that they've
9 continued to perpetuate. They're disingenuous.
10 They knew from the beginning what they were
11 buying. I don't think someone's going to spend
12 $70 million without doing their due diligence.
13 They were losing a million dollars a
14 month, $2 million a month, and at the last court
15 hearing $600,000 a day. And, quite frankly,
16 I don't have a computer or calculator to add
17 that up.
18 So it's a series of lie after lie after
19 lie, and I think you have a charge today to defer
20 on this action to allow them to close because, as
21 Christians, we have a responsibility to the most
22 vulnerable, and I hope you take that seriously.
23 And that's what I have to say. Thank you.
24 (Applause.)

1 MS. STIMSON: Hello, everybody. My name
2 is Arielle Stimson. I'm here with Golden Years
3 Retirement Home.
4 THE COURT REPORTER: Could you spell your
5 name, please.
6 MS. STIMSON: Yes. It's A-r-i-e-l-l-e.
7 Last name, S-t-i-m, as in "Mary," -s-o-n, as in
8 "Nancy."
9 THE COURT REPORTER: Thank you.
10 MS. STIMSON: Yes.
11 So as I said, I'm here with Golden Years
12 Retirement Home, and I am in support of keeping
13 Westlake Hospital open.
14 We brought many of our residents here with
15 us today who are actually Westlake Hospital
16 patients, and they choose to have Westlake as
17 their primary hospital versus other hospitals in
18 the area for many reasons, but one of the main
19 reasons that they tell us is they truly get the
20 attentive care that they need from the nurses and
21 the doctors, whether it be in the emergency room
22 or the surgical room or -- even some of our
23 patients, you know -- in the mental health unit,
24 as well.

1 Not only is it the attentive care that
2 they report back to us but it's also -- they feel
3 like they're an individual when they go there and
4 not just a number, such as how they felt in some
5 of the larger hospitals that they've experienced.
6 So some other things that they also
7 mentioned to us is when they go to Westlake
8 Hospital not only is the care extremely important
9 to them but they're also -- they don't have to
10 worry about getting lost in the hospital and have
11 to walk a mile from one room to another. That
12 fear is gone when they go to Westlake.
13 So overall, on behalf of myself and all
14 the residents that I brought here with us today --
15 you know, bussed over and everything; it was a
16 whole big ordeal to bring everybody over here
17 today -- on behalf of myself and them, we think
18 that closing Westlake would be a huge mistake.
19 Thank you.
20 MEMBER HAMOS: Thank you.
21 (Applause.)
22 MR. MEHTA: Good morning. My name is
23 Tushar Mehta -- that's T-u-s-h-a-r; last name,
24 M-e-h-t-a -- from Broadway Medical Center.

1 And we would like to represent ourselves
2 as a small business in the community in the
3 village of Melrose Park. We have been an integral
4 part of Melrose Park for approximately 17 years.
5 If we feel we have an impact of ourselves in the
6 community, then imagine what Westlake has an
7 impact on the part of the community, which is many
8 times larger than us and providing essential care
9 such as emergency and life-threatening services to
10 the underserved area.
11 Being located in the underserved area, it
12 still goes to great state-of-the-art care for
13 adults, pediatric, psychiatry, and cardiac care,
14 just to name a few, actually. We also are staffed
15 with top-notch providers, practitioners in the
16 Westlake Hospital who provide excellent, safe,
17 quality care for our community patients.
18 I suppose the largest concern or threat
19 that we impose without the hospital being in
20 existence is the life-and-death situations that
21 would need to be addressed within minutes to our
22 highly sickly patients that we have in our
23 community. Without the hospital there and the
24 travel time taken to the next nearest hospital

1 will make a difference in the person's survival.
2 Support us at Broadway. We know this also
3 gives us the opportunity to continue care with our
4 patients that are sent to this hospital on a
5 regular basis. This broken link may not allow us
6 access to these patients without vehicles, elderly
7 patients, newborns, toddlers, just to name, again,
8 a few.
9 Coming from a health care provider, the
10 whole meaning of taking over a business like a
11 hospital is not just the financial part of it. We
12 all experience the downs in the industry,
13 especially in the recent times, due to these
14 insurance companies. But above that it is the
15 nature of our profession. It is to take care of
16 our community and our patients with no financial
17 barrier that should come between us, especially in
18 taking into consideration a big hospital like
19 this. Our profession is to serve and to take care
20 of --
21 MR. ROATE: Two minutes.
22 MR. MEHTA: -- of the patients, especially
23 the needy and the community within -- that is
24 defined to us. We just want to, again, make a

1 little -- think of Pipeline to say please keep it
2 open for our community and our people.
3 Thank you.
4 (Applause.)
5 MS. MITCHELL: Is there anybody who signed
6 up to speak for Westlake Hospital whose name has
7 not been called or whose name has been called and
8 didn't come up?
9 Come on up.
10 Please state and spell your name for the
11 court reporter.
12 MR. THOMAS: Good morning. My name is
13 Wellington B. Thomas -- W-e-l-l-i-n-g-t-o-n --
14 B. Thomas, II, and I've been an EMT for 16 years,
15 an ER tech for 13 years, and also one of the
16 leaders of SEIU for over 6 years, and I'm here to
17 stand against the closure of Westlake Hospital.
18 The time it takes from injury to operation
19 is called the golden hour. Time to transport
20 emergency patients to other facilities would cost
21 the patient their lives due to longer transport
22 times. I experienced this firsthand when I was
23 speaking with a patient in the back of an
24 ambulance after an injury that actually passed on

1 the way to the hospital after passing an actual
2 closed hospital.
3 Once again, lives will be lost due to the
4 longer transport times with medication that could
5 be given at a hospital that's nearby but,
6 unfortunately, postponed because they're closed.
7 The services provided the Melrose Park
8 community does need from Westlake, if taken away
9 would destroy the community, especially with the
10 hospital in the middle of the community with
11 people of color.
12 It should not be closed, as the hospital
13 like the one I served at Loretto Hospital serves
14 as the community base. It provides the services
15 needed for that particular community with monetary
16 resources, should not be an option.
17 The hospital is a survivor, and we should
18 be helping the hospital instead of destroying it.
19 This closure is by design, and the IHA has the
20 capacity to stop this and to ensure that people of
21 black and brown skin are given the care that they
22 deserve and they should have -- they -- the care
23 that they deserve and that should be a right.
24 I stand with Westlake Hospital as we urge

1 to defer this decision to protect against the loss
2 of life.
3 Thank you.
4 (Applause.)
5 MS. MITCHELL: That concludes the public
6 participation for Westlake Hospital.
7 CHAIRMAN MURPHY: We're going to take a
8 10-minute break. When we come back, we're going
9 to resume with Item No. 7 on the agenda.
10 (A recess was taken from 11:09 a.m. to
11 11:24 a.m.)
12 CHAIRMAN MURPHY: Please take your seats.
13 (An off-the-record discussion was held.)
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1 MS. MITCHELL: Next on the agenda is the
2 Westlake litigation and potential deferral.
3 Can we get the Applicants for the Westlake
4 closure hospital to come to the table.
5 MS. AVERY: And they have to be identified
6 and sworn in.
7 MS. MITCHELL: Are they in the room?
8 MS. AVERY: There they are.
9 MS. MITCHELL: Sorry. I didn't see you.
10 THE COURT REPORTER: Would you raise your
11 right hands, please.
12 (Four witnesses sworn.)
13 THE COURT REPORTER: Thank you.
14 MS. MITCHELL: Okay. First, we're going
15 to begin. I'm going to make a statement.
16 The Applicants in Exemption E-004-19
17 submitted a discontinuation exemption application
18 on February 21st, 2019, proposing to close
19 Westlake Hospital in Melrose Park.
20 A few weeks later -- sorry, Melanie.
21 A few weeks later the Village of
22 Melrose Park initiated a lawsuit challenging the
23 proposed closure of the hospital, alleging
24 fraudulent misrepresentation and violations of

1 Melrose Park's Municipal Code in addition to other
2 allegations.
3 The Village asserts that the Applicants
4 made misrepresentations to the Board and the
5 community to secure the change of ownership in
6 Westlake Hospital. Part of the relief that the
7 Village is seeking is injunctive relief.
8 Earlier this month the Applicant submitted
9 a letter to the Board stating that they were going
10 to temporarily suspend services at Westlake
11 Hospital. The Village challenged any cessation of
12 services, seeking a temporary restraining order.
13 The Court granted the temporary
14 restraining order. The Applicants challenged the
15 temporary restraining order but it currently
16 stands. The Court ordered the Applicant to
17 maintain service until May 1, 2019, assuming that
18 the Board would render a decision on its
19 discontinuation application by that time.
20 Generally, the Board must approve an
21 exemption application when an Applicant submits
22 all of the required information; however, in this
23 case there's pending litigation, and
24 Section 1130.560 provides that HFSRB will defer

1 consideration of an application for exemption when
2 the application is the subject of litigation until
3 all litigation related to that application has
4 been completed.
5 My legal interpretation of this rule is
6 that the discontinuation application is so
7 significantly related to the pending litigation
8 that it warrants the Board to defer consideration
9 of the application. The pending temporary
10 restraining order and request for injunctive
11 relief is proof that the litigation stems entirely
12 from the Applicant's application to discontinue
13 Westlake Hospital. If it were not for the
14 discontinuation application, there would be no
15 lawsuit.
16 Therefore, legal recommends that the Board
17 defer consideration of Exemption E-004-19 until
18 all litigation related to the application is
19 completed.
20 And we'll open it up for the Applicants to
21 provide a statement, but I want to tell everybody
22 this -- the portion of the meeting right now is
23 only to discuss potential deferral in light of the
24 litigation. That is it. We're not discussing the

1 exemption to close; we're only discussing whether
2 to defer the exemption consideration because of
3 litigation.
4 (An off-the-record discussion was held.)
5 CHAIRMAN MURPHY: Can the folks at the
6 table please identify themselves and be sworn in
7 to testify.
8 MR. SAFER: We've been sworn.
9 MS. AVERY: Sorry.
10 CHAIRMAN MURPHY: Is there a motion on the
11 Board to defer Exemption E-004-19?
12 MEMBER HEMME: So moved.
13 MEMBER MC NEIL: So moved.
14 MEMBER DEMUZIO: Second.
15 MEMBER HEMME: Second.
16 CHAIRMAN MURPHY: Did you get it? Did you
17 get it, George?
18 MS. AVERY: Did you get it, George?
19 MR. ROATE: I did. I'm going to go ahead
20 and call the motion. I'll say Dr. McNeil --
21 MEMBER HAMOS: When do we have discussion?
22 MR. ROATE: -- made the motion --
23 CHAIRMAN MURPHY: We will.
24 MR. ROATE: -- Ms. Hemme seconded.

1 CHAIRMAN MURPHY: Yes.
2 MS. AVERY: Okay.
3 MEMBER HAMOS: When do we have discussion?
4 CHAIRMAN MURPHY: Okay. We'll now have
5 discussion on the motion.
6 MEMBER HAMOS: Are we going to hear
7 from --
8 CHAIRMAN MURPHY: Yes, yes.
9 MS. AVERY: Yes.
10 MEMBER HAMOS: Could we hear from them?
11 CHAIRMAN MURPHY: Would you like to make a
12 statement?
13 MR. SAFER: I would. I would. Thank you.
14 My name is Ron Safer, and I'm litigation
15 counsel for the Pipeline companies and the
16 individuals named in the Melrose Park litigation
17 now joined by the State.
18 I appreciate the opportunity to address
19 you this morning.
20 I will briefly describe how -- contrary to
21 the opinion you were just given -- the litigation
22 is unrelated to the application for certificate of
23 exemption that is before you and how the complaint
24 lacks any merit and, therefore, the Board should

1 grant the application and consider the application
2 for discontinuation today.
3 We are aware of the just-quoted rule
4 regarding litigation, a rule that was issued
5 before the Act was amended to require the Board to
6 approve an application once it is complete. That
7 suggests that the Board may defer consideration of
8 an application when the application is the subject
9 of litigation. That rule has no application here.
10 First, the statute requires the Board to
11 act to approve our complete application. The
12 statute trumps the regulation.
13 Second, Melrose Park's complaint is
14 completely unrelated to the application for
15 exemption that is before the Board today.
16 Melrose Park's complaint, as you heard from their
17 attorney this morning, is based solely upon events
18 in and around the change of ownership application.
19 The complaint asserts that the
20 application's statement that Westlake's charity
21 care policies would remain unchanged for
22 two years, as required by the statute, was a
23 promise to keep the hospital open for two years.
24 The complaint asserts that you were defrauded by

1 that promise, and those are charges that were
2 repeated before you this morning.
3 Of course, you and your staff know that
4 you were not defrauded, and you appropriately
5 approved the change of ownership application.
6 First -- as you well know but the
7 complaint ignores and the testimony this morning
8 ignores -- the Review Board cannot require a
9 guarantee of continuation of services in deciding
10 whether to grant an application for change of
11 ownership. Indeed, the statute sets forth the
12 material terms of a change of ownership
13 application. Continuation of services is not a
14 material term as set forth by this statute.
15 Second, guidance was sought from your
16 staff, which is commonly done, before you
17 considered the application. The staff was told
18 that closing Westlake was under consideration,
19 and, in accordance with the clear directive of the
20 statute that continuance of operations could not
21 be considered and is not a material term of the
22 application, the staff's guidance was that
23 Pipeline's consideration of closing Westlake need
24 not be raised at the October 30th, 2018, hearing.

1 So the entire lawsuit rests on a faulty
2 premise, a premise that you know is simply untrue.
3 You were not defrauded in any way. It would be
4 the height of injustice to defer consideration of
5 Pipeline's application because of the pendency of
6 litigation that is unrelated to this application
7 and so clearly baseless.
8 To put this in perspective, here are the
9 facts regarding the change of ownership
10 application: As Nick Orzano will tell you, the
11 Applicants, both Pipeline and Tenet, fully
12 expected Pipeline to operate Westlake Hospital
13 indefinitely into the future when the change of
14 ownership exemption applications were submitted on
15 September 6th, 2018.
16 In the third week of September 2018,
17 Pipeline received from Tenet financial information
18 that showed a dramatic and unexpected downturn in
19 financial performance at the three Chicago
20 hospitals, especially at Westlake.
21 After consideration of this new data and
22 internal deliberations, the Pipeline team began to
23 doubt whether Westlake could be viable. And it
24 was simply not a matter of, as you heard this

1 morning, whether Westlake provided services that
2 were meaningful and proper. They do. It was
3 whether it was viable at the dramatically reduced
4 utilization rate that the hospital has
5 experienced.
6 It was then that Pipeline reached out to
7 the Board staff for guidance, in full
8 transparency, and was told that there was no need
9 to discuss potential future plans to close
10 Westlake.
11 In the months following the Board's
12 approval of the change of ownership application
13 for Westlake Hospital, Board staff were consulted
14 for guidance at several points along the way, as
15 it became clearer that an application to
16 discontinue Westlake Hospital was almost certain
17 to be filed by Pipeline shortly after the
18 transaction closed.
19 At each of those turns, the Applicant was
20 advised by Board staff that affirmative disclosure
21 of these plans to the Board was not necessary
22 prior to the filing of the discontinuation
23 application itself. And at one point, indeed, we
24 sought advice from staff concerning a contemplated

1 action, and staff advised that would require an
2 amendment of the application, so Pipeline decided
3 not to do it. There was no fraud.
4 I will not belabor the other inaccuracies
5 in the lawsuit, but they are many, and they were
6 repeated before you this morning, some of them.
7 The complaint -- some of the highlights:
8 The complaint repeatedly claims and the Court was
9 told orally that Westlake is a safety net
10 hospital. Of course, it is not.
11 The complaint repeatedly claims and the
12 Court was told orally that Westlake has an
13 inpatient substance abuse program. Of course, it
14 does not. You heard this morning about opioid
15 treatment. Beyond emergency room treatment, that
16 treatment is available only if the addiction is a
17 secondary diagnosis to psychiatric issues.
18 Westlake does not have a certified
19 substance abuse treatment program. And no matter
20 how many times it is repeated that it does and
21 that doing away with it would harm the community
22 doesn't make it true.
23 The complaint repeatedly claims and the
24 Court was told orally that no other hospital in

1 the area serves uninsured persons who are without
2 the ability to pay, and, of course, you know
3 that's not true.
4 These are but a few of the highlights --
5 or lowlights -- in the complaint. There are many
6 more.
7 One thing you did hear from the general
8 counsel that is absolutely accurate is the Courts
9 expect the Board to act today. They said -- the
10 TRO was extended to May 1st, anticipating, as the
11 general counsel just said, that the Court -- that
12 this Board would act. Both Judge Reilly and
13 Judge Jacobius expressed their expectation that
14 the Board would act on the application on
15 April 30th multiple times over the course of
16 multiple hearings.
17 The Cook County State's Attorney's office
18 recently intervened in the litigation and, in
19 doing, so expressed its expectation that the Board
20 would act on the application on April 30th. The
21 Court and the State's Attorney understandably
22 expect the Board to fulfill its statutory
23 obligations under the Act.
24 We respectfully urge you to fulfill those

1 obligations to consider Pipeline's certificate of
2 exemption application to discontinue Westlake
3 Hospital today.
4 Thank you.
5 MS. MITCHELL: Are you still continuing
6 with statements?
7 MS. MURPHY: We are. We're going down the
8 line.
9 Thank you very much for hearing us today.
10 My name is Anne Murphy, A-n-n-e M-u-r-p-h-y, and
11 I am outside regulatory counsel to Pipeline and
12 its affiliated entities in Illinois.
13 As you heard from Ron Safer, we are here
14 today to respectfully request that the Board
15 fulfill its legal obligation to consider
16 Pipeline's certificate of exemption application to
17 discontinue Westlake Hospital.
18 I'm going to present the statutory case
19 for the Board hearing us today, some of which you
20 already heard from Ron.
21 Then Nick Orzano, president of Pipeline
22 Health, will explain why time is of the essence in
23 approving the application from a financial
24 perspective and will rebut the notion that there

1 may be a viable buyer for the hospital.
2 Finally, Roz Lennon, chief nursing officer
3 at Westlake Hospital will share the increasingly
4 intensive challenges she is experiencing in
5 clinical and other operations, which only serves
6 to underscore the patient safety mandate for
7 allowing for an immediate and orderly wind-down of
8 the hospital.
9 Taken together, we believe both the law
10 and the facts require approval of our application
11 today.
12 So turning first to the statutory
13 obligation to act: The COE application for
14 discontinuation, as Ron indicated, was filed on
15 February 21 and was deemed complete by Board staff
16 within days after its submission.
17 Section 8.5(a-5) of the Illinois Health
18 Facilities Planning Act requires the Board to
19 approve a COE discontinuation application when all
20 the information required by the Board has been
21 submitted. Specifically the Act requires that an
22 exemption shall be issued upon a finding that the
23 application is complete. This statutory mandate
24 is clear, it is nondiscretionary, and cannot be

1 superseded by regulation.
2 Indeed, the statute's legislative history
3 clearly demonstrates that this section of the Act
4 was promulgated for the express purpose of
5 streamlining the regulatory process of closing a
6 health care facility.
7 Board staff has already deemed the
8 COE application ready for approval. The report
9 previously issued by Board staff specifically
10 found that the Applicants have provided all the
11 information required by the State Board. The
12 report goes on to acknowledge that State law
13 requires that an exemption shall be approved by
14 the Board when all of the information required by
15 the Board has been submitted. This condition
16 plainly has been met. We urge the Board to follow
17 the law and act now.
18 Moreover and as Ron addressed, we believe
19 the litigation is irrelevant to the
20 COE application and is baseless. We understand
21 that the Board's rules suggest that the Board will
22 defer consideration of an application when the
23 application is the subject of litigation; however,
24 any regulatory interpretation that allows the

1 recent litigation brought by the Village of
2 Melrose Park to halt the Board's action on our
3 COE application is clearly inconsistent with
4 the law.
5 First and as has already been indicated,
6 the statute requires the Board to act to approve
7 our complete application, and this statute, to use
8 Ron's phraseology, trumps any regulatory provision
9 that is inconsistent with it.
10 Second, even if the rule applied, the
11 COE application for discontinuation is not the
12 subject of litigation, nor is the Board named as a
13 party.
14 We also must point out that the litigation
15 is meritless and is a blatant attempt to interfere
16 with the regulatory process that is the subject of
17 this Board's jurisdiction. The Village's lawsuit
18 alleges violation of the Melrose Park Municipal
19 Code, alleges misrepresentations relating to the
20 purchase of the hospital, and alleges that the
21 closure of the hospital constitutes a public
22 nuisance. All of its claims are absolutely
23 baseless, and none of its claims relate to the
24 COE application in the first instance.

1 The Village's claim seeking a declaratory
2 judgment is the only claim to even mention the
3 Planning Act. That claim involves the change of
4 ownership process, not the COE application.
5 If the Board delays action today, Westlake
6 will be caught between a Board that refuses to
7 fulfill statutory obligations and a court system
8 that is awaiting the very action that the Board
9 refuses to undertake, and it is not at all clear
10 when that process would end. To hold the hospital
11 hostage would be unfair, unreasonable, and
12 contrary to law. To do so when the underlying
13 litigation is based on a false narrative would
14 subvert justice.
15 Due to low occupancy and continuing staff
16 attrition, it is in the best interests of patient
17 care to close the hospital. Neither the State nor
18 private litigants should be permitted to force a
19 private party to continue to operate a nonpublic
20 hospital under circumstances that may lead to
21 patient safety concerns.
22 We ask that the Board meet one of its core
23 purposes, as laid out in Section 2 of the Planning
24 Act, which is to assure that the reduction or

1 closure of services or facilities is performed in
2 an orderly and timely manner and that these
3 actions are considered in the best interests of
4 the public.
5 Section 2 goes on to say that
6 evidence-based assessments, projections, and
7 decisions will be applied regarding capacity,
8 quality, value, and equity in the delivery of
9 health care services in Illinois, evidence-based
10 assessments.
11 We respectfully urge you to fulfill your
12 statutory obligation to consider today Pipeline's
13 certificate of exemption application to
14 discontinue Westlake Hospital based on the
15 abundant evidence supporting this action that was
16 provided in the application and deemed complete by
17 staff.
18 Thank you for your time and attention.
19 MR. ORZANO: My name is Nicholas Orzano,
20 N-i-c-h-o-l-a-s; Orzano, O-r-z-a-n-o.
21 Members of the Board, thank you for the
22 opportunity to testify before you today. As
23 stated, my name is Nick Orzano. I'm the principal
24 and copresident of Pipeline Health.

1 For nearly two decades I've worked in
2 finance in health care, most recently helping to
3 turn around community hospitals, including ones
4 that are either in bankruptcy or on the verge. We
5 are very familiar with operating hospitals in
6 disadvantaged communities. In Los Angeles
7 approximately 65 percent of our patients are on
8 Medicaid, and predominantly those hospitals serve
9 Hispanic and African-American communities.
10 If you're looking for one reason today as
11 to why the Board should hear the application, it's
12 this: We're out of time.
13 Delay in decision will not provide better
14 health care to the region, nor will it stop the
15 powerful industry trends that have been set in
16 motion and have hobbled Westlake Hospital
17 for years.
18 Many have offered their opinions as to why
19 Pipeline applied to close Westlake and when it
20 made the decision to do so, but few have
21 accurately portrayed those facts.
22 Here they are: When we submitted our
23 application to the Board on September 6th, 2018,
24 to transfer the three hospitals from Tenet to

1 Pipeline, we believed that we could turn around
2 all three of those facilities.
3 After many months of diligence, we
4 developed a plan that was going to eliminate the
5 10- to $12 million annual loss at Westlake. We
6 submitted our application with what was our plan
7 at the time. We can corroborate those exact
8 details with a slew of emails and materials that
9 we presented to our financial partners.
10 On September 24th, 2018, Tenet contacted
11 us and informed us that the losses at that
12 hospital had nearly doubled over a two-month
13 period. After further review we began to doubt
14 whether there was any path for Westlake to
15 continue. Our initiatives, putting those in
16 place, would no longer allow that facility to even
17 come close to breaking even.
18 Over the next several months we negotiated
19 with Tenet on how we could move forward, including
20 options where Pipeline would not purchase Westlake
21 Hospital. During this time we sought guidance on
22 how we could proceed, and such guidance was
23 provided and helped to provide the decision-making
24 path that we took.

1 Although there are several factors around
2 those financial losses, the biggest one was
3 acceleration in the loss of patient volume, lower
4 ER traffic, fewer inpatient admissions, and less
5 surgeries. The year-over-year decline was
6 dramatic. Many want to believe that these volumes
7 will rebound and patients will return to Westlake,
8 but as my colleagues on this panel will describe,
9 the sheer magnitude of the losses and the severe
10 overbedding in and around Westlake make that near
11 impossible to overcome. To tell you that's
12 possible is either naive or not true.
13 What has been lost in this conversation is
14 that the community around Westlake has been voting
15 with their feet for years. On average, Westlake
16 is 70 percent empty on a daily basis, a trend that
17 was in place well before we took over the
18 facility. The numbers don't lie.
19 Local leaders have argued forcibly that
20 there's another legitimate buyer who would want to
21 own and operate the hospital. We've spoken to or
22 attempted to speak to each of the buyers that have
23 come forward. We've yet to see a buyer come up
24 with the financial wherewithal to not only cover

1 the current operational shortfall but to also be
2 acceptable to the mortgage holder of the property.
3 Additionally, a quick review of the recent
4 ownership of the hospital demonstrates that
5 holding out hope for a new buyer is futile and
6 would only disappoint further. The prior owner of
7 Westlake, Tenet, had been trying to sell Westlake,
8 West Suburban, Weiss, and MacNeal for more than
9 two years. MacNeal, the larger tertiary facility,
10 was sold in January 2018 to Loyola, leaving the
11 three remaining community hospitals.
12 If it took over two years for one of the
13 largest hospital companies in the country to find
14 a buyer for those hospitals, at a time when
15 Westlake losses were only 10- to 12 million, it
16 defies logic that there's a legitimate buyer
17 interested in buying Westlake given its current
18 annual loss of more than $25 million.
19 Not only that, but the equipment and
20 facility upgrades are in the millions. Westlake
21 has an electronic health records system that is no
22 longer supported after December of 2019.
23 Although there have been letters of
24 interest and intent from various companies,

1 there's a stark difference between showing
2 interest and being able to successfully execute a
3 transaction like this.
4 With Westlake operating on a nearly -- or
5 more than $2-million-a-month deficit, the capital
6 that was raised to transform Westlake is gone.
7 Contrary to popular belief, Pipeline does not have
8 an endless supply of cash, nor is raising
9 additional capital an option. No investor will
10 provide capital to a facility when it's abundantly
11 clear it cannot be saved.
12 As Ron Safer and Anne Murphy noted,
13 Pipeline was completely transparent during the
14 entire acquisition process. We submitted the
15 application for change of ownership with the facts
16 that were present at the time, and we asked for
17 and followed guidance from the Board as soon as
18 those facts changed.
19 For this reason and the others I've
20 outlined, we believe the Board should hear the
21 application. We are out of time.
22 Again, thank you for the opportunity to
23 underscore why the Board should hear our
24 application today.

1 MS. LENNON: I'm Roslyn Lennon, R-o-s --
2 MS. AVERY: Pull the mic closer to your
3 mouth.
4 MS. LENNON: Roslyn Lennon, R-o-s-l-y-n
5 L-e-n-n-o-n.
6 To members of the Board, thank you for
7 allowing me to testify today. My name is Roslyn
8 Lennon, and I serve as the chief nursing officer
9 for both West Suburban Hospital and Westlake.
10 I've been a nurse for over 35 years, and
11 the conditions we're managing at Westlake are by
12 far the most demanding that I've faced in my
13 career. The clinical and operational challenges
14 that I will detail here speak loudly and clearly
15 as to why a timely hearing on Westlake's
16 application for discontinuation is necessary.
17 I face each morning uncertain about the
18 difficult decisions in the day ahead to ensure
19 that we're providing safe, quality care for our
20 patients, and I lay in bed at night worrying about
21 what-ifs and worst-case scenarios.
22 To understand how we arrived at our
23 current challenges, it's important to revisit the
24 time line. Staffing shortages on off shifts and

1 in certain departments began in the weeks after
2 the application for discontinuation was filed.
3 House manager coverage was limited for the off
4 shifts, as well, due to an FMLA. The hospital
5 went on ambulance bypass due to insufficiently
6 staffed intensive care beds for the number of
7 patients they were caring for at the time.
8 These alarming developments were what
9 ultimately led to Westlake's decision to instate a
10 temporary suspension so that further attrition
11 wouldn't inadvertently lead to an unsafe
12 environment for patient care.
13 The staffing declines that began with the
14 application for discontinuation continued upon the
15 issuance of the WARN notices. Longtime staff
16 began moving to other facilities or simply
17 retired, and a number of departures go into effect
18 this week and next.
19 As a result, Westlake now faces increased
20 staffing shortages across nearly all critical
21 units, including the intensive care, emergency
22 department, the acute rehab unit, obstetrics, and
23 behavioral health and even the department that
24 literally keeps the lights on at Westlake.

1 To underscore the extent of the loss we're
2 grappling with, I received notice last week that
3 our quality analyst, one of our most trusted
4 staffers, has accepted another position, leaving
5 the hospital with lack of infection control
6 monitoring, medical record extraction for specific
7 patient conditions, and reporting of key quality
8 data to regulatory agencies.
9 We are left to piece together a plan to
10 cover all that she does, from reporting out on
11 infections to abstracting the medical records for
12 quality data that are reported to the regulatory
13 agencies, and interfacing with doctors, directors,
14 and staff.
15 Meanwhile, several building engineers and
16 security staff have resigned, causing my
17 colleagues who manage the hospital's facilities to
18 assess how the hospital would be covered,
19 necessitating extending hours and stretching
20 shifts.
21 The losses are compounded by the recent
22 court orders requiring reinstatement of certain
23 medical services. The last-minute planning to
24 cover absences has devolved to embarrassing simple

1 but critical questions: How many patients can our
2 limited staff handle at any one moment? Where do
3 we put the patients? Should they be in the ICU or
4 on a floor? For example, the medical, surgical,
5 and behavioral health departments have each
6 consolidated their units. Beginning next week
7 there's an insufficient number of rehabilitation
8 nurses to care for those specialized patients.
9 To cover for shortages, the hospital does
10 rely on agency staffing with nurses affiliated
11 with outside agency covering shifts. The hospital
12 currently has three six-week contracts with agency
13 nurses in addition to using -- utilizing per diem
14 agency nurses, as available, to cover absences.
15 The behavioral health unit has also contracted for
16 an agency social worker since that unit has only
17 one of three positions filled.
18 There are inherent drawbacks with this
19 staffing model, as outside agency nurses aren't
20 immediately familiar with the hospital and its
21 policies and procedures and, therefore, are not a
22 viable long-term alternative.
23 Select staff from West Suburban are
24 utilized to cover at Westlake; for example, in the

1 radiology department for imaging services. But if
2 I were to provide more support from West Sub, this
3 would create a domino effect, requiring us to
4 employ agency staff at West Suburban to fill gaps
5 and compromise the availability and timeliness of
6 care to patients at West Suburban. Further,
7 because we are holding approximately 60 positions
8 open at West Suburban for Westlake employees, this
9 is a limited approach for filling gaps in
10 Melrose Park.
11 Of the existing staff, nurses in some
12 departments are gaming the staffing system. They
13 alternate from calling in sick one week and
14 filling in the following week to cover shortages,
15 allowing them to collect $10-an-hour bonuses and
16 additional overtime pay. To give you a sense of
17 the uptick of this practice, sick calls from
18 nurses at Westlake doubled from 58 in February to
19 116 total in March.
20 We've utilized medical/surgical services
21 to cover in the postanesthesia care unit and ICU,
22 and nurses are being requested to change their
23 established shifts for extended periods in order
24 to better cover shifts with less coverage. In

1 surgery, staff have inconsistent volumes, with
2 some days seeing 8 to 11 patients and other days
3 with no patients.
4 These circumstances are bringing out the
5 best and worst in Westlake's employees. Prior to
6 issuing the temporary suspension, the emergency
7 department director extended her day to over
8 24 hours to support her department because of a
9 call-in where she would have had only one agency
10 nurse for the night shift.
11 Meanwhile, staff discontent has allowed a
12 culture of anything goes to bubble to the surface.
13 The environment of uncertainty from the political
14 controversy created by local officials has
15 emboldened staff to act without fear of
16 retribution.
17 For instance, I learned that a medical
18 staff doctor recently called a secret all-staff
19 meeting, urging employees to contact their
20 congressional representatives about the
21 application for discontinuation, begging the
22 question who was taking care of the patients
23 during this session.
24 Another physician has been rounding on

1 units telling nurses not to leave and not to let
2 management know that he's talking to them because
3 the hospital will stay open.
4 Distrust has grown so much that I now
5 require unit directors to sign off on the daily
6 operations report, certifying that they're
7 staffing their units at a coverage level that
8 ensures patient safety for that shift, and that's
9 ultimately what this cost boils down to, assuring
10 safe, quality care.
11 While you've just heard from my colleagues
12 about the legal merits and financial constraints
13 necessitating today's hearing, I implore that you
14 put the patients above all else. The operational
15 and clinical conditions that we are contending
16 with at Westlake are, quite frankly, not
17 sustainable. Please agree to consider the
18 application today in the interests of putting
19 patients and the staff caring for them first.
20 Thank you again for the opportunity to
21 testify today, and I'm happy to answer questions.
22 CHAIRMAN MURPHY: Thank you.
23 MS. MITCHELL: The Applicant argued that
24 the Board does not have authority to defer the

1 discontinuation exemption application -- can you
2 hear me?
3 UNIDENTIFIED AUDIENCE MEMBERS: No.
4 MS. MITCHELL: That's not usually a
5 problem. Can you hear me now?
6 UNIDENTIFIED AUDIENCE MEMBERS: Yes.
7 MS. MITCHELL: Okay.
8 The Applicant argued that the Board does
9 not have authority to defer a discontinuation
10 exemption application.
11 The statute -- pursuant to the statute,
12 the Board cannot deny an exemption application if
13 all the required information is submitted, but it
14 does not limit the Board from deferring an
15 application. It does not state that the Board
16 cannot abide by its own rule and defer
17 consideration of an exemption application when
18 there is litigation. In fact, the statute is
19 silent on that.
20 Furthermore, the statute provides that the
21 State Board shall establish by regulation the
22 procedure and requirements regarding issuance of
23 exemptions. The Board has established a rule to
24 allow for deferral of an application when there's

1 pending litigation.
2 CHAIRMAN MURPHY: Thank you.
3 I'm going to take questions from the Board
4 members. But, first, there have been a lot of
5 statements made today about discussions with and
6 assurances from the Board staff, so I would like
7 to hear from our Board staff about these
8 discussions. And specifically I would like
9 information about the legal advice that you sought
10 about the rule.
11 MS. AVERY: The statement that was made
12 regarding Board staff advising the Applicant not
13 to address the disclosure is not accurate. And
14 I have to say I was greatly disappointed when
15 I learned that this is the way in which this
16 information would be presented.
17 In October, yes, I was approached by
18 Ms. Murphy; we had a discussion about the
19 possibility of Pipeline closing Westlake Hospital.
20 It was a possibility; it was not a fact.
21 Looking back, yes, I probably should have
22 advised when Ms. Hemme asked a question that was
23 not answered about the plans for Westlake
24 Hospital. I should have probably said something

1 at that point, but, again, it was not a factual
2 statement that this would occur.
3 We were contacted later on about the
4 possible restructuring of the change of ownership
5 plan -- well, let me go back.
6 I did say that, if this happens, it may be
7 a compliance issue, I'm not sure. At that
8 point I asked the general counsel, Jeannie
9 Mitchell, for her input on it, and we said, "Look.
10 We'll address that if we get to that point. It
11 does not have anything to do with the change of
12 ownership at this time in October."
13 There were further discussions that came
14 about regarding a restructuring, which we advised
15 that there will be a change of ownership and that
16 will require a new application.
17 But I did not want to leave it that Board
18 staff advised solely not to speak on the
19 discontinuation. At that point, again, it was not
20 factual information; it was a probability that it
21 would occur due to incorrect numbers -- as you
22 heard from the Applicants -- that were submitted
23 by Tenet Hospital.
24 In addition --

1 MS. MITCHELL: I'm sorry. I thought you
2 were done.
3 MS. AVERY: Sorry.
4 In addition to that, I would say that
5 another issue is, when we had these discussions,
6 we probably should have had it, again, with our
7 reviewers. But, once again, it was not something
8 that was factual at that point when we discussed
9 it in October.
10 We did start providing assistance before
11 the application was provided for the
12 discontinuation in probably December on to
13 January and then to the point that we received the
14 application for this closure in February.
15 MS. MITCHELL: And there was advice sought
16 from the Attorney General's office, as well --
17 MS. AVERY: Use your mic.
18 MS. MITCHELL: There -- we sought advice
19 from the Attorney General's office as far as the
20 application of the deferral language in our rules,
21 and they agree with our characterization.
22 CHAIRMAN MURPHY: Are there questions from
23 Board members?
24 Yes, Ms. Hamos.

1 MEMBER HAMOS: Yes. I would -- I guess
2 I'd like to make a statement about what I'm
3 hearing today. This is my very first hearing, so
4 I'm learning on the job.
5 And, first, I'd like to thank the 33 -- by
6 my count -- people from the community who came
7 forward today to give us very thoughtful and
8 compassionate and honest testimony about your
9 feelings about this closure.
10 So as a brand-new Board member and also as
11 a former legislator for 11 years -- and I mention
12 that because I'm reading the statute as a
13 legislature -- as a legislator -- I do believe
14 that we have a statutory obligation in this case.
15 Now, when this law was changed in 2015,
16 Public Act 99-0154 -- and this is a section of the
17 Planning Act that has to do with exemptions, and
18 it does say -- respectfully, I disagree with the
19 general counsel.
20 It does say "An exemption shall be
21 approved when information required by the Board by
22 rule is submitted." It doesn't say "except" --
23 I mean, I've written a lot of legislation during
24 my years. And it might have said "except as

1 provided in subsection B below," and subsection B
2 might have said "except when there's litigation."
3 But there is no litigation exception in
4 the law, and that's why the legislature -- which
5 clearly intended to provide for this expedited or
6 streamlined procedure for discontinuation of a
7 category of service or discontinuation of a health
8 care facility -- did intend the Board to approve
9 it when the information is provided.
10 Now, again, the legislature did not see
11 any litigation exception, and if they had in 2015
12 they might have said, "Well, wait a second. That
13 sounds like a loophole. We'd better deal with
14 that because anybody can bring litigation."
15 Now, that's my first point.
16 The second point -- so I think that we do
17 have a statutory obligation.
18 My second point is I know the legislature
19 did not see that language because this spring,
20 right now, they are trying to repeal this part of
21 the law, and that's in House Bill 123. So they're
22 trying to take away those two circumstances by
23 which exemptions would be provided in the future
24 if it passes and is signed into law.

1 But this law, this bill, does say, "If
2 there is a pending lawsuit on the closure of a
3 health care facility for which an application for
4 an exemption is under review, the Board shall
5 suspend any pending action involving that
6 application until the resolution of the lawsuit."
7 That would make it the law, but this
8 doesn't have law. This is -- I would argue that,
9 in fact, in 2015 when the legislature added those
10 two circumstances, it superseded that section on
11 pending litigation that was found in the
12 administrative rules. And, really, at that time
13 the Board or the Board staff might have said,
14 "There's an inconsistency here."
15 So the third point I would make is that
16 this litigation exception really makes no sense in
17 the context of what the law was trying to do in
18 2015. So the two -- you know, the reasons were --
19 for this exemption -- were added to the law, and
20 it didn't intend for the Board, then, to get all
21 the information and cede our authority to the
22 Courts.
23 I mean, we wouldn't even be allowed to
24 look at -- it was no longer a permit process where

1 we would look at all the information in front of
2 us, consider the need, get public input. We would
3 simply say, "Oh, there's litigation. The Courts
4 can handle it."
5 That doesn't make any sense on the face of
6 it and what this section of the law was really
7 trying to do. That -- really, it is a huge
8 loophole, and it runs counter to what I'm -- the
9 other point I'm going to make.
10 But I would tell you that I looked this
11 up. There are 91,000 lawyers registered in
12 Illinois, and I would suggest that anytime from
13 now on that an exemption would be pursued by
14 someone wishing to close a facility, there would
15 always be a litigant and one lawyer who would
16 bring litigation, so this would completely subvert
17 the whole intent of this law.
18 And the fourth -- the 2015 law.
19 And the fourth point I want to make is
20 that this also creates a precedent that really
21 runs counter to all the trends in the nation and
22 in our state to help transform the health care
23 industry and the health care service delivery
24 system.

1 The Illinois legislature and the
2 administration are following national trends, that
3 hospitals do need to transform, and there will be
4 a lot of exactly this kind of activity in, I would
5 suggest, the next 5 to 10 years. It's not
6 two years away, as one of those witnesses
7 suggested. It's here right now.
8 And that's why last year the Illinois
9 legislature and Governor set aside a $263 million
10 fund called the Hospital Transformation Fund,
11 because there is a general understanding that,
12 because of medical advancements and technology,
13 they are resulting in declining inpatient
14 utilization rates and, therefore, the need for
15 beds. And that's why Westlake today stands
16 70 percent empty. 31 percent occupancy is what
17 I saw in the application.
18 That's a national trend and, because of
19 that, there's more focus on hospitals transforming
20 and providing those kind of services as outpatient
21 services.
22 The transformation -- no transformation
23 will be easy for any community, and I think what
24 we heard today, very heartfelt and honest

1 responses, we will hear over and over every single
2 time a hospital wishes to transform. That's going
3 to be from well-meaning mayors and legislators and
4 unions and employees and doctors and everybody
5 else up and down the line.
6 But this Board should really embrace that
7 trend and understand that we are really on the
8 cusp of a very significant change in our health
9 care system. And instead of ceding authority to
10 the Courts to say "Let them decide," we should
11 not -- we should really embrace this, and that is
12 not the -- our role -- and that is not the
13 position we should take today.
14 So that precedent really will be huge
15 because the word will go out that anytime there is
16 an exemption application filed and a community is
17 distressed about a closure, all they have to do is
18 get one litigant and one attorney and this Board
19 is willing to wash our hands and let somebody else
20 deal with it.
21 So I would argue against this motion to
22 delay.
23 CHAIRMAN MURPHY: Thank you.
24 Are there any other questions or

1 statements from Board members?
2 Dr. Goyal -- let's work our way down the
3 line.
4 MEMBER GOYAL: Thank you, Madam Chair.
5 My name is Arvind Goyal. I represent
6 Medicaid on this Board. And you are safe because
7 I don't have a vote, but I have some questions, if
8 I may.
9 One, could you indicate, based on your
10 investigation or your data, what percentage of
11 your population is currently Medicaid and what
12 percentage is uninsured?
13 (An off-the-record discussion was held.)
14 MR. ORZANO: I don't want to misspeak.
15 I don't have those numbers off the top of my head.
16 MEMBER GOYAL: I think that adds to a
17 reason for deferral, but I would not influence the
18 Board's work on this.
19 Let me also make two comments, if I may:
20 One is I find it unbusinesslike to not have a full
21 financial picture before somebody starts buying
22 something.
23 (Applause.)
24 MEMBER GOYAL: If you got the information

1 three weeks after you owned the facility and you
2 did not look into what the financial picture was,
3 I do not know if it's a buyer's remorse or if it
4 is --
5 UNIDENTIFIED AUDIENCE MEMBERS: Yes, yes.
6 MEMBER GOYAL: -- really something you
7 should have known at the time you bought it.
8 (Applause.)
9 MEMBER GOYAL: And let me make one other
10 comment and then I'm done.
11 And that is, if -- it appears to me that
12 the debate here is between profit or loss versus
13 service.
14 I want to be sure that this Board takes
15 into account the fact that there are questions
16 based on issues raised by the community members
17 and representatives, et cetera, today that we do
18 need to look into the service method, regardless
19 of what the Courts decide.
20 And my final line is I'm also aware,
21 because of what I do in my daily life as medical
22 director of Medicaid, that Pipeline has three
23 hospitals in the area at this time and you want to
24 close one of the three.

1 I just would like for you to know that the
2 hospital ownership, hospital management --
3 hospital service, most importantly -- is based on
4 trust. How would you do it at the other two
5 hospitals is certainly in your court.
6 Thank you.
7 MR. SAFER: So, Doctor, I appreciate your
8 question and comments.
9 With regard to the knowing -- the due
10 diligence, obviously, there was much due diligence
11 done before this transaction was entered into, and
12 we had real insight into what was given to us for
13 the first half of the year.
14 But as you have seen, what could not have
15 been given to us until it happened was the fact
16 that those losses significantly accelerated in the
17 second half of the year, and that's not -- you
18 know, as you know better than -- than anybody
19 sitting on this side of the table, certainly, that
20 the revenues are affected by people, that all that
21 reflects is a dramatically declined census, a
22 dramatically declined demand for those services.
23 And it is because of that and because of a
24 desire to serve this population, to serve it with

1 viable entities, with outpatient investments, just
2 as a Board -- as the prior Board member said, that
3 Pipeline is motivated to do this.
4 And it is serving the community. They
5 want to serve in the community. They have
6 invested. They did due diligence. But you cannot
7 anticipate the rapid decline in the financial
8 picture. That is what led, for the first time,
9 the owners to think -- the expected new owners --
10 to think, "Is this viable?" and they raised that
11 question.
12 MEMBER GOYAL: Thank you.
13 CHAIRMAN MURPHY: Before we go on, can I
14 just make a statement?
15 I understand all of the passion
16 surrounding this issue, but I would ask that
17 audience members please refrain from reacting to
18 any of the comments made here in the interest of a
19 timely proceeding.
20 Thank you.
21 MS. MURPHY: There are two disparate
22 points that I would like to make with the Board's
23 indulgence.
24 One, I believe that the application itself

1 included Medicaid information and uncompensated
2 care, charity care information, and I believe, in
3 fact, with respect to the Medicaid statistics, we
4 submitted a supplemental set of information
5 because the original calculations had been
6 incorrect.
7 So I believe in the application materials
8 themselves there are those statistics, although
9 I don't remember them precisely off the top of my
10 head. Certainly, that supplemental piece should
11 be readily accessible.
12 The second point I want to make goes back
13 to the question of what was discussed on
14 October 30th. And I do want to --
15 CHAIRMAN MURPHY: Could you speak into
16 the mic?
17 MS. MURPHY: Oh, yes. Sorry.
18 I do want to clarify for the record that
19 the disclosure to Courtney was one of a possible
20 closure. It was not a definitive closure
21 decision. And so the advice that I believe
22 I received was that the possibility of closure
23 need not be communicated to the Board during the
24 public session.

1 And so to the extent that there was any
2 mischaracterization of that, I do want to clarify
3 that.
4 I will say, however, that I do not believe
5 that I was informed that it would be a potential
6 compliance action. That may have been a
7 discussion with counsel, but I do not believe that
8 I heard that on October 30th.
9 So I wanted to -- I wanted to clarify
10 those two points.
11 CHAIRMAN MURPHY: Thank you.
12 Mr. Gelder, do you have comments?
13 MEMBER GELDER: Okay. Yes. Thank you
14 very much.
15 I realize I'm coming into a movie here in
16 the -- in the middle. This is my first Board
17 meeting, too, as Member Hamos had described
18 previously.
19 UNIDENTIFIED AUDIENCE MEMBERS: We can't
20 hear you.
21 UNIDENTIFIED AUDIENCE MEMBER: Speak up.
22 MS. AVERY: Directly into the mic.
23 MEMBER GELDER: Okay.
24 MS. MITCHELL: Directly into the mic.

1 MEMBER GELDER: Okay. Directly into the
2 mic. Sorry.
3 All right. I was just saying how new I am
4 to this and the feeling as if I've come into a
5 movie without fully understanding all the plot and
6 the character development that may have happened
7 over the last several months. But that is the
8 nature of boards and, with the new Governor and
9 new appointees, there are some new members.
10 I was moved by Member Hamos' reference to
11 health system transformation since my former
12 position was, indeed, director of the Governor's
13 Office of Health System Transformation for
14 Illinois, and that is the milieux, that is the
15 environment, that's the context within which
16 I think we have to look at everything that we are
17 asked to do on this Board, at least it's the
18 context that I will be using.
19 I think all the good doctors that we heard
20 from today as well as the nurses and the medical
21 staff personnel are aware better than any of us
22 about how medical practice has changed. The
23 person who was coming in for a heart attack isn't
24 going to stay for a month, stay perhaps for a

1 few hours for the cardiac catheterization, be
2 transferred to a telemetry unit, and will be out.
3 That's the way it should be, but that's
4 not the way it was when Westlake and dozens of
5 other Chicago-area hospitals around the country --
6 that wasn't how medical practice occurred when
7 those hospitals were built.
8 And so I'm not -- I'm not, by my vote
9 here, saying I believe one side or another. I've
10 spent most of my career working with community
11 organizations and social service agencies and
12 community health centers to make sure health
13 care's accessible in their communities.
14 But what communities need more than
15 anything is access to high-quality primary care
16 and access to emergency care within specified
17 time frames. And we do need hospitals, and they
18 are going to be with us forever, hopefully,
19 because that is the best place for certain
20 types of care, but it's no longer the place for
21 many types of care that was common even 10 or
22 15 years ago.
23 And so I would -- I see my role as very
24 important in this context, as well, to support the

1 rule of law and not to be swayed by emotions and
2 sincere beliefs that are brought before us.
3 That is great; that is your right; that's
4 our obligation to hear. But then we have to
5 decide, make our votes based on what we think the
6 law says and not on what's convenient or helpful
7 to try to kind of, perhaps, kick a can down a
8 road.
9 So I appreciate everybody's comments
10 today, and I will be voting on these motions
11 accordingly.
12 CHAIRMAN MURPHY: Thank you.
13 MEMBER HAMOS: Marianne, may I speak?
14 MS. AVERY: Going down -- two more people.
15 CHAIRMAN MURPHY: Mr. McGlasson and then
16 Ms. Hemme.
17 MEMBER MC GLASSON: First, let me say that
18 I am not an attorney and I don't understand the --
19 don't know the process of temporary restraining
20 orders. But I do have what I think is an
21 important question.
22 You mentioned that the temporary
23 restraining order was granted through tomorrow.
24 My question is, when the request was made for the

1 restraining order, did they request that it go
2 through tomorrow, or did the people that granted
3 the request indicate tomorrow on their own
4 volition?
5 MR. SAFER: You know, I don't recall
6 exactly the answer to that, but I will tell you
7 that the Court was made aware of the fact that the
8 Board would be considering the application on
9 April 30th, and the Court, therefore, granted a
10 TRO to allow the Board -- said "Maintain the
11 status quo" -- maintain what was going on at the
12 hospital -- "until the Board can consider and vote
13 on April 30th."
14 MEMBER MC GLASSON: Thank you.
15 MR. SAFER: Thank you.
16 CHAIRMAN MURPHY: Ms. Hemme.
17 MEMBER HEMME: I don't know where to
18 start.
19 THE COURT REPORTER: Pull your mic close,
20 please.
21 MEMBER HEMME: Sorry.
22 When this came before the Board in
23 October, several criterion were presented by you
24 as being met. I have that transcript -- or your

1 application -- in front of me.
2 You said, under Criterion 1130.520(b)(3),
3 charity care policies, that your charity care
4 policy will remain in place for no less than
5 two years following the consummation of the
6 transaction.
7 UNIDENTIFIED AUDIENCE MEMBERS: That's
8 right. That's right.
9 UNIDENTIFIED AUDIENCE MEMBERS: Yes.
10 MEMBER HEMME: Second of all, when we
11 voted on this, you stated, Criterion 1130.520(b)(4),
12 benefits to the community, "Following the
13 transaction Westlake will continue to operate for
14 the benefit of the residents of Chicago and the
15 greater Chicago area, including serving poor and
16 underserved individuals through Westlake's
17 charitable activities."
18 Under Criterion 1130.520(b)(9), scope of
19 service changes or charity care changes, "The
20 transaction set forth in this COE will result in
21 no changes to the scope of services offered at
22 Westlake. Following the transaction, SRC will be
23 implementing a charity care policy at Westlake.
24 The SRC charity care will not be more restrictive

1 than the current charity care policy at Westlake
2 and will remain in effect for at least two years
3 after the transaction."
4 That's your application. That's your
5 words.
6 UNIDENTIFIED AUDIENCE MEMBERS: Yes.
7 MEMBER HEMME: And when we voted as a
8 Board, you told us you were meeting all of that
9 criterion, which is why we approved the sale.
10 Now you come before the Board, less than
11 six months later, and say, "We want to close this
12 hospital." I'm having a problem with that because
13 your own words said "we will not" upon this sale.
14 Second of all, I'm an accountant. I can't
15 believe that you didn't do due diligence in a
16 merger and acquisition.
17 (Applause.)
18 MEMBER HEMME: Even if it's within the
19 past six months, there's always a final review
20 before the papers are signed, and I know this
21 because I've participated in acquisitions before.
22 So you're sitting there telling me that
23 you were unaware, but you still have a final check
24 before you signed on that dotted line --

1 UNIDENTIFIED AUDIENCE MEMBERS: Yes.
2 MEMBER HEMME: -- and I feel that the
3 Courts need to review that particular thing.
4 The third thing, I've heard from our two
5 new members the latest buzzword, which seems to be
6 "health services transformation." That seems to
7 be on your mind, as well. If we have an
8 underserved area, why not produce health services
9 transformation, keep Westlake open, and, instead,
10 try to provide the services that they do need?
11 I do know exactly where Westlake is.
12 I drove past it maybe two weeks ago. There is
13 unlimited -- there is not unlimited bus service
14 there. They're not in Chicago. They're on
15 North Avenue.
16 And if you would just take the time to
17 drive down North Avenue -- just drive down it
18 almost anytime except at midnight -- you will find
19 that it's at least a 15-minute ride to Gottlieb
20 Hospital. It is not within walking distance.
21 There is not public transportation.
22 So why not, instead, let this go through
23 the court system, let us defer this vote until it
24 gets through the court system, and then, instead,

1 keep your word and do something called health
2 services transformation? Keep the building open
3 and provide what the community needs. It may be
4 beneficial to you as a corporation.
5 The last thing is I did notice that your
6 corporation says "We turn around hospitals in
7 trouble." I read that further back in the
8 application.
9 So are you a company that will turn around
10 this particular location to provide good, solid
11 health care services for this area?
12 MR. SAFER: So thank you -- thank you.
13 With regard to the --
14 (Applause.)
15 MR. SAFER: -- the court -- the first
16 thing I would say, with regard to "Let's let the
17 court system sort this out" -- and I understand
18 the appeal of that -- the problem is it's not
19 going to work that way.
20 The court system takes years to work
21 through. The money for this hospital will run out
22 in weeks, months, not -- you know, days,
23 not years.
24 So if you are going to say "Go through the

1 courts," the hospital will eventually -- sooner
2 rather than later -- run out of money, and there
3 will not be an orderly process that will follow.
4 It will be a disorderly process.
5 With regard to the statements made,
6 there -- as the statute requires, you know, you
7 have to pledge to maintain the charity care. That
8 pledge was 100 percent accurate when made. It was
9 absolutely carried out.
10 What was not anticipated -- what was
11 anticipated at the time was that the hospital
12 would be open indefinitely. That was not a pledge
13 to keep the hospital open for two years. Indeed,
14 as you know, the statute forbids that, a
15 continuation-of-service pledge in consideration of
16 a change of ownership, and that certainly, in that
17 application, was not such a pledge.
18 It was a pledge for -- that we believe
19 that this hospital is going to stay open and, if
20 it does, for two years we will not change the
21 charitable care. That's what was intended. If it
22 was inartfully said, then that is our fault, not
23 yours, but that was what that section says.
24 With regard to why not -- you know, why

1 serve the community? I mean, here -- here is the
2 reality: Are we prepared to turn around these
3 hospitals? As many as we possibly can, but there
4 is a finite amount of money.
5 And so the decision was made that
6 Westlake's -- because of the utilization, not
7 because of a desire not to serve the community but
8 because of a desire to serve the community -- that
9 what we would do is invest in outpatient
10 centers -- right there, right in that same
11 location -- invest in capital, invest in
12 treatment, invest in the services, the equipment,
13 the technology but not invest in a building that
14 was -- that is grossly underutilized by the --
15 this very community but, rather, give them the
16 patient care that they so richly deserve and turn
17 around the other two hospitals in that underserved
18 area.
19 That is exactly what we're trying to do,
20 and that is exactly what -- why Pipeline has come
21 in and invested in the community in real -- with
22 real money, but that real money is not unlimited,
23 and Westlake's money is running out quickly.
24 MR. ORZANO: I'll just add to what Ron

1 said.
2 We did diligence. We're acting as if this
3 is a static situation and things don't change. As
4 a physician on the end, I'm sure you can
5 appreciate the fact that on one day you may take
6 vitals from a patient, he may be doing fine, and
7 two weeks later things could change.
8 And when we made those pledges, we did
9 think the hospital was doing fine. All of our
10 diligence pointed to the fact the hospital was
11 doing fine.
12 We're sitting here on April 30th, with the
13 benefit of hindsight, knowing that it did, in
14 fact, not do fine since then. That was not under
15 our ownership. It was prior to us. We're trying
16 to do what's best with what's available to us.
17 Facts change. We're trying to make
18 decisions as those facts change. And if Westlake
19 was operating the way it was on June 30th and the
20 12 months prior to that, it was only losing 10- to
21 $12 million, we would absolutely think we could
22 turn it around and keep it open. It's not. It's
23 losing $25 million now.
24 Those facts change. It's not a savable

1 facility. It just isn't. I wish it was. There's
2 no benefit to us of shutting down this hospital
3 other than saving -- saving money for the other
4 facilities.
5 UNIDENTIFIED AUDIENCE MEMBER: Really,
6 they knew that.
7 UNIDENTIFIED AUDIENCE MEMBER: Do the
8 transformation for --
9 MS. MITCHELL: If we can please limit the
10 outbursts.
11 MR. ORZANO: The only other thing I'll add
12 that Ron mentioned is we did put in our proposal
13 that we did want to spend money on outpatient
14 services in that community, so we did want to
15 transform services. We put that in our statements
16 of what we were going to do.
17 MS. MURPHY: At the risk of underscoring
18 it one more time, it was precisely during the due
19 diligence process that the abrupt decline in the
20 financial performance of Westlake was discovered.
21 So that due diligence process was ongoing.
22 And when that was discovered, there was an
23 intensive effort to address that, to find out more
24 information from Tenet, and to figure out what the

1 path forward was from there.
2 CHAIRMAN MURPHY: Thank you.
3 Are there any other questions -- yes.
4 MEMBER HAMOS: So we've made some
5 statements about health care transformation.
6 Mr. Gelder and I, I think, both look at issues
7 like this from that lens.
8 I guess we had -- in the ideal world,
9 I think that the new owners would be talking to
10 the Mayor and to the community members to figure
11 out what other health care needs there are in that
12 community to really do health care transformation.
13 You've made a commitment, as I read it, to
14 provide outpatient services and to make an
15 additional investment in the very excellent FQHC
16 on-site, and you're going to keep an office
17 building to have outpatient services.
18 But maybe there's utilization for the
19 building -- not a hospital -- that is not health
20 care transformation to keep a hospital -- but it's
21 inpatient acute beds that are really going down in
22 their utilization. That's really where the need
23 is only 30 percent, and that's not, you know,
24 sustainable for anybody.

1 So in the ideal world, you, Mr. Orzano,
2 would make a commitment to work with the City to
3 really do health care transformation. Maybe
4 substance use disorder treatment, to become a
5 certified treatment center is an important use for
6 that community. So there are other uses for
7 buildings. Would you commit to really working on
8 that?
9 Unfortunately, I feel like this is going
10 to go downhill from here. You're going to be
11 languishing and losing precious resources, health
12 care resources, in the courts instead of working
13 on a problem-solving -- in a problem-solving way
14 to really get to understand the real needs of that
15 community.
16 MR. ORZANO: To answer your question, yes.
17 I mean, we will -- we are absolutely committed to
18 trying to find an appropriate operator for that
19 facility.
20 We -- as I'm sure the accountant can
21 appreciate, we --
22 MS. AVERY: Bring the mic a little closer.
23 MR. ORZANO: I'm sorry.
24 As I'm sure the accountant can appreciate,

1 we don't -- we have a lender on that property, and
2 so that lender needs to be satisfied. But as soon
3 as it is -- I mean, we have -- we will absolutely
4 try to sell that to somebody that can operate that
5 facility.
6 CHAIRMAN MURPHY: Are there any other --
7 are there any other questions?
8 MEMBER GELDER: Yes.
9 CHAIRMAN MURPHY: Yes.
10 MEMBER GELDER: I would maybe approach
11 that -- just underscore it -- probably not a
12 different approach at all but -- one of the
13 problems that I see so clearly just from the first
14 three or four hours I've put in on this Board is
15 that this becomes an adversarial process.
16 I mean, it's very common because of our
17 jurisprudence system; it's not something we're
18 surprised about as Americans. But health care
19 should be a cooperative venture. Health care is
20 not something about which there's two sides, a pro
21 and a con, a for or against, a buy or sell.
22 It's a process of helping communities
23 achieve -- and individuals in those communities
24 and families within those communities -- achieve

1 their highest level of health and functioning so
2 they can be -- they can participate in society.
3 And you -- it's -- really, it's unbelievable that
4 we sit here adversarially trying to approach this.
5 So, you know, underscoring what Julie
6 Hamos just said, I think the best that this -- the
7 best outcome that we can reach, I think, is for
8 the community and the owners, the current owners
9 of the hospital, to figure out what are the best
10 uses of that campus and how can health care be
11 improved in that community and then set about
12 applying the resources that were going to be
13 devoted to the -- operating a defunct, antiquated
14 facility -- and I'm sorry; I can't strike that but
15 I don't mean those words as hurtful to any of the
16 people who work there or people getting their care
17 there, people that have been born there and had
18 their kids there -- but many hospitals are no
19 longer needed, and beds in those hospitals are no
20 longer needed.
21 So if we could work towards a
22 collaborative effort to improve health care and
23 looking at what role that campus might play if --
24 it could be the outcome I would love to see from

1 all of this effort.
2 CHAIRMAN MURPHY: Yes, Dr. Goyal.
3 MEMBER GOYAL: Thank you, Madam Chair.
4 I just wanted to respond to your comment
5 about vital signs.
6 I don't think there is an excuse in the
7 health care system for not doing initial
8 assessment on any sick patient. And then if the
9 vital signs change because you did not do your due
10 diligence right at the beginning, when the patient
11 was first evaluated, I think it's a problem, and
12 that's exactly what I was saying.
13 CHAIRMAN MURPHY: Are there any other
14 questions or comments from Board members?
15 Dr. McNeil.
16 MEMBER MC NEIL: The only comment I will
17 make: We're dealing with a business decision
18 versus a human decision, something that has lasted
19 a long time.
20 From Pipeline's standpoint, you bought --
21 you found out you were losing over $2 million a
22 month. No matter what we say otherwise, that
23 cannot continue, even if it's a million and a half
24 a month or, even in the statements, a million a

1 month. So from a transition standpoint -- we're
2 not talking about a transition. We're talking
3 about a turnaround.
4 Now, you take that and what we've been
5 presented with from all the 30-some people this
6 morning -- they have a need. And what we see
7 constantly is that gap between the business and
8 the outflow of cash that becomes an emergency --
9 the checkbook will be empty -- versus the human
10 need and those two sides getting together -- and
11 it's been brought up -- on how we can resolve some
12 issues to offer good health care the best we can
13 and to provide those services.
14 You can't continue forever. You're a
15 privately owned company. In El Segundo,
16 California, where you're headquartered, you've
17 bought a lot of these hospitals, so you've had a
18 huge outlay of cash, not only this 70 million but
19 Dallas and other places. I've read about it.
20 So from a business standpoint, there's an
21 issue the community faces no matter what happens.
22 No matter what happens, that's a business decision
23 in the sense of the loss. And then there's a
24 human side of how we can sort of bring that

1 together.
2 So those are the issues that I see. And
3 as a Board, we have decisions to make according to
4 our rules and the way we have to do things.
5 CHAIRMAN MURPHY: Thank you.
6 Are there any other comments or questions?
7 (No response.)
8 CHAIRMAN MURPHY: There is a motion to
9 defer Application -- Project E-004-19.
10 Barring any other comments or discussions,
11 George, can you please call the roll vote?
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Dr. McNeil; seconded by
14 Ms. Hemme.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Yes. I vote yes to defer
17 the issue on the table.
18 And just in passing, I'd like to make a
19 quick comment. I hope you do try to bring the
20 community and your company together at some point.
21 I think it would be advantageous.
22 MR. ROATE: Thank you.
23 Mr. Gelder.
24 MEMBER GELDER: No.

1 MR. ROATE: Thank you.
2 Ms. Hamos.
3 MEMBER HAMOS: No.
4 For all the reasons I've stated, I do not
5 feel this is within the statute for us to be able
6 to do this.
7 MR. ROATE: Thank you.
8 Ms. Hemme.
9 MEMBER HEMME: Yes, I vote for deferral.
10 MR. ROATE: Thank you.
11 Mr. McGlasson.
12 MEMBER MC GLASSON: No. I vote no based
13 on the testimony here.
14 MR. ROATE: Thank you.
15 Dr. McNeil.
16 MEMBER MC NEIL: I vote yes based on the
17 testimony, transcripts, and the need to work out
18 some issues.
19 MR. ROATE: Thank you.
20 Madam Chair.
21 CHAIRMAN MURPHY: I vote yes for deferral
22 based on the interpretation provided by the
23 Board's general counsel.
24 MR. ROATE: Thank you.

1 That's 4 votes in the affirmative, 3 votes
2 in the negative.
3 CHAIRMAN MURPHY: The motion to defer
4 fails.
5 We will be taking up the application, the
6 exemption application, at that part in the agenda.
7 So now we are --
8 MS. AVERY: Questions?
9 MS. MURPHY: At the risk of asking a
10 stupid question, I -- I actually thought the
11 motion passed.
12 MEMBER HAMOS: It takes 5 votes.
13 MS. MITCHELL: It takes 5 votes.
14 MS. AVERY: It takes 5 votes.
15 MEMBER HAMOS: It's not a plurality.
16 MS. MURPHY: That's right.
17 CHAIRMAN MURPHY: We're going to break for
18 lunch.
19 (An off-the-record discussion was held.)
20 CHAIRMAN MURPHY: What do you mean, "What
21 happened?"
22 MS. AVERY: Let's explain it, Jeannie.
23 MS. MITCHELL: Okay. So it takes --
24 THE COURT REPORTER: Hold on. Hold on.

1 MS. MITCHELL: It takes 5 votes -- it
2 takes 5 affirmative votes for any motion to pass.
3 The vote was 4 to defer and 3 not to defer, so the
4 motion did not pass.
5 So the Board will consider the
6 discontinuation application where it is stated in
7 the agenda.
8 MS. MURPHY: Thank you very much.
9 CHAIRMAN MURPHY: And now we're going to
10 break for lunch. We will be back in -- at 1:15,
11 30 minutes.
12 (A recess was taken from 12:45 p.m. to
13 1:34 p.m.)
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1 CHAIRMAN MURPHY: Good afternoon.
2 We are going to continue on the agenda
3 with public participation, which is No. 8.
4 Please keep in mind we still have a lot of
5 folks that want to comment about various
6 applications, about 60. So at two minutes apiece,
7 you can see where that would take us until
8 forever. I hope you brought your sleeping bags.
9 MS. MITCHELL: Please --
10 CHAIRMAN MURPHY: Please keep your
11 comments to two minutes or less. I will not be as
12 polite as I was this morning. You will be asked
13 to halt at two minutes.
14 So we are going to start now with public
15 participation, and Jeannie is going to call
16 folks up.
17 MS. MITCHELL: All right. First group,
18 remember to state and spell your name at the
19 beginning of your remarks for the court reporter.
20 And if you have handwritten -- not handwritten --
21 if you have written comments, rather, please leave
22 them at the table.
23 (An off-the-record discussion was held.)
24 MS. MITCHELL: For Project 19-003,

1 Dr. Samuel Ohlander.
2 Is he here?
3 For Project 18-047, Anshu Chawa --
4 Chawla -- Drew Bell, Vince Brandys, Johnny Estrada.
5 MS. AVERY: Go ahead.
6 DR. OHLANDER: My name is Dr. Samuel
7 Ohlander, O-h- --
8 MS. AVERY: Mic to the mouth.
9 DR. OHLANDER: -- -l-a-n-d-e-r.
10 I'm a urologist, fellowship-trained in
11 male infertility. I'm here today to ask you to
12 support the proposed River North Center for
13 Reproductive Health, Project 19-3, which is a
14 proposal for a specialized surgery center which
15 will focus exclusively on treating male and female
16 infertility.
17 Last week was Infertility Awareness Week.
18 Across social media they were all sorts of posts
19 emphasizing how common infertility truly is. It
20 can be emotionally and physically draining on the
21 couples that we treat.
22 Traditionally infertility was thought to
23 be due to female factors alone, but now it is
24 better understood that infertility is not just a

1 female problem and a male factor is solely
2 responsible in about 20 percent of the infertile
3 couples and contributory in another 30 to
4 40 percent.
5 Male factor infertility is not just a
6 diagnosis but something that oftentimes may be
7 treated to improve chances of natural conception
8 or improve the success of assisted reproductive
9 techniques.
10 Years ago the only surgical intervention
11 for male infertility was microsurgical
12 reanastomosis of the vas deferens, more commonly
13 known as a vasectomy reversal. At that time men
14 with severe dysfunction in sperm production were
15 unable to father their own biological children.
16 Now, with our surgical and technological
17 advancements in reproductive medicine, this
18 doesn't have to be the case. Microsurgical sperm
19 extraction coupled with in vitro fertilization
20 makes conceiving a child possible.
21 Furthermore, we have the opportunity to
22 harvest and utilize testicular tissue as a viable
23 means of preserving fertility in men undergoing
24 chemotherapy or radiation in other complicated

1 cases. Research is moving toward similar
2 strategies in prepubescent children in hopes of
3 preserving the fertility of boys with childhood
4 cancer.
5 I have been working with the Fertility
6 Centers of Illinois physicians for sometime now,
7 but we have not had the opportunity to share the
8 same surgical treatment space until this project
9 was conceived.
10 Currently my procedures are done at an
11 IDPH-licensed site where the patient is under
12 general anesthetic and harvested tissue is then
13 transported to the FCI embryology lab for
14 processing and cryopreservation.
15 With this new center infertile couples
16 will now have access to the state-of-the-art
17 treatment of both male and female fertility
18 problems in the same center.
19 MR. ROATE: Two minutes.
20 DR. OHLANDER: Communication will be
21 immediate between the embryologists and myself.
22 Please approve this River North Center for
23 Reproductive Health. Thank you.
24 CHAIRMAN MURPHY: Thank you.

1 Go ahead.
2 MR. BELL: Drew Bell, B-e-l-l.
3 MS. MITCHELL: Bring the mic closer to you.
4 MR. BELL: Drew Bell, B-e-l-l.
5 My name's Drew Bell. I'm vice president
6 for operations for the Chicagoland region for
7 Surgical Care Affiliates.
8 I'd like to thank the Review Board members
9 for the opportunity to share a few comments
10 regarding my and others' opposition to
11 Project 18-047, the Ophthalmology Surgery Center
12 of Illinois in Itasca.
13 This application is constructed with the
14 intent to pull all of Dr. Kevin Kovach's surgical
15 volume from six identified area facilities that he
16 currently operates in, and he is the lead surgeon
17 at the Kovach Eye Institute practice listed on the
18 application.
19 Three of those six facilities are ASTCs,
20 and across those three sites he already performs
21 90 percent of his total surgical case volume, and
22 those three facilities are all listed as losing
23 100 percent of that case volume to this proposed
24 ASTC.

1 And two of those ASCs, Midwest Center for
2 Day Surgery and Naperville Surgery Center, are
3 facilities that we are partnered with and operate.
4 And, additionally, Dr. Kovach is a board member
5 and partner at Midwest Center for Day Surgery in
6 Downers Grove, where more than 50 percent of his
7 cases are currently performed.
8 As you can imagine, approval of this
9 project would lead to a substantially adverse
10 impact on those ASTCs, creating very difficult
11 dynamics around staff reductions, reduced
12 accessibility for patients, and decreased
13 capability for us to continue to invest in the
14 centers.
15 Both of the ASTCs we operate have
16 substantial amounts of capacity for additional
17 cases should their practice grow, and we see no
18 need for this project or justification for it. It
19 would simply be a redundancy of services and
20 materially adverse impact on all of these ASTCs in
21 the market, so I would encourage the Review Board
22 to deny this project.
23 Thank you very much.
24 MS. GARDINER: Dr. Chawla had to leave.

1 Can I read his statement for him? Is that --
2 MS. MITCHELL: No. Sorry. Our rules
3 don't allow anyone to read somebody else's
4 statement.
5 MS. AVERY: Do you have statements of
6 your own?
7 MS. GARDINER: I'm sorry?
8 MS. AVERY: Do you have statements of
9 your own?
10 MS. GARDINER: I do. Can I read his
11 instead of mine?
12 MS. AVERY: You read yours. You're going
13 to have to read yours.
14 The rules don't allow for that. You're
15 going to have to read yours.
16 MEMBER HAMOS: You can call it yours.
17 MEMBER GELDER: Yeah. Read his and call
18 it yours.
19 MS. AVERY: Yeah.
20 MS. GARDINER: Okay.
21 MEMBER HAMOS: If you agree with it.
22 MS. GARDINER: Yeah.
23 MS. AVERY: Okay.
24 MEMBER HAMOS: Okay. That's okay.

1 MS. GARDINER: Gardiner, G-a-r-d-i-n-e-r.
2 Hello. I'm Deborah Gardiner, director of
3 operations at Surgical Care Affiliates, and a
4 facility in my region is Midwest Center for Day
5 Surgery in Downers Grove. I would like to express
6 my opposition to the proposed Project No. 18-047.
7 Contrary to assertion in the application
8 for permit, the proposed surgery center will have
9 a devastating economic impact on Midwest Center
10 for Day Surgery.
11 Dr. Kevin Kovach from the Kovach Eye
12 Institute has been on our surgery center's medical
13 staff since 2009. For the last 10 years, Midwest
14 Center for Day Surgery has enthusiastically
15 supported and invested in all of Dr. Kovach's new
16 ventures and surgical procedures. When he
17 expanded his scope of practice in February 2016 by
18 bringing on a retinal specialist, the surgery
19 center invested $125,000 in specialized equipment
20 required for these procedures. The center has
21 purchased three microscopes at his request within
22 the past two years totaling over $120,000. All of
23 these and other capital equipment expenditures
24 directly contributed to the growing and broadening

1 scope of Dr. Kovach's ophthalmology practice.
2 Our satisfaction results validate that
3 Dr. Kovach's patients are extremely satisfied with
4 their experience at Midwest Center for Day
5 Surgery, especially with our talented and
6 specialized ophthalmology nursing staff. Nearly
7 all patients return to our surgery center.
8 As a result of our unflagging support of
9 his practice, the Kovach Eye Institute surgical
10 case volume at Midwest Center for Day Surgery
11 during the last five years has grown to represent
12 34 percent of our total case volume.
13 Withdrawing this volume will create a huge
14 void in the utilization of the surgery center,
15 which will be difficult to replace as our service
16 area is already saturated with ASTCs. An
17 additional consequence of the loss of this volume
18 would be the need to reduce staff hours and lay
19 off FTEs.
20 MR. ROATE: Two minutes.
21 MS. GARDINER: The Midwest Center for Day
22 Surgery has substantial capacity to accommodate --
23 CHAIRMAN MURPHY: Ma'am -- ma'am --
24 MS. GARDINER: -- additional growth --

1 CHAIRMAN MURPHY: -- ma'am, could you
2 please conclude your remarks?
3 MS. GARDINER: Absolutely.
4 The application states they are opening a
5 new center to accommodate Medicaid patients. Are
6 they --
7 CHAIRMAN MURPHY: Ma'am, could you please
8 conclude your remarks?
9 MS. GARDINER: I respectfully request you
10 deny the project.
11 CHAIRMAN MURPHY: Thank you.
12 THE COURT REPORTER: Leave your remarks if
13 you would, please.
14 DR. BRANDYS: Good afternoon. I'm
15 Dr. Vincent Brandys, B-r-a-n-d-y-s. I'm a senior
16 director of government and internal affairs at the
17 Illinois College of Optometry and staff director
18 at the Illinois Eye Institute, the clinical
19 division.
20 Dr. Toseef Hasan from Addison and
21 Glen Ellyn was here earlier, but he could not stay
22 as he had to get back in the clinic. These
23 remarks are mine, but I wanted to let the Board
24 know that there was another optometrist here in

1 support of this project.
2 I support 18-047 because of access to care
3 limitations. The Eye Institute is the largest
4 Medicaid eye practice in the state. We have
5 cataract patients who are waiting more than a
6 reasonable amount of time to get surgery.
7 I think the level of care that Dr. Kovach
8 has given all these years has been impressive, and
9 for us to continue to provide that care, the site
10 in Itasca would be paramount for us to have our
11 patients not wait.
12 For those of you who may not know what a
13 cataract is, it's a cloudiness of your lens.
14 Whether you're the CEO or the janitor of a
15 corporation, you need to be able to see to do your
16 job. And having to wait to have a cataract
17 done -- and specifically with the managed care
18 organizations having 70 different plans, in order
19 to accept all those, surgeons have to go through
20 considerable hoops.
21 I think Dr. Kovach has shown over
22 the years his support of optometry and
23 ophthalmology working together, providing very
24 quick turnaround of patients who have cataracts to

1 get back to their normal daily activities.
2 I support 18-047 and ask that the Board
3 does, as well.
4 MR. ESTRADA: Thank you. My name is
5 Johnny Estrada, and I'm here to oppose 18-047,
6 Center for -- Ophthalmology Surgery Center.
7 As of 2019 Dr. Kovach and his group have
8 already pulled their cases and have stopped
9 performing cases at Naperville Surgery Center. As
10 a result, Naperville Surgery Center is already
11 facing financial downfall as a result of his
12 removing all of his cases that were budgeted based
13 on his group.
14 If this continues, we will have a
15 shortfall of over 300 cases for the year, over
16 2,000 hours of OR utilization time that will not
17 be utilized, and a net revenue shortfall of over
18 $300,000.
19 In addition, teammates of Naperville
20 Surgery Center are no longer getting
21 consistent hours, causing hardship, financial
22 hardship, to them and their families.
23 And I ask this: If Dr. Kovach is not
24 performing cases at Naperville, with the

1 opportunity to have all the OR time that he has
2 available to him, where are these patients
3 receiving services?
4 Thank you.
5 MS. PREPHAN: Hello. My name is LuAnn
6 Prephan; that's P-r-e-p-h-a-n. I'm a director of
7 operations for Surgical Care Affiliates in
8 Chicago. I'd like to thank the Review Board for
9 providing the opportunity to speak in opposition
10 of this project.
11 I'm here today to oppose Project 18-047,
12 the Ophthalmology Surgery Center of Illinois,
13 Itasca. I'm responsible for the operations of
14 Naperville Surgery Center, which is one of the
15 locations where Dr. Kevin Kovach currently
16 performs ophthalmology procedures. I'm also
17 responsible for Golf Surgical Center, which is
18 mentioned in the Applicant's State Board response.
19 The approval of this project would mean a loss of
20 a large number of these procedures at the
21 Naperville ASC.
22 We're very concerned that the approval of
23 the project would lead to a significant impact to
24 Naperville operations and would create the need

1 for staff reductions as well as limit the access
2 to care for patients in the Naperville area.
3 Additionally, we currently provide a large
4 ophthalmology service line that allows us to
5 provide the latest equipment and technology, which
6 leads to better patient outcomes. A decrease in
7 volume puts the center at risk of not being able
8 to continue to provide this high level of care to
9 the patients that we serve.
10 It is also important to point out that
11 surgery schedule access in this market is not an
12 issue. At the Naperville Surgery Center, upwards
13 of 50 percent of our current surgery schedule is
14 open and available for scheduling on a daily
15 basis. Contrary to the Applicant's response
16 statement, Golf Surgical Center is an option for
17 scheduling ophthalmology cases, as well. At Golf
18 approximately 40 percent of our current surgery
19 schedule is open and available for scheduling.
20 In the interest of ophthalmology patients
21 in our market, I strongly encourage the Review
22 Board to deny the project.
23 MR. CONSTANTINO: May I please have your
24 comments.

1 MS. MITCHELL: Next up, for Project 18-047,
2 Sohila Parsinejad, LuAnn Prephan -- I think she
3 just went. Right?
4 LuAnn Prephan, did you just go?
5 MS. AVERY: Was that LuAnn?
6 MS. MITCHELL: Okay. Go ahead.
7 MS. PARSINEJAD: I'm the only one?
8 Hi. My name is Sohila Parsinejad,
9 P-a-r-s-i-n-e-j-a-d.
10 I am the manager director at --
11 MS. AVERY: Bring the mic closer.
12 MS. PARSINEJAD: I'm sorry.
13 I am the managing director at CIBC, which
14 formerly operated as The Private Bank in the
15 market. I'm here to express CIBC's support for
16 the approval of this project.
17 CIBC is backed by a 150-year-old Toronto-
18 based, global financial institution with our
19 headquarters here in Chicago. We invest in our
20 businesses, our clients, and people in our
21 communities.
22 I'm pleased here -- I'm pleased to be here
23 today to discuss our planned financing of this
24 surgery center, which will be a great benefit for

1 everyone but especially Medicaid patients with
2 access issues.
3 We've been working with this organization,
4 with Dr. Kovach and his -- or the organization's
5 leadership for the past several months, with
6 expectation that CIBC will be financing -- will be
7 the financing partner for this project. We have
8 reviewed the key financial elements of the deal
9 based on the pro forma statement prepared by a
10 well-respected, independent accounting firm
11 specializing in health care and other key
12 information about the planned surgery center, and
13 we're committed to funding this project as set
14 forth.
15 Subject approval of the certificate of
16 need -- subject to approval of the certificate of
17 need for this project, our summary financing would
18 include a loan of $1.5 million for capital
19 improvements to the site and to finance equipment
20 purchases. It would be a 66-month note,
21 6 months -- and the first 6 months would be
22 interest only, and it will convert to a term note.
23 We are pleased to be the financing partner
24 for this proposed surgery center and look forward

1 to the committee's approval of the certificate of
2 need, as required.
3 Thank you.
4 MS. MITCHELL: For Project 19-003,
5 Jim Draths, Annette Escobar, Richard Greenberg,
6 Kim Grikis, and Monica Varri.
7 Again, please state and spell your name
8 for the court reporter. And if you have written
9 comments, please leave them at the table.
10 You may begin.
11 MR. DRATHS: My name is Jim Draths --
12 that's D-r-a-t-h-s -- from Lake Forest Bank &
13 Trust Company, part of Wintrust Financial
14 Corporation.
15 I'm pleased to be here in support of the
16 certificate of need approval for Project 19-003,
17 River North Center for Reproductive Health, to be
18 located in Chicago.
19 We've been working with the physicians of
20 River North and their financial team for the past
21 several months as we hope to be their financing
22 partner for this project. We have reviewed the
23 proposed lease agreement, budgets, operating
24 budgets, and assumptions as well as the historical

1 financial information, and we are excited and
2 supportive of the opportunity. Moreover, we are
3 very comfortable with the financing requirements
4 to complete the project as outlined to the
5 HFSRB committee during the application process.
6 Subject to the approval of the certificate
7 of need for the project and on receipt of the
8 final construction documents, our summary
9 financing structure would include a leasehold
10 improvement loan to fund the medical equipment and
11 facility build-out requirements. This facility
12 will be structured as a nonrevolving line of
13 credit for one year during the construction period
14 and convert to a six-year fully amortizing term
15 loan upon completion of construction and opening
16 of the surgery center.
17 Secondarily, we'll provide a line of
18 credit to support the working capital needs for
19 River North Center for Reproductive Health, which
20 will be fully available to the borrower upon
21 completion of construction and opening of the
22 facility. The line will be structured as a
23 two-year tenor and supported by a blanket lien on
24 business assets, primarily accounts receivable of

1 the surgery center. Monthly payments of interest
2 would be required, and for both of those
3 facilities the approximate rate would be about
4 2.5 percent as of today's date.
5 We're very pleased to be the financing
6 partner for the proposed surgery center and look
7 forward to the committee's approval of the
8 certificate of need, as required.
9 Thank you.
10 MR. GREENBERG: Good afternoon, members of
11 the Board.
12 My name is Richard Greenberg,
13 G-r-e-e-n-b-e-r-g. I am here to speak in
14 support of the application of River North Center
15 for Reproductive Health, Project 19.3.
16 Thanks to the assistance of this
17 Applicant, my wife and I have a child, Lucas, who
18 could not otherwise have been conceived. Having
19 our son required in vitro fertilization and the
20 use of an egg donor, which these reproductive
21 experts facilitated and made happen.
22 Lucas brings us a tremendous amount of
23 joy. He's a special child who has completed our
24 family. I think that the new frontiers opened in

1 health care and in reproductive technology in
2 particular are quite important and have materially
3 enhanced the lives of so many families.
4 For example, technologies are now
5 available to freeze unfertilized eggs to permit
6 prospective parents to time pregnancies when it
7 makes the most sense to them. This did not exist
8 when we were trying to conceive Lucas.
9 I understand that IVF providers can now
10 even assist prospective parents by extracting
11 sperm from testicular tissue and using that to
12 conceive a child. These and other truly amazing
13 advances help otherwise childless parents build a
14 family.
15 Our process to conceive our son was truly
16 an ordeal. It took us four years from the time my
17 wife's fertility was diagnosed to the birth of our
18 son. We had to go through several cycles
19 involving, among other things, waiting for eggs to
20 mature and embryos to develop. At the time people
21 and friends suggested our goal of having another
22 child was not worth the effort, but our IVF team
23 was compassionate, professional, and encouraging
24 in using their expertise to make our dream come

1 true. Now everyone sees what a miracle it is
2 to have Lucas. We cannot imagine our lives
3 without him.
4 I'd like to thank the Board for listening
5 today to my story. I would ask that you please
6 approve the River North Center for Reproductive
7 Health project so that other families like mine
8 can be helped.
9 Thank you.
10 MS. ESCOBAR: Hello. My name is Annette
11 Escobar, E-s-c-o-b-a-r, and I'm here to share a
12 friend's fertility story. The remarks are mine
13 but I'm sharing her story. I appreciate the
14 opportunity to share their experience.
15 They found out about five years ago that
16 they had fertility issues. They were referred to
17 FCI for a consultation. The workup showed that
18 her husband did not have any sperm in the sample
19 he produced. They struggled with the news but
20 found so much reassurance once they met with
21 Dr. Rapisarda that they still had options for
22 achieving their dreams of having children.
23 He needed to have a surgical procedure
24 called a TESE to find out if he had -- produced

1 sperm at all. The doctor recommended a urologist
2 at a different facility to perform the procedure
3 and see. If he had any sperm that was found, it
4 would be saved and transferred to FCI.
5 The anxiety they experienced venturing out
6 to a new facility with staff they had never met
7 before was overwhelming. He experienced so much
8 emotional stress. Dealing with male infertility
9 is very personal and a sensitive topic, and he was
10 having to explain to everyone why exactly they
11 were there.
12 He was awake for the entire procedure,
13 wasn't given any choice or warning. He has
14 posttraumatic stress from this procedure. A
15 physician who he had met one time performed the
16 delicate and sensitive procedure while he was
17 awake.
18 She witnessed him mentally break down and
19 cry in the car as he could not stop reliving the
20 experience. This traumatizing procedure actually
21 negatively impacted the future potential to have
22 biological children.
23 The plan had originally been for him to
24 take medications to help his body naturally

1 produce sperm and then undergo another TESE
2 procedure to extract any sperm that would have
3 been created. He confessed to her, sobbing, that
4 he could never go through that procedure again.
5 At FCI they learned that TESE could be
6 done with anesthesia. The separate clinic never
7 offered this option to us. They chose FCI to --
8 they chose FCI due to its reputation of excellence
9 and the patient communication and high standard of
10 care; however, due to there not being a surgery
11 center to perform the procedure, he underwent one
12 of the most sensitive and private procedures with
13 complete strangers.
14 They finally got a positive pregnancy test
15 and were overjoyed.
16 MR. ROATE: Two minutes.
17 MS. ESCOBAR: Unfortunately, it was an
18 ectopic pregnancy and she again was slated to go
19 through another surgical procedure.
20 CHAIRMAN MURPHY: Ma'am, could you please
21 conclude your remarks?
22 MS. ESCOBAR: I firmly believe that FCI
23 needs a surgery center to provide continuity of
24 care throughout this -- throughout the entire

1 process of fertility.
2 Please approve the surgery center.
3 Thank you.
4 MS. VARRI: Hi. My name is Monica Varri,
5 V, as in "Victor," -a-r-r-i.
6 I support the North Center -- River North
7 Center for Reproductive Health center surgery for
8 IVF and child conception, Project No. 19-3.
9 Thanks to the expertise of the physicians
10 affiliated with this project, I have two beautiful
11 daughters, Sophia and Gabriella, who could not
12 have been conceived without in vitro
13 fertilization.
14 The world has changed in many ways, and,
15 for me, advancement in medicine has given me the
16 opportunity to have children. As a woman plans
17 her life's journey, starting as a little girl, she
18 creates expectations for what her life is going to
19 be like. That vision for most women involves a
20 clear expectation of having children and being
21 part of her own family, leaving a legacy and
22 sharing her love, energy, and values with the next
23 generation. I was one of those girls.
24 By the time I felt like I was in the right

1 place professionally to have kids, I learned it
2 was difficult for me to get pregnant without the
3 help of a fertility specialist. We have gone so
4 far in society to bring gender quality to the
5 workplace, allowing women to participate in
6 interesting and fulfilling careers, but as a
7 society we are still figuring out how parenting
8 fits with a woman's career. For me, it meant
9 delaying having children, which meant I became a
10 patient of the Fertility Clinic of Illinois.
11 The IVF process was complicated. For a
12 successful egg retrieval, there were injections, a
13 lot of early morning monitoring appointments, and
14 I was never quite sure what day I would have
15 procedures because it depended on the timing of
16 the egg maturation and the growth of the embryos
17 to the stage when they would be ready for
18 transfer. The physician overseeing my care was
19 on-call every day to be ready for my procedures.
20 This is a specialized group recognized for
21 high quality and success rates all over the
22 Midwest, the nation, and the globe. Please help
23 other people like me have a chance to build a
24 family. Please approve this surgery center.

1 THE COURT REPORTER: Please leave your
2 remarks.
3 MS. MITCHELL: For Project 19-016, Mark
4 Silberman and Juan Morado, Jr.
5 You may begin.
6 MR. MORADO: Thank you.
7 Not often do you see two former generals
8 counsel to the Board appear before you and offer
9 public testimony. We're here today to raise
10 concerns about the Village at Mercy Lake [sic],
11 Project 19-016, on behalf of our client Heritage.
12 Our client has been providing care in this
13 community for years, respects this Board, respects
14 its process, and expects its competitors will be
15 judged by the same standard it was held to in
16 establishing its facilities. There are a series
17 of procedural irregularities regarding this
18 project that bring us pause and we hope will
19 inspire this Board to also take pause, as well.
20 Those issues include the costs for this
21 facility are higher than any other long-term care
22 project approved over the last two years. The SAR
23 summarizes four deficiencies when there appear to
24 be at least six. The SAR claims that it is

1 projecting a seven-bed need but this project seeks
2 to add seven more beds than the projected need.
3 The Applicant's own market study does not justify
4 40 beds, only 24.
5 None of the referral letters included in
6 the application are compliant. There is no bank
7 letter regarding financing arrangements, and the
8 application cites to a letter that is not there.
9 The Applicants criticize the quality of existing
10 facilities but have their own issues and do not
11 cite those, either.
12 Not all the necessary Coapplicants appear
13 to be included in this application, and the
14 Applicant has failed to show that they have
15 control of the site wherein they hope to establish
16 a facility.
17 For all these reasons, we hope you take
18 pause and ask the appropriate questions of the
19 Applicant when they appear before you.
20 Thank you.
21 MR. SILBERMAN: Good afternoon.
22 My name is Mark Silberman. I'm here on
23 behalf of our client Heritage in opposition to
24 Project 19-16, the Village of Mercy Lake.

1 The biggest issue with regards to this
2 project is its overall posture. The Board needs
3 to consider that this -- there was a different
4 project that was approved at the last Board
5 meeting, establishing a facility at this exact
6 same site. It was approved on the promise that
7 that facility -- that another facility was going
8 to give up 40 beds to justify the need, but that
9 did not happen.
10 Now, that project was approved by the
11 Board and remains a valid, open project. It has
12 not been abandoned, nor has there been any
13 relinquishment that's filed that's available on
14 the website.
15 If the posture of this project is an
16 alteration of that project, then it's not properly
17 positioned as an alteration. If it's its own new
18 project, then this project shouldn't be able to
19 move forward until that project has been resolved
20 because relinquishment of an application under the
21 Board's rules requires filing an application,
22 filing a fee, appearing before the Board, and
23 receiving approval.
24 And the failure of that to have taken

1 place is not a failure of the Board, it's not a
2 failure of the staff, but it is something that the
3 Applicant should have to address because
4 relinquishment of the permit cannot take place
5 after the fact.
6 This project, inexplicably, is moving
7 forward very quickly. I think it's important for
8 the Board to consider. This new application was
9 filed on March 27th, 2019, and here we are,
10 32 days later, and it is being heard by the Board.
11 The project that was filed right after
12 this project, on March 29th, is currently
13 scheduled for September 17th, the Board meeting in
14 September of this Board. The project that was
15 filed immediately before this project, on
16 March 21st, is scheduled for August 6th, 2019.
17 There's no reason for this project to
18 proceed so forward so quickly because, at the end
19 of the day, we do believe that there is a very
20 serious legal issue if this Board is to have two
21 applications that it has approved to establish
22 different facilities at the exact same site.
23 MR. ROATE: Two minutes.
24 MR. SILBERMAN: For that reason, we would

1 ask you to take that into consideration in
2 evaluating these applications.
3 MS. MITCHELL: Next up, for
4 Project 18-042 --
5 THE COURT REPORTER: Leave your remarks,
6 please.
7 MS. MITCHELL: -- Quincy Medical Group
8 Surgery Center, Maureen Kahn, Julie Brink,
9 Laura Kent Donahue, Dave Boster, Lisa Neisen, and
10 Lexie Davis.
11 You may begin.
12 MS. KAHN: Okay. I'm Maureen Kahn,
13 K-a-h-n.
14 I'm Maureen Kahn, Blessing Health System.
15 I'm the CEO. At our last Board meeting, we took
16 to heart the comments of Chairman Sewell, Senator
17 Demuzio, and Dr. McNeil and have done everything
18 in our power with QMG on the existing surgery
19 center that we own and that QMG manages.
20 QMG sold that facility to us in 2006 when
21 they were having financial difficulty, and our two
22 organizations together have made it viable. QMG
23 wanted to buy it back, and we offered them in
24 February a 40 percent interest in that center.

1 After our March meeting the Blessing board
2 approved a pure 50/50 collaboration with equal
3 ownership and representation on the ASTC Board.
4 Representatives from our two boards met
5 just two weeks ago to discuss our proposal.
6 I thought it was a productive meeting, and yet
7 here we are again today, meeting for approval on a
8 second unneeded surgery center in Quincy. Our
9 50/50 joint venture is still on the table.
10 Also, we have addressed all of the issues
11 which QMG has raised with regard to what they say
12 are deficiencies with the existing surgery center,
13 and with QMG's cooperation I believe these issues
14 can be resolved. After all, QMG is still the
15 facility's manager. The Quincy community wants
16 QMG and Blessing to collaborate on the existing
17 surgery center, and we want that, too.
18 I affirm to this Board on behalf of
19 Blessing that if this project is denied, we will
20 not pull the offer because we are better together,
21 and I ask the Board to deny Project 18-042.
22 Thank you.
23 MS. BRINK: Hi. I'm Julie Brink,
24 B-r-i-n-k.

1 My name is Julie Brink, and I'm a member
2 of a family-owned construction and trucking
3 company with more than 100 employees in Quincy and
4 serve as the chair of the Blessing Hospital Board.
5 I was here at your meeting in March and
6 was greatly encouraged to hear a majority of this
7 Board express a strong desire for Blessing and QMG
8 to work together in the best interest of the
9 community. I can affirm that Blessing and the
10 Quincy community and most employers want this
11 collaboration.
12 In response to the comments we heard from
13 you last month, we offered QMG a pure 50/50 joint
14 venture. Our Board believes this is what's best
15 for the Quincy community and are behind it.
16 We offered QMG equal ownership and equal
17 Board representation of the existing surgery
18 center. In addition, consistent with the comments
19 of Mr. Sewell and Dr. McNeil in March, our
20 proposal included a mutually acceptable tiebreaker
21 on the surgery center Board from the employer
22 community.
23 This is a win-win proposal because a joint
24 venture represents a less costly alternative that

1 avoids unnecessary duplication, reduces the
2 adverse impact of the proposed project on existing
3 providers that cross-subsidize safety net
4 services, eliminates the patient safety issues
5 inherent in a remote cardiac cath lab, and enjoys
6 support from a large margin of the employer
7 community.
8 Our collaboration offer is open-ended. We
9 believe this is the best option for the community
10 and the best option for both Blessing and QMG.
11 I respectfully ask that you deny Project 18-042.
12 Thank you for your time.
13 MS. KENT DONAHUE: Laura Kent Donahue,
14 D-o-n-a-h-u-e.
15 My name is Laura Kent Donahue. A lifelong
16 resident of Quincy, I represented Western Illinois
17 in the Illinois Senate for 22 years. I currently
18 serve on the Illini Community Hospital Board of
19 trustees.
20 Senator Demuzio, Dr. Mitchell [sic], you
21 were right when you said that the fighting needs
22 to stop and Blessing and QMG need to collaborate
23 on the existing surgery center. I know this
24 collaborative approach is what is best, in the

1 best interest of our community.
2 Senator Demuzio, you said at the last
3 meeting you were disappointed when you saw some
4 headshaking at the suggestion of a surgery center
5 joint venture on the Quincy-Blessing campus. Let
6 me assure you that those were not Blessing heads
7 shaking. The Blessing leadership, the Blessing
8 board, and the Blessing employees are a hundred
9 percent -- hundred percent behind this
10 collaboration.
11 The rules of this Board specifically
12 promote joint ventures as alternatives to projects
13 by single Applicants, and they specifically
14 promote ASTC joint ventures that include a
15 hospital partner. Blessing's proposed joint
16 venture with QMG advances the Review Board
17 policies behind this rule.
18 I know all that Blessing has done prior to
19 the March meeting to reach an agreement with QMG.
20 I also know that QMG has been spinning this in the
21 community and to this Board. Frankly, the only
22 thing that is going to bring QMG to the table is
23 to deny this project, and that is what
24 I respectfully ask you to do.

1 Thank you.
2 MR. BOSTER: My name is Dave Boster, B, as
3 in "boy," -o-s-t-e-r.
4 I'm one of the trustees, all unpaid
5 volunteers, on the Blessing Hospital Board, and
6 I oppose Quincy Medical Group's CON.
7 Blessing Hospital has served the Quincy
8 area as a not-for-profit, community-owned hospital
9 for 144 years. There are 36 different community
10 members represented on various Blessing boards,
11 and 735 community members serve in other volunteer
12 roles.
13 We are a caring, committed organization
14 that continually does strategic planning to
15 address the ever-changing needs of our community.
16 The Board recognizes the shift to outpatient care
17 and has been working closely with leadership to
18 transition the organization to best meet the
19 community needs.
20 For example, Blessing established an
21 employer clinic in 2017 with 25 employers and
22 still growing. We opened three regional clinics
23 and one urgent care clinic throughout the region
24 and have partnered with Hyvee and County Market to

1 locate additional clinics.
2 Blessing has partnered with area colleges
3 to provide education opportunities, an investment
4 that is critical to maintaining staffing levels
5 for both Blessing and QMG. We partner frequently
6 with other providers to offer important services
7 to the area, like the EMS system, ambulance
8 restocking, and air evac for helicopter
9 transfer -- transport -- with a pad outside
10 our ER.
11 It's Blessing's belief we are better
12 together, and that applies to QMG, as well. One
13 financially viable surgery center co-owned by
14 Blessing and QMG is better than two duplicative
15 centers that will inevitably cut safety net and
16 other, less profitable services.
17 We urge you to deny Project 18-042.
18 MS. DAVIS: My name is Lexie Davis. I'm a
19 polling director for Remington Research Group,
20 which is a nationally acclaimed polling firm
21 specializing in political and corporate public
22 opinion survey research.
23 Remington has conducted many thousands of
24 polls over our 15-year history. We were asked to

1 do an objective as possible baseline poll of
2 attitudes surrounding this proposed project and
3 alternatives, not a push poll.
4 On a single evening, last Wednesday,
5 April 24th, we completed 405 live interviews of
6 registered voters in Adams, Brown, Schuyler,
7 Hancock, McDonough, Scott, and Pike Counties, a
8 statistically relevant sample with a margin of
9 error of plus or minus 4.85 percent.
10 We found that both QMG and Blessing enjoy
11 excellent favorable ratings in the 71 to
12 72 percent range. 3 in 4 responding indicated
13 that they had seen, read, or heard something
14 recently about QMG or Blessing.
15 Regarding the surgery center matter, we
16 found a clear community preference for
17 collaboration on the existing ASTC over a second
18 ASTC in the Quincy Mall. Collaboration on the
19 current center was the choice of the majority of
20 the public. 50 percent support the center while
21 only 21 percent oppose. This is a net positive
22 29-point margin in favor of collaboration.
23 A very unusual thing happened the day
24 after we completed this poll. QMG sent out a

1 fraud alert to local media and on social media,
2 asking residents not to respond to the poll and
3 report calls to QMG, truly a first for us, but
4 that incident did not influence our
5 already-completed survey.
6 The favorable ratings for Blessing
7 Hospital are some of the highest we have seen for
8 a hospital, and the poll indicates strong support
9 for the 50/50 proposal Blessing has presented.
10 MS. NEISEN: Hello. I'm Lisa Neisen,
11 N-e-i-s-e-n, and I'm a 28-year employee of
12 Blessing Health System, and I'm the brand strategy
13 director.
14 After last month's meeting, our leadership
15 took to heart the words of Review Board members
16 and decided to do our part to set a better tone
17 through our actions and our words in the best
18 interest of the greater Quincy community.
19 Both QMG and Blessing regularly advertise
20 in both print and broadcast platforms with very
21 similar frequency, and we decided to use our
22 normal ad rotation these past three weeks to
23 acknowledge teamwork.
24 Our first ad featured a heart attack

1 victim who was saved through the work of Blessing
2 and QMG doctors. Our second ad, narrated by
3 Senator Donahue, touched on how Blessing and its
4 partners together improve the quality of life in
5 our community.
6 These ads never once mentioned the surgery
7 center matter. They were not about advocacy; they
8 were a general positive shout-out to all who
9 participate in providing health care in our area.
10 Generalized positive tone, nothing more, just to
11 do our part.
12 Much of what was said last month did not
13 reflect sentiment or experience in Quincy. I am
14 proud to be a part of a community-owned
15 institution that improves lives -- yes, with all
16 sorts of partners -- and I'm proud to be
17 associated with its positive tone.
18 Thank you.
19 MS. MITCHELL: Next up, Steve Hathaway,
20 Mark Schmitz, Kent Adams, Ryan Stuckman -- and
21 I remind you, Mr. Stuckman, that you can't read a
22 statement on behalf of somebody else based on our
23 guidelines -- Dr. Randy Tobler, and Adam Booth.
24 MR. HATHAWAY: Good afternoon.

1 My name is Steve Hathaway,
2 H-a-t-h-a-w-a-y. I serve as vice president and
3 general manager of the Titan International
4 facility in Quincy. Titan produces wheels and
5 tires for use in the agriculture, construction,
6 forestry, and mining industries and has over
7 $1 1/2 billion in annual sales. With
8 approximately 1,000 employees in Quincy and
9 approximately 7,000 employees overall, Titan is
10 one of Quincy's largest employers.
11 At your meeting last month, before issuing
12 the intent to deny, a majority of this Board urged
13 QMG and Blessing to find a way to collaborate. To
14 the Board members who offered that advice, let me
15 say this: Your words and encouragement echoed
16 strongly and favorably in Quincy.
17 My company strongly prefers a
18 collaboration outcome. 13 of Quincy's largest
19 employers submitted a joint letter, which in part
20 says, "Appreciating both the concerns raised by
21 QMG as well as those expressed by Blessing
22 Hospital related to the impact of a shift in
23 health care dollars away from the community
24 benefits and safety net services that Blessing

1 currently provides, we agree that such effort at
2 collaboration between QMG and Blessing would be in
3 the best interest of the Quincy community, our
4 employees, and the patients served by QMG and
5 Blessing. We believe the Review Board members
6 shared wise counsel and advice."
7 Similar letters from Quincy University and
8 others were even more forceful.
9 I respectfully urge this Board to show
10 resolve today by seeing your wise counsel through.
11 Please reward those parties who look to approach
12 collaboration fully and in good faith.
13 Thank you.
14 MR. SCHMITZ: Mark, M-a-r-k; Schmitz,
15 S-c-h-m-i-t-z.
16 I'm the executive director of Transitions
17 of Western Illinois. We're a charitable, not-for-
18 profit agency that provides mental health,
19 rehabilitation, and education services to some
20 9,000 area residents annually. We have a staff
21 of 175, which makes us a significant employer in
22 Quincy.
23 Transitions today joins the growing
24 employer-community chorus that wants

1 collaboration, not necessarily the project before
2 you today.
3 We believe the message that was sent at
4 the last meeting of the Board was the correct one,
5 encouraging both QMG and Blessing to engage in a
6 dialogue to achieve a solution where both groups
7 can win in the interest of quality care at a
8 reasonable price without jeopardizing other
9 aspects of our health systems of care. This is
10 important to Transitions both as an employer and
11 for our consumers who rely on services from both
12 providers to be quality and strong.
13 I understand this Board's rules expressly
14 encourage joint ventures. The circumstance before
15 you today, with staff reports indicating findings
16 of unnecessary duplication and adverse impacts
17 associated with a second surgery center in Quincy,
18 calls out for the sort of collaboration and joint
19 venture that's been offered to QMG.
20 I believe our two premier health providers
21 can and should do better than this proposal.
22 Through their application QMG has brought needed
23 attention to the important issue of how our health
24 care prices in our community are higher than other

1 similar communities; however, we do need an
2 alternative which both provides lower costs while
3 being financially sustainable for each provider
4 and also that doesn't result in destabilizing our
5 community's safety net services.
6 Thank you.
7 MR. ADAMS: My name is Kent Adams,
8 A-d-a-m-s. I'm a partner with Adams & McReynolds
9 Retirement Partners. We consult on retirement,
10 investment, and insurance products for individuals
11 and businesses and are deeply connected to the
12 Quincy business community.
13 I previously served as chief executive
14 officer with the Moorman Manufacturing Company,
15 which was and still is one of Quincy's largest
16 manufacturers and employers. Moormon today is
17 part of ADM and is now known as ADM Alliance
18 Nutrition of Quincy.
19 My partner Laura McReynolds and I have a
20 popular weekly radio show in Quincy and the
21 surrounding area, focusing on topics which
22 provided wisdom and guidance for the second half
23 of life.
24 The record reflects that far more Quincy-

1 area employers and residents support collaboration
2 than the few who side with the second surgery
3 center.
4 I, personally, want to see collaboration,
5 not consternation, in my health care, something we
6 know that is possible if both parties come
7 together in good faith. Sometimes a little nudge
8 is required, and I hope this Review Board does so
9 today.
10 As the medical hub for 50 miles in every
11 direction, Quincy today is fortunate to have
12 wide-ranging medical resources. The staff report
13 explains how that will change, negatively, with a
14 second surgery center. Collaboration will
15 preserve safety net services and those medical
16 services that are not the most profitable to
17 maintain and deliver.
18 This Review Board tapped into the
19 sentiment in Quincy when it asked that the parties
20 work this out. Blessing's 50/50 joint venture
21 offer has been well received in the community.
22 MR. ROATE: Two minutes.
23 MR. ADAMS: Why this matter is up again so
24 soon and --

1 CHAIRMAN MURPHY: Sir --
2 MR. ADAMS: -- in this context is
3 puzzling, disappointing --
4 CHAIRMAN MURPHY: Sir --
5 MR. ADAMS: -- and disheartening.
6 Thank you.
7 DR. TOBLER: I'm Dr. Randy Tobler,
8 T-o-b-l-e-r. I'm the CEO and medical director of
9 the department of ob-gyn of Scotland County
10 Hospital in Memphis, Missouri.
11 Scotland County is a critical-access
12 hospital in the northeast part of the state. We
13 have had a collaboration agreement with Blessing
14 Health System since May of 2014. This has been an
15 effective partnership in clinical care and
16 innovative approaches that keeps care local to our
17 community and grows relationships with local
18 community business and thought leaders.
19 Scotland County Hospital and Blessing
20 Health System have shared visions for providing
21 affordable and proximate access to quality health
22 care services in our region. Our organizations
23 have consistently intersected positively in many
24 areas, including a robust cardiology service and

1 Blessing's recent inclusion of our hospital in a
2 clinically integrated network, which is already
3 delivering value with better quality at reduced
4 costs to the patients served by its physicians.
5 In our experience with Blessing, they've
6 been open to the community needs to keep care
7 local. It's willing to assist us in achieving our
8 goals and ready to compromise as necessary to
9 achieve the expectations of the community.
10 My facility currently benefits from the
11 efficiencies of collaboration on clinical programs
12 that have long been successful with both providers
13 here today, Quincy Medical Group and Blessing, and
14 it's clear to me that a collaborative approach to
15 the existing surgery center would be the best
16 outcome from a cost, quality, safety, and outcome
17 perspective.
18 QMG and Blessing have the opportunity now
19 to take the current ASTC and, together, evolve it
20 for the future needs of the region. Whether it
21 remains in the current location or moves to the
22 hospital campus, as recommended by one member of
23 the Review Board, I encourage and support
24 collaboration on the project. Synergy, not

1 division, should be the guiding light going
2 forward.
3 As administrator and physician, it's
4 crystal clear that, for the sake of responsible
5 resource stewardship and the promises of
6 innovation through collaboration, I urge you to
7 join me in recognizing that synergy.
8 Thank you.
9 MR. STUCKMAN: I'm Ryan Stuckman,
10 S-t-u-c-k-m-a-n, a former member of Quincy
11 University's basketball team and recipient of both
12 undergrad and graduate degrees from QU.
13 Our president, Phillip Conover's schedule
14 could not permit him to be here today. In
15 addition, QU experienced a tragic loss of a senior
16 student, which prevented anyone else from QU to
17 attend. In his absence, I'm presenting his
18 comments on behalf of QU, and I adopt them as my
19 own.
20 I believe that the proposed outpatient
21 surgery center at the Quincy Mall would not be in
22 the best interest of our region. The center would
23 be a duplication of services in our area and
24 ultimately could lead to a loss of much-needed

1 services that are currently funded by profits from
2 the existing surgery center. These services
3 include a trauma center, the emergency care
4 department, and behavioral treatment services,
5 among others.
6 I believe that the Facilities and Services
7 Review Board made a wise decision at its March 5th
8 meeting. The member's suggestion that Blessing
9 Hospital and Quincy Medical Group collaborate on
10 ways to make the current surgery center more
11 viable for our community would be beneficial
12 for all.
13 I am asking that you keep your past
14 admonition on both parties to do what is good for
15 the region and work collaboratively together for
16 the good of our citizens and area.
17 MR. BOOTH: My name is Adam Booth,
18 B-o-o-t-h. A lifelong resident of Quincy, I am a
19 real estate developer, business owner. I'm here
20 today to speak in opposition to 18-042.
21 I was here at that Board meeting in March.
22 Long day. Several Board members urged that the
23 parties work together and mend some fences for the
24 benefit of Quincy. I agree. Quincy is far better

1 when Quincy Medical Group and Blessing can
2 collaborate together and work more on the existing
3 surgery center and avoid this damaging duplication
4 of unnecessary services.
5 Unfortunately, I don't feel that QMG has
6 put forth a serious and good faith effort into
7 trying to do what the Board members asked. A mere
8 two weeks after the intent to deny ruling, QMG had
9 already requested to reappear before this Board
10 without even meeting with Blessing.
11 Since the last Board meeting, all we have
12 heard -- all we have seen from QMG is one
13 announcement after another about how they are
14 proceeding with their own ASTC surgery center at
15 the mall and installing banners on the building
16 promoting the new facility, social media videos
17 lauding this unnecessary second surgery center,
18 and the continuing belittling of Blessing in the
19 process.
20 QMG has been too busy moving forward on
21 this proposed project instead of making a serious
22 effort to explore collaboration. If QMG is
23 allowed to move forward today, what's broken in
24 Quincy will not be fixed. Our community will

1 lose.
2 MS. MITCHELL: Next up, Lori Wilkey,
3 Dr. Joe Meyer, Elliott Kuida, Dr. Irshad Siddiqui,
4 and Tim Tranor.
5 MR. KUIDA: Hello. My name is Elliott
6 Kuida and that's K-u-i-d-a. I serve as the
7 executive vice president and chief operating
8 officer at Blessing Hospital.
9 Listening to the testimony by QMG at your
10 March meeting, I was struck by the number of
11 issues that were brought up by QMG spokespeople,
12 of which the Blessing team had no prior knowledge.
13 One example was Dr. Alexandre's testimony,
14 and he spoke about a recent experience at the
15 surgery center where a surgical consent form was
16 in question. He indicated that he felt that he
17 was bullied during this incident, so upon return
18 to the hospital, I reached out to Dr. Alexandre to
19 learn about this incident and to schedule a
20 meeting to discuss it.
21 The day before the meeting, Dr. Alexandre
22 emailed me to say that it was not a Blessing
23 employee with whom he had interacted and, rather
24 than discuss something that occurred in the past,

1 he had other pressing issues that he wished to
2 discuss with me and my team, and so we did so.
3 Since the March meeting Blessing has
4 worked with QMG to expand hours of operation at
5 the existing ASTC. We have also identified future
6 options to add more hours and more rooms across
7 the week to accommodate future demand. Blessing
8 has taken seriously your direction to collaborate
9 for the benefit of our community. We are
10 committed to resolve all issues that we have
11 learned from the previous COPN testimony.
12 QMG and Blessing have a long history of
13 working together, and Quincy will benefit if we
14 collaborate further through a 50/50 shared
15 ownership of the existing and underutilized ASTC.
16 I respectfully believe denial of this
17 project, No. 18-042, is warranted.
18 DR. MEYER: My name is Dr. Joseph Meyer,
19 M-e-y-e-r, and I am vice president of Quincy
20 Anesthesia Associates, QAA.
21 In January I delivered an impact statement
22 refuting the need for an additional surgery center
23 in Quincy. I testified again in March, and
24 I stand before you today for the same reason.

1 Each time I have stood before this Board, I've
2 addressed QMG's complaint that the anesthesia
3 department is not providing Quincy Medical Group's
4 surgeons their desire for extended weekday and
5 weekend hours.
6 After four months of testimony and
7 hearings, I respectfully ask a simple question of
8 the Board I stand before: A certificate of need
9 implies just that, need. Is there a genuine need
10 for another surgery center in Quincy? My answer
11 is an emphatic no, and these are the reasons why:
12 For the first four months of this year,
13 the Surgery Center of Quincy continues to run as
14 inefficiently as it has in the past. In
15 April 75 percent of the time all operating rooms
16 have finished by 3:00 p.m. Additionally, in April
17 there were 10 days in which one operating room was
18 completely empty.
19 Nevertheless, in an effort to grant QMG's
20 surgeons the additional OR time they desire,
21 Blessing Hospital and QAA have extended services.
22 As of April 1st we are now providing additional
23 evening hours Monday through Thursday as well as
24 two Saturdays a month. My anesthesia department

1 is happy to provide extended hours at the surgery
2 center in order to satisfy QMG.
3 In 2003 there was a need for an outpatient
4 surgery center in Quincy. Today, a second surgery
5 center in Quincy is completely unnecessary, given
6 the fact that the current SC is underutilized.
7 Despite operating rooms sitting empty, Blessing
8 Hospital and QAA have increased coverage to
9 accommodate the requests of QMG.
10 A second surgery center in Quincy would
11 result in duplication of services and increased
12 health care costs by further increasing
13 inefficiencies.
14 For these reasons I respectfully request
15 that you deny COPN 18-042 and thank you for your
16 time.
17 DR. SIDDIQUI. Good afternoon. I'm
18 Dr. Irshad Siddiqui, I-r-s-h-a-d S-i-d-d-i-q-u-i.
19 I serve as chief health information officer for
20 Blessing Health System, here to address medical
21 records access between QMG and Blessing.
22 The project application said, "QMG
23 physicians do not have access -- immediate access
24 to the complete medical record of their patients

1 when performing services at Quincy's existing ASTC
2 and, as a result, QMG physicians are required to
3 navigate two electronic medical record systems."
4 Please know that Blessing has offered on
5 several occasions, starting in December 2015, to
6 deploy a solution called dbMotion to connect the
7 two systems. Throughout the country a great many
8 leading health systems have very successfully
9 linked two medical records systems through
10 dbMotion.
11 To date QMG's Iowa-based 45 percent owner,
12 UnityPoint, has disallowed this connection, citing
13 some unknown administrative effort that may be
14 needed to maintain such an integration. Please
15 know that full interconnection is immediately
16 possible if only UnityPoint would allow it.
17 A joint venture opens more possibilities.
18 Blessing and QMG could create a community data
19 asset, providing significant benefits to our
20 patients and our physicians. Pathways to exchange
21 orders, results, documentation, and patient
22 registration information can be created with the
23 use of special health information exchange
24 software. This software can also provide

1 analytics to improve productivity and efficiency
2 and optimized supply chain.
3 As an IT expert, I believe this is a
4 better solution, being cooperative and
5 transforming health care together, for the
6 community than creating a second, stand-alone ASTC
7 with a separate Epic medical record.
8 I respectfully ask that you deny
9 Project 18-042. Thank you.
10 MR. TRANOR: My name is Tim Tranor,
11 T-r-a-n-o-r. I'm the chief nursing officer of
12 Blessing Hospital.
13 Your hearing on March 5th was the first
14 time I heard the expressed concerns of Quincy
15 Medical Group. In my experience, both Blessing
16 and QMG physicians have created a positive
17 environment for our employees and patients.
18 Whenever there are differences that need
19 to be addressed, both QMG and Blessing have
20 multiple avenues to voice concerns or make
21 recommendations. There are multiple operational
22 and administrative committees to deal with any
23 issues that may arise.
24 After first hearing concerns raised at the

1 March hearing, I immediately followed up with
2 QMG's newly hired neurosurgeon, Dr. Anderson, who
3 testified that his requested blocks were denied.
4 In conversation he confirmed with us -- just as he
5 had in our initial meeting several weeks prior --
6 that he is planning to work in the shared
7 neurosurgery block that his QMG partners have
8 until the neuro block reaches a significantly
9 higher utilization. We also recently completed
10 a million-dollar capital purchase in collaboration
11 with Dr. Anderson for equipment to meet the needs
12 of neurosurgery.
13 Blessing is committed to QMG's growth.
14 Blessing and QMG can both be successful and
15 provide high-quality health care to our community
16 without unnecessarily duplicating services.
17 Working together is the best solution.
18 I urge the Board to vote no on QMG's
19 application for a new surgery center.
20 MS. WILKEY: My name is Lori Wilkey,
21 W-i-l-k-e-y. I am the administrative director of
22 surgical services and the cancer center at
23 Blessing Hospital. I oppose QMG's CON request
24 because a second surgery center is a duplication

1 of services.
2 As I listened to the testimony on
3 March 5th, I was taken by surprise since it was
4 the first time I had heard many of the comments.
5 I have a positive working relationship with the
6 surgeons at QMG, and they have every opportunity
7 to voice concerns or make recommendations. These
8 surgeons participate in multiple operational
9 committees where any concern can be easily
10 addressed.
11 Some of QMG's previous testimony
12 specifically referenced a need for expanded hours
13 in the surgery center. On March 11th Blessing
14 Hospital leadership added an agenda item to the
15 medical consultant committee to discuss
16 expanded hours in the surgery center. A week
17 later, at that meeting, we asked the committee,
18 which is comprised primarily of QMG physicians,
19 what the expansion of hours means to them.
20 While the group was unable to give
21 specifics, we felt committed to move forward with
22 expanded hours and did so effective April 1st,
23 adding an additional two hours per day Monday
24 through Thursday as well as opening two Saturdays

1 per month. To date, these expanded hours have
2 been minimally utilized.
3 Blessing leadership, anesthesia, and
4 surgery center staff are committed to further
5 expansion of hours. It is my belief, through
6 continued collaboration with QMG physicians, that,
7 together, we can build the best surgical
8 experience for our community.
9 Thank you.
10 MS. MITCHELL: Next up, Justin Hale,
11 Scott Koelliker, Pat Gerveler, Julie Duke, and
12 Tim Moore.
13 If you have written comments, please
14 either give them to George or leave them on the
15 table.
16 You may begin.
17 MR. GERVELER: Thank you.
18 My name is Patrick Gerveler,
19 G-e-r-v-e-l-e-r. I am the executive vice
20 president and CFO for the Blessing Health System.
21 I support the staff's negative finding on
22 the financial viability criteria for QMG's
23 application.
24 There are two major financial issues with

1 QMG's application. First, QMG does not have the
2 appropriate financial standing to start up a new
3 surgery center. To properly plan for a project of
4 this size, QMG should have improved operating
5 margins and reserved the required levels of days'
6 cash on hand to meet the CON standards for
7 financial viability.
8 Instead, QMG is now promising to reserve
9 future cash flows of $1.8 million. As the staff
10 report notes, that is only enough cash to cover
11 operating expenses for 4 days, and the rules
12 require 45 days, which is $15 million.
13 Second, this ASTC will redistribute
14 $40 million annually in net margin from Blessing
15 Hospital to QMG investors. It will skim the most
16 profitable surgery cases while patients who are
17 unable to pay will be left to Blessing.
18 The $40 million annual loss is real. The
19 staff notes that Blessing will lose 10,658 cases
20 a year to the project by its second year of
21 operation. It's easy to look at the hard data and
22 run the numbers, and they do, indeed, total over
23 $40 million.
24 This project is a duplication of services

1 according to the staff report. I respectfully
2 urge the Board to deny QMG's bid for a second ASTC
3 in Quincy.
4 Thank you.
5 MR. HALE: Justin Hale, H-a-l-e. I am the
6 director of managed care and decision support for
7 the Blessing Health System. I wish to set the
8 record straight on some comments QMG's consultants
9 made at the March hearing.
10 One consultant used data from Quantros
11 CareTracks to state that Blessing was higher cost.
12 Blessing has access to the same data, and we
13 looked at the same cost-and-margin analysis. We
14 pulled eight similarly sized hospitals, as did the
15 QMG analysis. Blessing is right at or below the
16 cost of seven of these eight hospitals.
17 QMG claims Blessing was higher cost than
18 all the other analysis. Blessing contends the
19 data shows that we are not high cost. Not only
20 does the data show we are not high cost, but it
21 also shows that Blessing is in the 92nd percentile
22 in overall quality.
23 Another claim was that Blessing has
24 80 percent market share. Blessing utilizes a firm

1 named Trilliant for market share analysis which
2 captures 95 percent of the claims in our market.
3 In the 27-zip code GSA identified on page 95 of
4 QMG's application, Blessing's surgical market
5 share hovers around 50 percent, not the dominant
6 market position QMG claims.
7 QMG also claims that Blessing has higher
8 margins than the hospitals they studied. This is
9 not true. Blessing's operating EBITDA is in line
10 with Moody's medians for comparable hospitals.
11 Finally, QMG continues to base its project
12 on unrealistic growth projections. Market
13 research from Trilliant shows that demand for
14 surgical cases is negative 1.2 percent through
15 2019. There's simply is no need for an additional
16 surgical center.
17 MR. KOELLIKER: Good afternoon. My name
18 is Scott Koelliker, K-o-e-l-l-i-k-e-r. I'm the
19 executive vice president for Blessing Physician
20 Services. Four years ago this month, Blessing
21 formally launched a price reduction process that,
22 when fully implemented, will equal if not exceed
23 all proposed price savings in the QMG application.
24 Our approach has three focuses: First, we

1 established a population health strategy, which
2 led to an implementation of a clinically
3 integrated network as well as an ACO with plans to
4 explore additional value-based programs.
5 In just one year we reduced total cost of
6 care by $29 per member per month, while improving
7 quality in five different clinical areas, such as
8 high blood pressure and diabetes management.
9 Second, we improved our cost structure,
10 resulting in millions of dollars of cost
11 reductions.
12 Third, we worked closely with our patients
13 and employers to continually understand their
14 needs, especially around affordability of care.
15 As a result of this planning, among other
16 things, Blessing has rolled out the following
17 price reductions to our community: The existing
18 surgery center in Quincy is now formally moving to
19 a freestanding ASTC. Our pricing will be at or
20 below anything suggested by QMG.
21 In our 48th and Maine location, Blessing
22 will be offering high-quality radiology and
23 laboratory services with competing pricing in a
24 facility with convenient access to the consumer.

1 In short, any price reductions suggested
2 in Project 18-042 are already being achieved, and
3 then some, in the existing Quincy Surgery Center.
4 Thank you.
5 MR. MOORE: Tim Moore, M-o-o-r-e. I'm the
6 vice president of finance and chief accounting
7 officer for the Blessing Health System.
8 Quincy Medical Group has been
9 misrepresenting our financial 990 forms, and
10 I wanted the Review Board members to understand
11 these facts if, in fact, it comes up here.
12 Last Wednesday, April 24th, QMG posted a
13 Facebook video featuring its revenue cycle
14 director. In it she stated that Blessing Hospital
15 had profits of $74 million in fiscal year 2017 and
16 that Blessing Corporate Services had a profit of
17 $13 million, for a combined profit of $87 million,
18 in 2017. That is completely untrue.
19 The Form 990 is complex, and QMG did not
20 account for Schedule D of the 990, which
21 reconciles the information from page 1 for the tax
22 accounting of the 990 to the actual audited
23 financials of Blessing. Blessing Corporate
24 Services, which includes Blessing Hospital, had a

1 total operating income of $46 million in 2017.
2 When that $46 million is reduced by the
3 $41 million negative impact of QMG redirecting
4 10,658 surgical cases from Blessing to the
5 proposed surgery center, Blessing is left with
6 only $5 million in operating income. Blessing
7 would not meet basic capital spending needs nor be
8 able to pay its annual principal and interest on
9 its debt with that 5 million left over.
10 Blessing will be forced to reduce jobs by
11 over 400 positions through both layoffs and
12 attrition to be in a financial position to
13 adequately maintain equipment and facilities and
14 fund debt obligations. Blessing would also have
15 to reduce the extent of safety net services it now
16 provides to the community.
17 Please deny Project 18-042. Thank you.
18 MS. DUKE: Good afternoon. My name is
19 Julie Duke, D-u-k-e, and I am the administrative
20 director of the revenue cycle for Blessing.
21 I'm here to address Blessing's pricing.
22 Historically we have utilized provider-based
23 reimbursement. Medicare put this reimbursement
24 model in place because they saw the need for

1 hospitals to fund safety net services, and we have
2 properly utilized it.
3 Many hospitals use this provider-based
4 reimbursement option with CMS; however, the world
5 is changing, we fight new containments, and we
6 have adapted. Well before we learned of the CON
7 application, Blessing was moving from
8 hospital-based pricing to an ASTC facility fee at
9 the existing surgery center.
10 We formally submitted our change request
11 to CMS in February and expect to receive CMS
12 approval soon. With that change, Blessing's ASTC
13 will be charging the exact same fee that QMG's
14 project would offer. Consequently, QMG's
15 recommendation that its second surgery center will
16 lower costs is simply not correct.
17 What is correct is the adverse impact on
18 both Blessing Hospital and the existing ASTC as
19 found by your staff report.
20 I respectfully oppose Project 18-042.
21 CHAIRMAN MURPHY: We're going to take a
22 five-minute break. Don't go far.
23 (A recess was taken from 2:47 p.m. to
24 2:53 p.m.)

1 MS. GUILD: The next people to come to the
2 table are John McDowell, Dr. Eliot Nissenbaum,
3 Brenda Beshears, Dr. Harsha Polavarapu -- sorry --
4 and Kyle Dixon.
5 MR. MC DOWELL: I'm John McDowell,
6 M-c-D-o-w-e-l-l. I serve as Blessing's
7 administrative director of psychiatric services
8 with administrative oversight of our 41 inpatient
9 behavioral health beds.
10 We are the only inpatient provider for
11 behavioral health beds serving ages 5 through
12 adulthood within a hundred miles. I oppose an
13 unneeded second surgery center for Quincy.
14 This CON threatens the continued viability
15 of the inpatient behavioral health services that
16 my staff and I work to provide every day. It
17 takes away the most profitable areas of the
18 hospital while leaving nonprofitable safety net
19 services like behavioral health without offsetting
20 financial support. To make up for the $41 million
21 in lost annual revenue, behavioral health services
22 would be among the first services to be
23 compromised.
24 The population that we serve is both

1 vulnerable and substantial. Studies show a
2 prevalence of mental health disorders in Illinois
3 affecting 16 percent of adults and 13 percent of
4 adolescents. People in mental health crisis come
5 through our emergency room 24/7. In 2018
6 70 percent of the 2,000 admissions to our facility
7 came through our local emergency room.
8 Because mental health services are not
9 profitable, we must have support from the
10 profitable areas of the organization to be
11 sustainable. Just a couple months ago, the next
12 closest behavioral inpatient unit in Jacksonville
13 closed its 10-bed psychiatric unit.
14 Maintaining inpatient care locally gives
15 our patients and their families access to the
16 support systems that are so important for
17 successful treatment.
18 To safeguard the continued provision of
19 safety net services like inpatient behavioral
20 health, I respectfully urge denial of CON 18-042.
21 DR. NISSENBAUM: Good afternoon. I'm
22 Dr. Eliot Nissenbaum. I'm a Board-certified
23 invasive cardiologist working at Blessing Health
24 System. I also work at Scotland County Hospital

1 and the Hamilton Warsaw Clinic, also part of the
2 Blessing Health System.
3 I wish to address serious concerns
4 regarding the remote cath lab proposed by QMG,
5 which would be the only one in Illinois.
6 In QMG's application reference is made to
7 two nonpeer-reviewed articles regarding
8 cardiovascular procedures at surgical centers.
9 Please understand that the National Cardiovascular
10 Data Registry reports 1.9 percent adverse events
11 with diagnostic caths and for percutaneous
12 intervention, which are stent procedures, balloon
13 stenting and so forth like that, and that they
14 also have had adverse events reported more than
15 diagnostic caths as aforementioned, including
16 nearly 1 percent dissection of aortas and
17 2.5 percent bleeding.
18 Now, with that in mind, what is going to
19 happen when there is an adverse event at this
20 remote cath lab which is over 2 miles away from
21 the nearest hospital? That's very important to
22 consider. Is the patient going to be wheeled
23 through the shopping mall on a stretcher, the
24 shopping mall there? How else are they going to

1 get to the parking lot? Also, there is not going
2 to be an ambulance just sitting there waiting for
3 them. QMG will have to call one. Will an
4 ambulance even be available? And how long will it
5 take for them to get there?
6 This has not been thought out thoroughly
7 from a cardiac point of view. Blessing Hospital
8 has repeatedly asked QMG for its procedures and
9 protocols for maintaining patient safety, and QMG
10 has repeatedly ignored these requests. They want
11 a transfer agreement with Blessing, but they will
12 not provide Blessing with even the basic
13 fundamental safety measures they intend to
14 implement to protect patients in the case of an
15 adverse event.
16 I respectfully say that it would not be
17 responsible to approve this remote cath lab given
18 the unaddressed dangers presented.
19 MR. ROATE: Two minutes.
20 DR. NISSENBAUM: I oppose CON 18-042.
21 Thank you very much for your time.
22 MS. BESHEARS: I'm Brenda Beshears,
23 B-e-s-h-e-a-r-s.
24 As the president and CEO of the

1 Blessing-Rieman College of Nursing & Health
2 Sciences, I'm here today to oppose this CON
3 application.
4 Quincy is not a destination city. It must
5 grow our health care workers from within. That's
6 the reality of rural health care, as those from
7 downstate know from experience.
8 Blessing spends millions every year
9 educating medical lab, radiology, surgical
10 technicians, nurses, nurse-practitioners,
11 physician assistants, and family medicine
12 physicians. The community and QMG benefit
13 greatly.
14 A list of education programs that Blessing
15 now supports include the SIU School of Medicine
16 family practice residency, nursing programs at
17 various levels with Blessing-Rieman College of
18 Nursing & Health Sciences, John Wood Community
19 College, which is a collaborator, Culver-Stockton
20 College, and Quincy University, both partnerships;
21 radiology; EMS training program for area paramedic
22 staff; pharmacy, surgical, and lab tech programs;
23 respiratory therapy; and health information
24 management.

1 Rural health care has always required
2 collaboration to thrive. I feel that QMG has
3 turned its back on collaboration with this CON
4 with long-term negative impacts for the greater
5 Quincy community.
6 Please deny CON Application 18-042.
7 DR. POLAVARAPU: Hi. My name is
8 Dr. Harsha Polavarapu, P-o-l-a-v-a-r-a-p-u. I am
9 a colorectal surgeon, and I also serve as the
10 chairman of the department of surgery at the
11 Blessing Hospital.
12 I would like to bring the Board's
13 attention to two things that we have done since
14 the last March hearing.
15 Blessing Hospital has continued to work
16 with QMG and its surgeons to improve the
17 operations of the existing ASTC. We have extended
18 the operations of hours in the OR and the
19 GI procedural areas and Saturday morning hours, as
20 well, and we can also add additional rooms
21 and hours of operation as needed.
22 The second thing we have done is we have
23 converted the ASTC from hospital-based to
24 freestanding ambulatory site status. The plan is

1 to submit for our accreditation visit in the
2 coming months.
3 As you're aware, this transition will
4 lower the reimbursement to the surgery center from
5 the hospital-based payment to the freestanding
6 ambulatory payment, a change that will benefit our
7 patients and employers of the region.
8 Since the March meeting Blessing has been
9 working to enhance the ASTC experience for our
10 surgeons and the patients alike. We're committed
11 to working together with QMG in the best interest
12 of the Quincy community.
13 I respectfully request that you deny the
14 CON 18-042 based on the standard of duplication of
15 the services. Thank you.
16 MR. DIXON: Good afternoon. I'm Kyle
17 Dixon, D-i-x-o-n, a captain for Adams County
18 Ambulance.
19 We do not support or oppose Quincy Medical
20 Group's application; however, it does create
21 concerns for delivering emergency medical services
22 to our community and our response to critical
23 patients at their facility.
24 We operate six advanced life support

1 ambulances countywide with three in the Quincy
2 District, and we are the sole provider of
3 prehospital EMS transport services in Adams
4 County.
5 The two transfer agreements that Quincy
6 Medical Group currently has in place are both more
7 than a hundred miles from Quincy. In the event of
8 a necessary transfer, this would require us to
9 either dispatch an on-duty ambulance or wait
10 60 minutes for an on-call crew, if not already
11 committed on another transfer.
12 Good patient care is at stake in both
13 scenarios. Either the patient from Quincy Medical
14 Group waits and loses critical time or the
15 patients calling 911 for an ambulance would have a
16 longer response time throughout the community.
17 We routinely do interfacility transfers to
18 both Peoria and Springfield and know that our
19 crews are gone for five to six hours for each
20 trip. This is an extended period for an ambulance
21 to be out of district and out of service.
22 As this Board considers the many issues
23 associated with this CON, I ask you to consider
24 the patient care impact in our community.

1 Thank you.
2 MS. GUILD: Next group, Sandy Behl,
3 Barb Richmiller, and John Cooley, and then there's
4 one more group from Blessing after that.
5 MS. BEHL: Sandy Behl, B-e-h-l. I'm the
6 manager of the emergency medical services
7 department at Blessing Hospital and have an
8 extensive background in emergency medical
9 services. I also serve as the program director
10 for Blessing's paramedic program.
11 I have serious concerns over the proposed
12 location of this surgery center and the inherent
13 risks for cardiac cath patients who might require
14 emergency ambulance transport to the Blessing
15 Hospital campus.
16 The proposed site is over 2 miles from the
17 hospital. I'm not aware of any freestanding
18 cardiac cath labs in Illinois, much less one
19 that's 2 miles from the nearest hospital. We have
20 asked QMG for safety data on this and to date have
21 provided -- they have provided nothing.
22 In an emergency situation the ambulance
23 crew, assuming that they were available, would be
24 traveling with a patient along the busy Broadway

1 corridor through three high-traffic intersections,
2 which further increases risk.
3 Blessing has proposed a joint venture with
4 QMG for an ASTC on the Blessing campus and has
5 even discussed a cardiac cath service in the ASTC
6 that would be directly connected to the hospital
7 surgical floor via a pedestrian bridge. This
8 would provide lower costs for cath procedures
9 while ensuring immediate access to the hospital in
10 the case of an adverse event. It's the best of
11 both worlds.
12 From an EMS and patient safety perspective
13 and from the cost perspective, as well, the
14 proposed Blessing joint venture is a much better
15 alternative to this project.
16 I respectfully urge denial of CON 18-042.
17 MR. COOLEY: Good afternoon. My name is
18 John Cooley. That's C-double o-l-e-y.
19 I respectfully oppose QMG's proposed
20 surgery center and hope instead that QMG will
21 cooperate with Blessing on the existing and
22 underutilized surgery center in Quincy, Illinois.
23 A lifelong Quincy resident and having
24 volunteered at Blessing Hospital for 17 years,

1 I wish to share the perspective of many of my
2 volunteers.
3 Over 735 volunteers donated 64,310 hours
4 in fiscal year of 2018. Volunteers serve
5 42 hospital departments, including the emergency
6 department, patient floors, and the cancer center.
7 They greet and direct patients. They manage the
8 Blessing Tea Room cafe and gift shop, with profits
9 donated back in the form of surgical equipment and
10 support for the cancer center.
11 Volunteers provide information and support
12 in our waiting rooms. They visit and deliver
13 flowers and mail to patients. Volunteer chaplains
14 pray with patients every day.
15 Our community is a hospital in every
16 sense, and giving back is a part of our small town
17 culture. Unlike the Chicago area, there isn't
18 another hospital in Quincy to fill the void if
19 service must be discontinued because a nonprofit
20 service has been redirected away.
21 The truth is that Quincy Medical Group and
22 Blessing have a long and positive history of
23 working together. Regarding the existing surgery
24 center, Blessing stepped up after financial

1 pressures forced QMG to sell, and Blessing kept
2 QMG as both manager and landlord. Blessing has
3 stepped up again to bring QMG back into the
4 ownership as a full and equal partner. Our
5 community spirit and, certainly, our volunteers
6 support our -- such cooperation.
7 Thank you.
8 MS. RICHMILLER: My name is Barb
9 Richmiller, R-i-c-h-m-i-l-l-e-r.
10 I've lived in Quincy my entire life and am
11 one of 735 community volunteers who give of our
12 time to Blessing Hospital. I volunteer because
13 I feel strongly about the importance of a strong
14 community hospital and the important work that
15 Blessing does for patients in our area.
16 That's why I respectfully oppose QMG's
17 application for a second surgery center in Quincy
18 and why I hope QMG will come around to embracing
19 collaboration.
20 I give back to Blessing because of what
21 Blessing provides our community. It's our
22 hospital, owned by the community. Blessing's
23 mission is to improve the health of our
24 communities, and its volunteers help serve that

1 mission. Citizen involvement is second nature
2 because it is our hospital.
3 Giving back takes many forms within the
4 walls of our hospital. We all know what will
5 happen if the more profitable patient volumes, as
6 identified in the staff report, are shifted away
7 from an already underutilized surgery center and
8 hospital. Something will have to give, and,
9 certainly, safety net and other services will be
10 cut back and jobs will be lost.
11 This Review Board wisely urged that QMG
12 and Blessing find a way to work things out between
13 them, and I do hope QMG comes around and really
14 tries. I believe with further encouragement from
15 this Board QMG can and will come around. That's
16 how life works in smaller towns. It's the Quincy
17 way.
18 MS. GUILD: The last group from Blessing
19 Hospital is Lance Privett, Lea Ann Eickelschulte,
20 Rick Kempe, Sarah Stegeman, Betty Kasparie, and
21 Dan Lawler.
22 MR. PRIVETT: Hello. My name is Lance
23 Privett, P-r-i-v-e-t-t, the director of
24 performance excellence at Blessing.

1 I respectfully urge denial of QMG's
2 application based on the negative staff findings.
3 Review Board staff found that other than shift its
4 CT scanner from one cost line to another, QMG did
5 nothing to materially address the negative
6 findings relating to service accessibility,
7 unnecessary duplication, and financial viability.
8 The project remains an unneeded
9 duplication of services with significant adverse
10 impact on existing providers. Negative impacts on
11 safety net services remain unchanged.
12 The project still fails to meet any of the
13 four need factors, literally zero demonstration of
14 needs under the Board's service accessibility
15 criteria. QMG relied on unfounded speculation to
16 claim that patient volume at existing facilities
17 will miraculously double by 2023. Review Board
18 staff refuted and rejected this speculation.
19 Further, the service accessibility
20 criteria clearly requires current utilization to
21 be at target utilization, making speculation about
22 future utilization irrelevant.
23 QMG's most recent submission only confirms
24 that Blessing -- that both the existing ASTC and

1 the hospital are underutilized. By State
2 standards, ASTC surgical hours in 2017 would
3 support less than five rooms while the existing
4 ASTC has six rooms. Hospital surgical hours in
5 2017 would support less than 8 rooms while the
6 hospital has 10 surgical rooms.
7 QMG's claim that both facilities are
8 utilized at or above the State's utilization
9 standard is simply wrong and your staff is
10 correct. There is no demonstrated need to support
11 this certificate of need.
12 Thank you.
13 MS. EICKELSCHULTE: My name is Lea Ann
14 Eickelschulte, E-i-c-k-e-l-s-c-h-u-l-t-e. I am
15 the chief information officer of Blessing
16 Corporate Services. Based on the negative staff
17 findings, I respectfully request denial of QMG's
18 pending application.
19 The unnecessary duplication/misdistribution
20 criterion requires an Applicant to document that
21 the proposed project will not lower the
22 utilization of existing facilities. The original
23 staff report found that the proposed project would
24 result in reduced utilization at both Blessing

1 Hospital and the Blessing ASTC. The report's
2 negative finding stated, quote, "Based upon the
3 staff's analysis, the proposed ASTC will impact
4 the two Blessing facilities," end quote.
5 QMG's additional information, filed in
6 response to the intent to deny, attacks the
7 staff's analysis under this criteria. QMG claims
8 that volume at the Blessing facilities will not be
9 reduced but, instead, will grow at an annualized
10 6.5 percent rate between 2017 and 2023. The facts
11 belie this claim.
12 Blessing's volumes from 2017 to date show
13 our two facilities experienced a 10 percent annual
14 decline in surgery hours. Those numbers are in
15 the record. Review Board staff rightfully
16 rejected QMG's speculation of future volume
17 growth.
18 With two presently underutilized
19 facilities, compounded by declining volumes, the
20 impacts on our hospital and the ASTC will be
21 severe. This only underscores the wisdom of
22 collaboration as the far better approach and why
23 denial of the application before you is
24 appropriate.

1 MR. KEMPE: Good afternoon. My name is
2 Rick Kempe. I'm the chief strategy officer for
3 the Blessing Health System. My name is spelled
4 K-e-m-p-e. I've been with the health system for
5 32 years and very much appreciate your time today.
6 While we embrace collaboration at
7 Blessing, we must respectfully oppose QMG's
8 proposed second surgery center. The original
9 staff report found that the project failed to meet
10 15 financial viability measures. Those problems
11 remain. There still is a negative finding on
12 financial viability for QMG's project.
13 Your most recent staff analysis
14 underscores the cash-on-hand shortcoming, just
15 four days' worth at the end of last year. QMG's
16 additional information submitted after your intent
17 to deny last month does not come close to meeting
18 either historical or projected criteria of this
19 Board.
20 QMG asks that none of the Board's
21 financial viability ratios should apply, that you,
22 today, create an exemption for QMG because it is a
23 physician group and not a hospital or an ASTC.
24 Of course, the Board's financial viability

1 ratios are for an ASTC. Surely, if the Applicant
2 wants to operate an ASTC, it should comply with
3 the applicable Review Board criteria.
4 Further, the Board's regulations do
5 provide very specific and limited exemptions from
6 financial viability ratios, but being a physician
7 group is not one of those exemptions. There is no
8 good reason to create one today outside of the
9 normal rulemaking process.
10 As you've heard today, history supports
11 collaboration. After QMG was financially unable
12 to maintain ownership in the existing surgery
13 center in Quincy, Blessing stepped up to buy it,
14 and we did, indeed, keep QMG as the manager and
15 landlord --
16 MR. ROATE: Two minutes.
17 MR. KEMPE: -- who are the manager and
18 landlord today.
19 Thank you very much.
20 MS. STEGEMAN: Hello. I am Sarah
21 Stegeman, S-t-e-g-e-m-a-n. I'm the innovation
22 manager at Blessing, and I respectfully oppose a
23 second surgery center in Quincy.
24 Efforts at collaboration have already

1 addressed what QMG put forth as the basis of its
2 application. In describing its goals, QMG said in
3 its CON application that it wanted equity in the
4 Blessing ASTC. That option is on the table.
5 More than three weeks ago, Blessing
6 formally proposed a 50/50 joint venture in the
7 existing ASTC. Even before QMG was here last
8 month, Blessing had offered a 40 percent interest
9 to QMG's physicians as a starting point for
10 discussion.
11 Hospital/physician joint ventures in ASTCs
12 are common in Illinois. They are strongly
13 encouraged by this Board under both its
14 alternatives and service accessibility rules.
15 The CON application also raised some
16 operational concerns with the existing surgery
17 center, including QMG's first-expressed desire for
18 extended weekday hours, along with Saturday hours
19 of operation. Blessing has responded by extending
20 weekday hours effective April 1st and opening the
21 facility for Saturday surgeries beginning this
22 month. QMG has expressed appreciation.
23 The other issues raised in the CON
24 application -- related to medical equipment,

1 medical records, and types of available
2 surgeries -- were discussed by Blessing and QMG at
3 a regularly scheduled medical consulting committee
4 meeting on March 15th and at a special meeting on
5 April 8th. Progress is being made.
6 In closing, your staff found that none of
7 the four service accessibility criterion were met
8 in this application. Collaboration makes better
9 sense.
10 Thank you.
11 MS. KASPARIE: My name is Betty Kasparie,
12 K-a-s-p-a-r-i-e. I'm the compliance officer for
13 the Blessing Health System.
14 Respectfully, six reasons Project 18-042
15 should be denied: Number one, a joint venture
16 with Blessing Hospital is a less costly
17 alternative. Review Board members have encouraged
18 it, community leaders and employers support it,
19 unnecessary duplication and adverse impacts are
20 avoided by it, and a joint venture offer remains
21 on the table in a sincere and a thoughtful way.
22 Two: Your staff have found the project to
23 be an unnecessary duplication of service that will
24 not improve service accessibility under the Review

1 Board criteria.
2 Three: Your staff found that the project
3 will adversely impact existing facilities by
4 reducing utilization and constitutes a
5 misdistribution of services under the Review Board
6 criteria.
7 Four: Your staff found that the project
8 fails to meet multiple criteria for financial
9 viability. The Applicant seeks exemption from the
10 criteria because it is a physician group, but
11 Review Board criteria contain no such exemption.
12 Five: The project will not provide cost
13 savings, as the existing surgery center is already
14 transitioning to the ASTC facility pricing and
15 will be charging the same rates as the proposed
16 ASTC. Our community gets no savings but suffers
17 the adverse impact on existing providers.
18 Six: The proposed freestanding remote
19 cardiac cath service is unprecedented in Illinois,
20 risks patient safety, and should, ideally, be
21 reviewed by IDPH for licensability prior to any
22 further Review Board action.
23 If denied, Blessing will follow through on
24 collaboration.

1 Thank you.
2 MR. LAWLER: My name is Dan Lawler.
3 I represent Blessing Hospital.
4 Last month QMG questioned the timing of
5 Blessing's correction to its surgical data. That
6 led Mr. Sewell to ask Blessing for an assurance
7 that the numbers were not changed to influence
8 QMG's project. Blessing's CEO gave that assurance
9 under oath.
10 We have since learned that it was QMG who
11 had been asking Mr. Constantino to check
12 Blessing's numbers. There is nothing wrong with
13 that, but when the corrected numbers came out, QMG
14 then said that the timing was suspicious. But the
15 timing of the correction is on QMG, not Blessing.
16 Last month QMG told you they can't get the
17 anesthesiologists to work late at the existing
18 surgery center. The anesthesiologists said
19 they've never been asked. Mr. McGlasson noted the
20 contradiction and asked, "Who do we believe?"
21 QMG's response to this Board was, quote,
22 "We heard today from a well-respected
23 anesthesiologist that he's never been asked, but
24 about 10 or 12 years ago, we stopped asking,"

1 end quote, so they hadn't asked in over a decade.
2 But Blessing has since worked with QMG, and now
3 they have their extended hours.
4 Finally, QMG sent Blessing a letter last
5 fall on discussions for a joint venture at the
6 existing surgery center. It's in the record. If
7 that letter was sent in good faith, let's do it.
8 Blessing has offered a 50/50 joint venture at the
9 existing facility and welcomes it.
10 Thank you.
11 MS. GUILD: Moving on to Quincy Medical
12 Group, the first person is Beverly Helkey. Katie
13 Schelp, Kristen Rogers, Michelle Frazier, Shauna
14 Harrison, and Richard Schlepphorst.
15 MS. HELKEY: I'm Beverly Helkey,
16 H-e-l-k-e-y, executive director of the Tri-State
17 Health Care Purchasing Coalition. I support
18 Quincy Medical Group's project.
19 Our coalition represents over 50 employers,
20 and that's equal to 31,000 covered lives. We're
21 dedicated to improving health care costs,
22 outcomes, and choice. We have supported the
23 project from the beginning.
24 QMG and Blessing have a history of working

1 together when it is advantageous and beneficial to
2 the community; however, our coalition adamantly
3 opposes a collaborative surgery center, as this
4 will defeat any opportunity for competition, which
5 we desperately need as a community.
6 Quincy is not like Chicago or Springfield,
7 where there are many providers. In Quincy we have
8 one hospital, and that hospital owns the only
9 surgery center within a hundred miles. We do not
10 have competition for surgery services. As a
11 result, health care prices in Adams County are
12 significantly higher than prices in other markets.
13 We do support and encourage local providers to
14 work together on strategies to improve health care
15 quality and patient outcomes.
16 In other respects we encourage Blessing
17 and Quincy Medical Group to be fierce competitors
18 in order to ensure that the community gets quality
19 access to care at the best price it has to offer.
20 It was only after Quincy Medical Group submitted
21 its certificate of need that Blessing announced a
22 reduction in its ambulatory surgery center rates.
23 This clearly illustrates that competition does
24 work and should be allowed.

1 The majority of employers and the
2 community as a whole approve of Quincy Medical
3 Group's project. Please note we have no direct
4 affiliation to Quincy Medical Group and we receive
5 no financial gain by supporting this project.
6 This support is in the best interest of our
7 community to reduce health care cost and to
8 improve quality.
9 This is our only choice for health care
10 competition in our community. Please grant us
11 this opportunity for competition and patient
12 choice. Please approve Project 18-042.
13 MR. ROATE: Two minutes.
14 MS. HELKEY: Thank you.
15 MS. SCHELP: Hi. My name is Katie Schelp,
16 S-c-h-e-l-p. I'm the chief development officer
17 for QMG.
18 Six weeks ago Chairman Sewell asked us to
19 determine what is the best interest of the people
20 of Quincy. We're proud that on social media alone
21 our support has grown from 65 percent supporting
22 the QMG Surgery Center to 73 percent supporting it
23 today, and even more organizations, businesses,
24 and individuals have come forward with support.

1 The support is not indicative of being
2 anti-Blessing and pro-QMG but indicates a genuine
3 need for health care options in Quincy. Those who
4 publicly support QMG's project represent
5 community-based organizations like The Great River
6 Economic Development Foundation, the Quincy Area
7 Chamber of Commerce, the Mayor of Quincy, Quincy
8 Next strategic planning committee, an Adams County
9 board member, District 17 Congressman Darin
10 LaHood, and the Tri-State Health Care Coalition.
11 The support is from Top 5 employers like
12 Knapheide Manufacturing, Titan International's
13 owner, Mr. Maury Taylor, the teachers coalition on
14 health, who represent Quincy public schools, and
15 other great businesses like Prince Manufacturing,
16 Phibro, McNay Truck Lines, O'Brien Insurance,
17 Kirlin's Hallmark, We Care TLC, a direct primary
18 care competitor to us, and many, many others.
19 We have also spoken with many who support
20 the project quietly, business owners and
21 community-based organizations that are rooting for
22 us from behind closed doors but fear retribution
23 if they provide public support.
24 All of the organizations that submitted

1 any form of opposition to the project or who
2 indicated a desire for collaboration are
3 financially obligated to Blessing, employed by
4 Blessing, or are seated on Blessing's boards.
5 In fact, as I sat here today, I received
6 an email from a high-ranking official at one of
7 the organizations that signed Blessing's
8 collaboration letter. She said, "I am behind --
9 I am 100 percent behind QMG, and I believe we need
10 this. I am praying for you."
11 Ultimately, we've done our level best to
12 earnestly determine and represent what is in the
13 best interest of the people of Quincy. On behalf
14 of all of them and us, we ask that you approve
15 this project.
16 MS. ROGERS: My name is Kristin Rogers,
17 R-o-g-e-r-s, and I'm the strategy director for
18 Quincy Medical Group.
19 Our physicians own QMG. Before coming to
20 work for the organization, I thought that meant
21 they wanted to own a business. I was wrong.
22 These doctors want to own the care experience for
23 their patients and to have a voice in how care is
24 provided, financed, and implemented. They are

1 steadfast in their commitment to the surgery
2 center because there is very little they can
3 control for their patients in their current
4 environment for practicing surgery.
5 This led QMG to the proposed surgery
6 center, a project developed alongside the City of
7 Quincy and our community in a location where QMG
8 will be an anchor tenant in a fully renovated
9 space, centrally located in a retail district that
10 is fundamental to substantial economic development
11 in Quincy, with convenient, accessible services
12 for patients. Patients can easily access the
13 proposed location through public transportation.
14 A QMG-owned surgery center brings
15 additional tax revenue to Quincy as a for-profit
16 business that pays taxes on revenue.
17 Additionally, as those awaiting a loved one in
18 surgery shop neighboring stores, producing
19 additional tax revenue, and as property taxes are
20 paid on the surgery center's building.
21 QMG vetted many locations for the proposed
22 surgery center in both Illinois and Missouri. The
23 Missouri option is an alternative presented in our
24 CON application.

1 The people of Quincy have told us that a
2 new surgery center is in their best interest, so
3 it is clear that we need to move forward with the
4 proposed surgery center, and the reality is we've
5 found the best location. The proposed surgery
6 center was twice offered as a collaborative
7 partnership to Blessing and was twice declined.
8 The project meets the key criteria of the
9 application, the needs of the patients, the
10 desires of the community, and it allows our
11 doctors, after 80 years of a proven track record
12 of care to their patients, the right to own the
13 care experience where they choose, preferably in
14 Illinois.
15 Please approve this project today.
16 MS. FRAZIER: Good afternoon. My name is
17 Michelle Frazier, F-r-a-z-i-e-r. I work in the
18 QMG business office.
19 By using Blessing Hospital's own financial
20 data, we may conclude that our project will not
21 negatively impact the hospital's financial ability
22 to subsidize safety net services.
23 In order to comment on the impact to
24 safety net services, we would like to reference

1 two sets of public documents. The first is
2 Blessing Hospital's IRS 990 for the fiscal year
3 2016, ending September 30th, 2017, and Blessing's
4 CON application project to this Board, 18-010. It
5 was approved June 5th of 2018.
6 On their 2016 990 Blessing Hospital
7 reported total revenues of over $398 million,
8 while they reported total expenses of just under
9 324 million. That leaves a net income of
10 approximately $74 million.
11 In lay terms, Blessing brought in
12 $398 million, paid all of their expenses and
13 bills, including the bills for all their social
14 safety net services and all the charity care
15 delivered. They were left with $74 million at the
16 end of the year. In the private sector we call
17 that profit.
18 As Mr. Moore mentioned earlier, the
19 hospital transferred $41 million of that profit as
20 a corporate allocation in 2017 at the end of
21 the year.
22 We disagree that our proposal will cause
23 the worst-case scenario presented by Blessing to
24 this Board; Mr. Gerveler cited a $40 million net

1 income loss. Although we don't believe the impact
2 will be that great, let's use that number to
3 calculate the worst possible scenario.
4 The hospital would still show a profit of
5 $34 million -- that's 74 minus 40 -- with no
6 changes to the current level of subsidizing safety
7 net services.
8 Further, Blessing's CON application for
9 Project 18-010 demonstrated a $242 million
10 unrestricted reserve in 2017 in the Standard &
11 Poor report. Blessing's own statement of
12 operations, which is Exhibit B in that report,
13 validated the data on their 990 by showing an
14 excess of revenue over expenses of $74 million in
15 2017 and $50 million in 2016.
16 MR. ROATE: Two minutes.
17 MS. FRAZIER: Thank you.
18 MS. HARRISON: Good afternoon.
19 I am Shauna Harrison, H-a-r-r-i-s-o-n, the
20 chief clinical officer for QMG. Much focus has
21 been on where QMG and our local hospital disagree.
22 Today I'd like to share common ground between our
23 organizations and address capacity in a slightly
24 different way.

1 We both understand the future of medicine
2 demands that services be rendered in the most
3 cost-effective setting. Nobody in Quincy debates
4 that fact; however, our GSA lacks the appropriate
5 ASC capacity to deliver health care in the
6 cost-effective setting. For example, knee scopes
7 are done in the hospital with facility fees over
8 $80,000 rather than in the ASC at less than
9 $25,000.
10 By performing outpatient surgeries in the
11 most appropriate setting, the ASTC, three
12 important things will happen: One, our patients
13 will save money on facility fees; two, capacity
14 increases in the inpatient setting so that
15 Blessing and QMG may focus on collaboration for
16 programs like trauma surgery, neurosurgery,
17 orthopedics, and other areas that leverage the
18 inpatient setting to provide innovative,
19 sophisticated care delivery; and, three, Quincy
20 remains a medical destination in our region.
21 We agree that this CON project has already
22 made a positive impact towards lowering the cost
23 of health care in our community. As of today the
24 only ASTC in Quincy, owned by Blessing Hospital,

1 is billing patients as a hospital outpatient
2 department, 30 to 50 percent higher than a
3 freestanding ASTC.
4 The BSGA firm studied Blessing Hospital's
5 patient charges and determined that its outpatient
6 fees are 16 to 43 percent higher than services at
7 similar hospitals in the area. One of the tenets
8 of the CON process is cost containment, and the
9 introduction of another surgery center will
10 undoubtedly lower costs. Competition works.
11 Finally, sometimes collaboration is good.
12 But in the case of providing health care services,
13 competition has been shown to improve care and
14 lower costs for our patients.
15 Thank you.
16 DR. SCHLEPPHORST: I'm Dr. Richard
17 Schlepphorst, S-c-h-l-e-p-p-h-o-r-s-t. I'm the
18 chief medical officer for Quincy Medical Group, a
19 lifelong resident of Quincy and serving Blessing
20 Quincy Medical Group since 1986.
21 Before filing the application we had many
22 discussions with Blessing and our community about
23 the underlying issues necessitating this project
24 and we carefully tailored the project to meet the

1 needs of our community and its physicians.
2 We hear from patients that leave our
3 service area because of pricing and access issues.
4 We provided the Board with real-life examples of
5 patients' financial realities that have been
6 barriers to them accessing care in the current
7 environment.
8 I speak with prospective physician
9 recruits every week, especially among the
10 surgeons. They have concern that lack of block
11 time and operating room access which is currently
12 available to run an efficient operating room
13 environment are barriers to them signing
14 employment contracts in Quincy.
15 While we applaud Blessing's recent efforts
16 to address the operational limitations of the
17 existing center, these efforts do not eliminate
18 the need for the proposed surgery center as
19 presented in our application.
20 It's difficult to listen to the
21 47 testimonies so far today -- friends,
22 coworkers -- and to not respond to that. It seems
23 very adversarial. The idea that there's not
24 collaboration in our current market is just not

1 the facts. We do it every day, in the emergency
2 department, in the wards, in the ICU, on the
3 floors. Our physicians work with the hospital
4 constantly. Blessing is our hospital.
5 But the fact remains that the current
6 surgery center is at capacity and lacks sufficient
7 surgical blocks to accommodate current and newly
8 recruited physician needs and lacks the equipment
9 and physical space to accommodate the existing
10 number of outpatient surgical procedures for which
11 a surgery center is the appropriate site of
12 service.
13 These limitations have resulted in
14 outpatient procedures being performed in the
15 hospital, inappropriate site of service, with
16 significantly higher cost to patients with the
17 scheduling and access limitations of having
18 outpatient procedures compete with inpatient
19 operating room needs and priorities.
20 The proposed surgery center is needed in
21 our community, as that will improve patient access
22 to existing and new surgical procedures that are
23 not currently offered in our region, and that will
24 provide significant cost savings for patients.

1 We respectfully ask you to approve our
2 project. Thank you.
3 THE COURT REPORTER: Please leave your
4 remarks.
5 MS. GUILD: The last group is Patty
6 Williamson, Ralph Weber, Meredith Duncan,
7 Meredith Eng, and Tracey Klein.
8 MS. WILLIAMSON: I am Patty Williamson,
9 W-i-l-l-i-a-m-s-o-n, CFO for Quincy Medical Group.
10 We have heard repeatedly today that the
11 existing surgery center is not at capacity. We
12 disagree. Prior to Blessing's most recent
13 provision of their surgical volume information
14 made at the March 5th, 2019, Board meeting, the
15 existing surgery center was at 85 percent
16 capacity, which meets the State standard.
17 At that meeting Blessing officials
18 testified that they reduced their hours in the
19 ASTC procedure rooms for 2017. All 319 hours were
20 a reduction in the category of prep and cleanup
21 time for GI procedures. This was a reduction of
22 nearly 50 percent from the previous 624 hours
23 reported for prep and cleanup in 2017.
24 A quick analysis shows that the new number

1 of 305 hours for 5,231 cases means that Blessing
2 now claims that it can do prep and cleanup in
3 3 1/2 minutes per case. For each of the past
4 four years, prep and cleanup were reported at
5 7 minutes per case. 3 1/2 minutes is simply not
6 enough time.
7 It takes approximately a minute and a half
8 to apply the disinfectant, which needs a minimum
9 of 2 minutes to dwell while wet and then an equal
10 amount of time to dry. That process totals
11 5 1/2 minutes. Removal of the used, soiled scope
12 takes approximately 30 seconds and bringing in the
13 new scope, 1 minute. We estimate the minimum
14 amount of time prep and cleanup would require is
15 7 minutes, the exact number that Blessing has been
16 reporting for the last four years.
17 For comparison purposes, the average prep
18 and cleanup for the 41 ASTCs in Illinois that
19 reported prep and cleanup time for GI procedure
20 rooms is 15.7 minutes. As you recall, Blessing
21 has contracted with QMG to manage the ASTC, so we
22 are familiar with the length of the process.
23 This is significant because this reduction
24 of 319 hours is just enough to reduce total hours

1 to 125 hours below the State standard. In our
2 opinion, this is a blatant effort to block our CON
3 application from proceeding.
4 I urge the Board to be cautious of
5 Blessing's numbers and of the motive behind their
6 recent change in GI procedure room cleanup time.
7 Thank you.
8 MR. WEBER: I am Ralph Weber, W-e-b-e-r,
9 certificate of need consultant for QMG.
10 I also address the frequent and
11 opportunistic adjustments Blessing has made to its
12 ASTC volume data. Blessing's data has been
13 revised twice since the filing of QMG's CON
14 application. QMG believes these revisions were
15 intended to be a roadblock to its CON application.
16 As Patty has just discussed, Blessing
17 reduced prep/cleanup hours in the existing ASTC
18 from 7.0 to 3 1/2 minutes per case in year 2017.
19 Of the 41 ASTCs in Illinois reporting GI prep and
20 cleanup time, none reported a prep/cleanup time
21 this low.
22 Why is Blessing's change so important to
23 this permit application? The questionable
24 reduction in prep/cleanup time results in

1 Blessing's ORs appearing to be underutilized. If
2 this revised prep time is accurate, the annual
3 utilization falls 125 hours short of the State
4 standard for the six rooms. This shortfall of
5 just 125 hours on a base of about 7400 hours
6 allows the attorney for Blessing to claim that the
7 ASTC, quote, "is underutilized and not at the
8 State's utilization target." State staff
9 reflected that in the supplemental State Board
10 report.
11 No explanation was given to this Board
12 last month when Blessing's president and others
13 appeared under oath before the State and reported
14 new numbers. We believe this is not just an
15 oversight or carelessness. At a minimum, it
16 should be a cause for grave suspicion by the
17 State Board.
18 These are not just inconsequential
19 numbers. We believe these small but questionable
20 and unrealistic changes were made to impact QMG's
21 project negatively.
22 I recommend approval. Thank you.
23 MS. DUNCAN: My name is Meredith Duncan,
24 D-u-n-c-a-n. I'm one of the attorneys

1 representing QMG in relation to its proposed
2 surgery center, and I speak in support of
3 Project 18-042.
4 I would like to very briefly address the
5 statements by Blessing regarding the licensure of
6 the proposed ASTC and to clear up any confusion
7 those statements may have caused.
8 First, as you know, the licensure process
9 will follow from your CON approval. QMG will
10 necessarily take all required steps to comply with
11 IDPH's licensure requirements and to ensure
12 patient safety in relation to all procedures,
13 including cardiac catheterization performed at the
14 surgery center.
15 We have spoken directly to Karen Singer at
16 IDPH, and we have confirmed there are no rules or
17 regulations that prohibit licensure of the
18 freestanding ASTC. We have confirmed there are no
19 regulatory prohibitions preventing licensure of
20 the ASC performing cardiac catheterization
21 services. We have confirmed there are no
22 regulatory prohibitions preventing licensure even
23 if those services, including cardiac cath, are not
24 performed on or adjacent to a hospital campus.

1 So any suggestion to the contrary is not
2 consistent with the information we have received
3 directly from IDPH.
4 So determining how or whether a facility
5 will be licensed is not before you today, and
6 I hope that this clarification has provided the
7 assistance to allow you to continue to focus on
8 your task of approving projects such as this one
9 that satisfy the Illinois Health Facilities
10 Planning Act and substantially conform with your
11 applicable review criteria.
12 Thank you.
13 MS. ENG: My name is Meredith Eng, E-n-g.
14 I'm one of the attorneys representing Quincy
15 Medical Group and will address Blessing Hospital's
16 safety net impact statement.
17 Something not apparent from Blessing's
18 public statements is that in fiscal year ending
19 September 30th, 2018, the State of Illinois
20 determined that Blessing does not qualify as a
21 safety net hospital. The term "safety net
22 hospital" is a special designation that results in
23 enhanced Medicaid reimbursement.
24 In order to qualify, the facility -- the

1 Medicaid utilization rate of the facility must be
2 at least 40 percent and the charity care
3 percentage must be at least 4 percent. Blessing
4 Hospital simply does not meet this criteria.
5 Within the context of Illinois CON law,
6 "safety net services" largely refers to
7 unreimbursed care. It does not include subsidies
8 for health professional education or money spent
9 on health professional recruitment or $40 million
10 invested in a physician office building or
11 providing free meeting space to community
12 organizations or shortfalls experienced because of
13 lack of expense management.
14 We've reviewed Blessing Hospital's safety
15 net impact statement in detail. It shows that the
16 amount of charity care provided in the last
17 complete fiscal year comprised only 1.5 percent of
18 Blessing's annual operating revenue, which is also
19 less than amounts offered by similarly situated
20 not-for-profit hospitals.
21 Yes, the hospital provides some safety net
22 services in Quincy, as does QMG. But I am sure
23 that the CON staff saw what we saw, an
24 unremarkable amount of charity care provided by a

1 hospital with a flush balance sheet, including
2 approximately a quarter of a billion dollars in
3 cash reserves.
4 You're here to ensure great health care in
5 Illinois. If you carefully consider the merits of
6 the project, you'll see that it's about improving
7 health care in Quincy and it meets the
8 requirements set out by this Board. Throughout
9 the process there have been games, distractions,
10 and politics that have been played to avoid the
11 disruption of the current monopoly in Quincy.
12 We ask you to see beyond the games and
13 approve this project. Thank you.
14 MS. KLEIN: Good afternoon. My name is
15 Tracey Klein, K-l-e-i-n, and I represent, proudly,
16 Quincy Medical Group.
17 I am going to give a quick recap of what
18 I think was important from the last Board meeting
19 for those that are not in attendance.
20 One of the things that was presented by --
21 and I think found important by Board members in
22 attendance -- was that Quincy -- or I'm sorry --
23 that Blessing has a market share of 80 percent.
24 Accordingly, for similarly situated hospitals,

1 Blessing's costs were 14 to 70 percent higher.
2 Blessing's outpatient surgical margin was
3 found to be 6 to 8 percent higher, and Blessing's
4 outpatient fees, importantly, were 16 to
5 43 percent higher than similarly situated area
6 hospitals.
7 We've heard today that that was -- that's
8 not true. I would just note that our consultant's
9 report is on the website and it did involve an
10 analysis of Quantros CareTracks, also data filed
11 with CMS, also claims analysis provided by QMG's
12 employee health plan on a deidentified basis, and
13 this is something we verified with employers.
14 It's something we've heard from employers. It's
15 something we've heard from patients.
16 We hear about employers -- for those of
17 you that weren't here the last time, we heard
18 employers talking about sending people out of the
19 marketplace. We heard from patients who actually
20 spoke about deferring needed care because of high
21 prices, including things like screening
22 colonoscopies.
23 So it just doesn't ring true. It's not
24 what we've heard from employers; it's not what our

1 data showed. And one has to wonder, if their prices
2 are in line with other area providers, why they're
3 doing a pricing study in order to lower them.
4 I think that the Board members that were
5 here heard from the people of Quincy. Though only
6 five members were present, we had three positive
7 votes. Two didn't vote no; they abstained and
8 they asked QMG to try to collaborate, to try to
9 build trust. They didn't ask us to necessarily
10 join a collaborative joint venture surgery center.
11 We did a couple of things in response --
12 MR. ROATE: Two minutes.
13 MS. KLEIN: Thank you. We all urge your
14 support.
15 MS. GUILD: Okay. This brings the public
16 participation to a close.
17 THE COURT REPORTER: Please leave your
18 remarks.
19 (Applause.)
20 CHAIRMAN MURPHY: All right. Thank you,
21 everybody, for your brevity.
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1 CHAIRMAN MURPHY: There are no items
2 approved by the Chairwoman on No. 9, so we're
3 going to move to Agenda Item No. 10, items for
4 State Board action.
5 First up, under letter A, is permit
6 renewal requests.
7 We have A-02, Project 16-043, Rush Oak
8 Park Hospital, Oak Park.
9 May I have a motion to approve a
10 seven-month permit renewal for Project 16-043,
11 Rush Oak Park Hospital.
12 MEMBER DEMUZIO: Motion.
13 CHAIRMAN MURPHY: Second?
14 MEMBER MC NEIL: Second.
15 CHAIRMAN MURPHY: Is there any -- yes,
16 there is.
17 Will you please identify yourselves and be
18 sworn in if you haven't been already.
19 MR. SPADONI: My name's Robert Spadoni,
20 S-p-a-d-o-n-i. I'm the vice president for
21 hospital operations of Rush Oak Park Hospital.
22 MR. AXEL: Jack Axel, Axel & Associates.
23 THE COURT REPORTER: Would you raise your
24 right hands, please.

1 (Two witnesses sworn.)
2 THE COURT REPORTER: Thank you.
3 CHAIRMAN MURPHY: Mike, will you please
4 give the State Board report.
5 MR. CONSTANTINO: Thank you.
6 The permit holders are requesting a seven-
7 month permit renewal until November 30th, 2019, to
8 complete the project.
9 The permit holders have met all the
10 requirements of the State Board.
11 Thank you, ma'am.
12 CHAIRMAN MURPHY: Thank you.
13 Do you have a statement for the Board?
14 MR. AXEL: We'd be happy to answer your
15 questions.
16 CHAIRMAN MURPHY: Thank you.
17 Are there any questions?
18 (No response.)
19 CHAIRMAN MURPHY: Okay.
20 George, can I have a roll call?
21 MR. ROATE: Thank you Madam Chair.
22 Motion made by Demuzio; seconded by
23 McNeil.
24 Senator Demuzio.

1 MEMBER DEMUZIO: Yes, based upon -- no
2 testimony, I guess, but -- but, yes, I vote yes --
3 MR. ROATE: Thank you.
4 MEMBER DEMUZIO: -- on the State report.
5 MR. ROATE: Sorry.
6 Mr. Gelder.
7 MEMBER GELDER: I vote yes based --
8 THE COURT REPORTER: Use your microphone,
9 please, sir.
10 MEMBER GELDER: I vote yes based upon the
11 staff information and analyses.
12 MR. ROATE: Ms. Hamos.
13 MEMBER HAMOS: Yes, based upon the staff
14 memo and the reason why the project has not
15 been completed but the evidence of commitment.
16 I vote yes.
17 MR. ROATE: Thank you.
18 Ms. Hemme.
19 MEMBER HEMME: Yes, based on staff
20 reports.
21 MR. ROATE: Thank you.
22 Mr. McGlasson.
23 MEMBER MC GLASSON: Yes, based on the
24 staff report.

1 MR. ROATE: Thank you.
2 Dr. McNeil.
3 MEMBER MC NEIL: Yes, based on the staff
4 report.
5 MR. ROATE: Thank you.
6 Madam Chair.
7 CHAIRMAN MURPHY: Yes, based on the
8 State Board staff report.
9 MR. ROATE: Thank you.
10 That's 7 votes in the affirmative.
11 CHAIRMAN MURPHY: Okay.
12 Next is A-03 --
13 MR. AXEL: Thank you.
14 MR. SPADONI: Thank you.
15 CHAIRMAN MURPHY: Oh, I'm sorry.
16 The motion's approved.
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1 CHAIRMAN MURPHY: A-03, Project 16-033,
2 DaVita Brighton Park Dialysis. This is the second
3 request.
4 May I have a motion to approve a six-month
5 permit renewal for Project 16-033, DaVita Brighton
6 Park Dialysis.
7 MEMBER HEMME: So moved.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: Okay.
12 Will you please state your name and be
13 sworn in.
14 MS. COOPER: Anne Cooper, attorney for
15 DaVita.
16 THE COURT REPORTER: Would you raise your
17 right hand, please.
18 (One witness sworn.)
19 THE COURT REPORTER: Thank you.
20 CHAIRMAN MURPHY: Mike, can you give the
21 State Board staff report?
22 MR. CONSTANTINO: Thank you, Ms. Murphy.
23 The permit holders are requesting a
24 six-month permit renewal until October 31st, 2019,

1 to complete the project.
2 The permit holders have met all the
3 requirements of the State Board.
4 CHAIRMAN MURPHY: Thank you.
5 Do you have any comments or statements for
6 the Board?
7 MS. COOPER: Construction is complete.
8 We're just waiting for Medicare certification.
9 CHAIRMAN MURPHY: Thank you.
10 Are there any questions from Board members?
11 (No response.)
12 CHAIRMAN MURPHY: George, will you please
13 call the roll.
14 MR. ROATE: Thank you, Madam Chair.
15 Motion made by Hemme; seconded by McNeil.
16 Senator Demuzio.
17 MEMBER DEMUZIO: Yes, based upon the State
18 report and testimony.
19 MR. ROATE: Thank you.
20 Mr. Gelder.
21 MEMBER GELDER: Yes, based on the State
22 staff report.
23 MR. ROATE: Thank you.
24 Ms. Hamos.

1 MEMBER HAMOS: Yes, based on the staff
2 report and testimony.
3 MR. ROATE: Thank you.
4 Ms. Hemme.
5 MEMBER HEMME: Yes, based on the staff
6 report.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, based on the
10 staff report.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes, based on the
14 testimony and the staff report.
15 MR. ROATE: Thank you.
16 Madam Chair.
17 CHAIRMAN MURPHY: Yes, based on the
18 State Board staff report.
19 MR. ROATE: Thank you.
20 That's 7 votes in the affirmative.
21 CHAIRMAN MURPHY: Your permit renewal is
22 approved. Thank you.
23 MS. COOPER: Thank you.
24 - - -

1 CHAIRMAN MURPHY: Next on the agenda,
2 A-04, Project 17-047, Vascular Access Center of
3 Illinois. This is the third request.
4 May I have a motion to approve a
5 four-month permit renewal for Project 17-047,
6 Vascular Access Center of Illinois.
7 MEMBER HEMME: So moved.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 THE COURT REPORTER: Would you raise your
12 right hands, please.
13 (Two witnesses sworn.)
14 THE COURT REPORTER: Thank you. Please
15 state your names for the record.
16 MR. SILBERMAN: Mark Silberman.
17 MR. MORADO: Juan Morado.
18 CHAIRMAN MURPHY: Thank you.
19 Mike, will you please give the State Board
20 staff report.
21 MR. CONSTANTINO: Thank you, Ms. Murphy.
22 The permit holders are requesting a four-
23 month permit renewal until September 30th, 2019,
24 to complete the project.

1 The permit holders have met all the
2 requirements of the State Board.
3 CHAIRMAN MURPHY: Thank you.
4 Do you have a statement for the Board?
5 MR. SILBERMAN: Just briefly.
6 The prior renewals were due to a delay in
7 the implementation of the survey process. The
8 survey identified a correction that needed to be
9 made. That has been done and the construction is
10 being completed this week.
11 This should leave us enough time to be
12 done, licensed, and begin seeing patients.
13 CHAIRMAN MURPHY: Thank you.
14 Are there any questions or comments from
15 Board members?
16 (No response.)
17 CHAIRMAN MURPHY: Okay. George, will you
18 please call the roll.
19 MR. ROATE: Thank you, Madam Chair.
20 Motion made by Hemme; seconded by McNeil.
21 Senator Demuzio.
22 MEMBER DEMUZIO: Yes, based upon the staff
23 report and, also, testimony.
24 MR. ROATE: Thank you.

1 Mr. Gelder.
2 MEMBER GELDER: Yes, based on the
3 testimony and staff report.
4 MR. ROATE: Thank you.
5 Ms. Hamos.
6 MEMBER HAMOS: Yes, based on the hopeful
7 testimony that IDPH inspections will be done by
8 September 30th.
9 Good luck.
10 MR. SILBERMAN: We are confident.
11 MR. ROATE: Thank you.
12 Ms. Hemme.
13 MEMBER HEMME: Yes, based on staff reports
14 and testimony here today.
15 MR. ROATE: Thank you.
16 Mr. McGlasson.
17 MEMBER MC GLASSON: Yes, based on the
18 staff report.
19 MR. ROATE: Thank you.
20 Dr. McNeil.
21 MEMBER MC NEIL: Yes, based on the staff
22 report and the testimony of why the delay.
23 MR. ROATE: Thank you.
24 Madam Chair.

1 CHAIRMAN MURPHY: Yes, based on the
2 State Board staff report.
3 MR. ROATE: Thank you.
4 That's 7 votes in the affirmative.
5 CHAIRMAN MURPHY: Your permit renewal's
6 approved.
7 MR. SILBERMAN: Thank you.
8 MR. MORADO: Thank you.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 A-05, Project 17-030, SwedishAmerican Hospital.
3 May I have a motion to approve a
4 four-month permit renewal for Project 17-030,
5 SwedishAmerican Hospital.
6 MEMBER MC NEIL: So moved.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN MURPHY: Thank you.
11 Can you please identify yourself and be
12 sworn in.
13 MS. CANTRELL: Hi. My name is Jedediah
14 Cantrell. I'm a vice president of operations for
15 SwedishAmerican Health System, a division of
16 UW Health.
17 THE COURT REPORTER: Would you spell your
18 name for me, please.
19 MS. CANTRELL: J-e-d-e-d-i-a-h. Last
20 name, Cantrell, C-a-n-t-r-e-l-l.
21 THE COURT REPORTER: Would you raise your
22 right hand, please.
23 (One witness sworn.)
24 THE COURT REPORTER: Thank you.

1 CHAIRMAN MURPHY: Thank you.
2 Mike, will you please give the State Board
3 staff report.
4 MR. CONSTANTINO: Thank you, Ms. Murphy.
5 The permit holders are requesting a
6 four-month permit renewal until September 30th,
7 2019, to complete the project.
8 The permit holders have met all the
9 requirements of the State Board.
10 Thank you, ma'am.
11 CHAIRMAN MURPHY: Thank you.
12 MEMBER HAMOS: I have a question.
13 CHAIRMAN MURPHY: Well, first we're going
14 to have -- do you have any comments for the Board?
15 MS. CANTRELL: The only comment is that
16 this is our first request for this project, and
17 it's significant -- particularly due to extreme
18 weather.
19 CHAIRMAN MURPHY: Thank you.
20 Are there any questions from Board members?
21 Yes.
22 MEMBER HAMOS: So just a quick question:
23 The project is 68 percent complete with vertical
24 construction needing to be complete, remaining

1 components, interior build-out, parking lot,
2 landscaping, finish construction, and then
3 licensure and inspection? And all that in
4 four months?
5 MS. CANTRELL: That is correct. We'll --
6 the project is expected to be completed by the end
7 of September.
8 MEMBER HAMOS: Is four months your
9 decision, to just seek four months?
10 MS. CANTRELL: Yes, yes.
11 And that -- the 68 percent was as of the
12 time we submitted this request, which was at the
13 end of February. So since then we have gained
14 even more ground and more progress in the project.
15 MEMBER HAMOS: Okay.
16 CHAIRMAN MURPHY: Dr. McNeil, did you have
17 a question?
18 MEMBER MC NEIL: Yeah.
19 I probably drove by there Saturday for
20 soccer games with a 12-year-old, so I see the
21 construction in going to Minnesota constantly. So
22 good luck on completing it because the winter has
23 been horrible.
24 MS. CANTRELL: It's been tough.

1 MEMBER MC NEIL: I saw 10 spinouts on 39
2 Saturday evening -- and one was not me.
3 (Laughter.)
4 MS. CANTRELL: Thank you. Thank goodness
5 for that.
6 CHAIRMAN MURPHY: Are there any other
7 questions or comments?
8 MR. CONSTANTINO: Ms. Hamos, that facility
9 won't need to be licensed by IDPH. That's a
10 medical office building --
11 MEMBER HAMOS: Okay.
12 CHAIRMAN MURPHY: Thank you.
13 MR. CONSTANTINO: -- so there won't be
14 that requirement.
15 MEMBER HAMOS: Thank you.
16 MS. AVERY: Sorry. I should have
17 mentioned that.
18 CHAIRMAN MURPHY: Okay. Any other
19 comments or questions from the Board?
20 (No response.)
21 CHAIRMAN MURPHY: George, will you please
22 call the roll.
23 MR. ROATE: Thank you, Madam Chair.
24 Motion made by McNeil; seconded by

1 Demuzio.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the
4 testimony and staff report.
5 MR. ROATE: Thank you.
6 Mr. Gelder.
7 MEMBER GELDER: Yes, based on the staff
8 report and the testimony.
9 MR. ROATE: Thank you.
10 Ms. Hamos.
11 MEMBER HAMOS: Yes, based on the testimony
12 and staff report. Yes.
13 MR. ROATE: Thank you.
14 Ms. Hemme.
15 MEMBER HEMME: Yes, based on testimony and
16 staff report.
17 MR. ROATE: Thank you.
18 Mr. McGlasson.
19 MEMBER MC GLASSON: Yes, based on the
20 staff report.
21 MR. ROATE: Thank you.
22 Dr. McNeil.
23 MEMBER MC NEIL: Yes, based on the staff
24 report, the inclement weather, as testified.

1 MR. ROATE: Thank you.
2 Madam Chair.
3 CHAIRMAN MURPHY: Yes, based on the
4 State Board staff report.
5 MR. ROATE: That's 7 votes in the
6 affirmative.
7 CHAIRMAN MURPHY: Your permit renewal's
8 approved. Thank you.
9 MS. CANTRELL: Thank you very much.
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1 CHAIRMAN MURPHY: Okay. We do not have
2 any extension requests, so we will move on to
3 Item C on our agenda, which is exemption requests.
4 First up on the agenda under that heading
5 is C-01, Project E-004-19, Pipeline Westlake
6 Hospital, doing business as VHS Westlake Hospital.
7 May I have a motion to approve
8 Exemption E-004-19, Pipeline Westlake Hospital, to
9 discontinue a 230-bed acute care hospital in
10 Melrose Park.
11 MEMBER MC GLASSON: So moved.
12 CHAIRMAN MURPHY: Is there a second?
13 MEMBER HAMOS: Second.
14 CHAIRMAN MURPHY: Is there anyone to
15 represent the Applicant?
16 MS. MITCHELL: Before they begin, I'd just
17 like to make a brief statement.
18 MS. AVERY: Use your mic.
19 MS. MITCHELL: Before they begin, I would
20 just like to make a brief statement.
21 This is an exemption. And according to
22 the statute, an exemption cannot be voted down, so
23 please keep that in mind when issuing your vote.
24 An exemption cannot be voted down if all the

1 requirements are met, and according to the staff
2 report, all requirements are met.
3 MEMBER GELDER: I'm sorry. I couldn't
4 hear the last --
5 MS. MITCHELL: Sorry.
6 An exemption cannot be voted down if all
7 requirements are met. And according to the staff
8 report, all requirements are met.
9 MEMBER GELDER: Thank you.
10 CHAIRMAN MURPHY: Will you please identify
11 yourselves and be sworn in.
12 THE COURT REPORTER: Would you raise your
13 right hands, please.
14 (Four witnesses sworn.)
15 THE COURT REPORTER: Thank you. And
16 please state your names.
17 MS. MURPHY: In light of the --
18 CHAIRMAN MURPHY: Excuse me.
19 Did you get everybody's names?
20 THE COURT REPORTER: No, I didn't.
21 Please state your names.
22 MS. MURPHY: Anne Murphy, A-n-n-e
23 M-u-r-p-h-y.
24 Do you want the names of the other --

1 THE COURT REPORTER: Yes.
2 DR. WHITAKER: Eric Whitaker,
3 W-h-i-t-a-k-e-r.
4 MR. ORZANO: Nicholas Orzano, O-r-z-a-n-o.
5 MS. LENNON: Roslyn Lennon, R-o-s-l-y-n
6 L-e-n-n-o-n.
7 THE COURT REPORTER: Thank you.
8 CHAIRMAN MURPHY: Mike, will you please
9 give the State Board staff report.
10 MR. CONSTANTINO: Thank you, Ms. Murphy.
11 The Applicants propose a discontinuation
12 of a 230-bed acute care hospital in Melrose Park,
13 Illinois.
14 There is no cost to discontinuation. A
15 public hearing was conducted by the State Board
16 staff on March 11th, 2019, in Melrose Park,
17 Illinois. Approximately 600 individuals were in
18 attendance. The Board staff has received a number
19 of letters and petitions in opposition to the
20 proposed closure and as well as information
21 provided here today.
22 All the information required by the
23 State Board has been provided by the Applicants
24 for this discontinuation.

1 Thank you, Madam Chair -- or thank you,
2 Ms. Murphy.
3 CHAIRMAN MURPHY: Thank you.
4 Do you have a statement for the Board?
5 MS. MURPHY: Yes.
6 I think in light of the comments from the
7 general counsel, I do not need to make any
8 statements for this second hearing.
9 We also think, at this stage of the day,
10 less is more, so we are going to limit the
11 comments to Dr. Whitaker's.
12 CHAIRMAN MURPHY: Thank you.
13 DR. WHITAKER: Good afternoon, members of
14 the Board and fellow citizens.
15 Thank you for the opportunity to testify
16 before you today on what we believe is a better
17 way to provide quality, cost-effective care to the
18 Chicagoland region, a place where I was born,
19 raised, and have called home nearly all of my
20 life.
21 I'm Eric Whitaker. I lead TWG Partners as
22 its CEO and chairman, and I serve as a principal
23 of Pipeline Health, a company that currently owns
24 and operates Westlake Hospital, whose future we

1 are here to discuss today, and I hope my testimony
2 and the past testimony of my colleagues and the
3 facts will lead you to support our application.
4 In my 26-years career as an internal
5 medicine physician, public health practitioner,
6 and health policy expert, my work has been focused
7 solely on vulnerable populations and ways to
8 improve their health. It's why I trained at
9 San Francisco General Hospital in the mid-1990s
10 and concentrated my early research on how HIV
11 impacts the African-American community, especially
12 black men.
13 After my residency I came back to Chicago
14 to work at Cook County Hospital as a senior
15 attending physician for nearly eight years.
16 I created the first African-American men's clinic
17 in the United States in the year 2000, Project
18 Brotherhood, a weekly walk-in clinic in Woodlawn
19 on the South Side of Chicago that provided medical
20 care and social services with a barber shop
21 embedded in the clinic.
22 I had the privilege of becoming the
23 director of the Illinois Department of Public
24 Health in 2003, where one of my three areas of

1 focus was reducing the health disparities we see
2 between racial and ethnic groups.
3 I tell you this today not to put myself on
4 a pedestal but to make clear my life's work and my
5 passion has been to help the most vulnerable in
6 Chicago and Illinois. It would be hard to know
7 that, though, if you read some of the statements
8 elected officials have falsely made in the press
9 over the last several months.
10 Throughout the experience that I just
11 mentioned, it was clear that new models of health
12 care delivery was necessary, especially in
13 impoverished and urban communities. On the South
14 Side of Chicago I saw that, long term, many of the
15 community hospitals were not sustainable without
16 significant government support.
17 The payment landscape was changing, the IT
18 infrastructure needed to be overhauled, and the
19 management and clinical expertise available was
20 outstripped by the mounting challenges. Simply
21 put, surviving as a one-off hospital without the
22 benefit of scale from a network is a losing
23 proposition for community hospitals.
24 It led me to search for groups that were

1 innovating and building a 21st century health care
2 system that provided high-quality, cost-effective
3 health care, a challenge that has eluded the
4 United States for far too long. The US spends
5 more on health care and has worse outcomes than
6 every other industrialized country.
7 Along the way I saw a health system in
8 Los Angeles, Pipeline Health, successfully working
9 towards this goal, serving minorities in Compton
10 and East Compton, and believed that, if Pipeline
11 could do that there, surely, together, we could
12 begin building a better health care system here in
13 Chicagoland in communities with the most need.
14 The plan would be to use these hospitals
15 as a way to begin building this 21st century
16 health care system, and it's clear here in Chicago
17 and in Illinois we currently have a system from
18 the past.
19 And it's not just me saying that. The
20 people in community -- the communities that
21 surround Westlake Hospital are voting with
22 their feet to get medical care --
23 UNIDENTIFIED AUDIENCE MEMBERS: Liar,
24 liar.

1 DR. WHITAKER: -- from hospitals, clinics,
2 and locations.
3 The numbers and facts bear this out. At
4 Westlake Hospital there are fewer overall
5 inpatient visits, dropping to around 4,100 last
6 year, down from around 4,800 two years before.
7 The service area where Westlake Hospital
8 sits has an oversupply of 473 extra medical/
9 surgical and pediatric beds, according to the
10 Inventory of Health Care Facilities and Services
11 and Needs Determination, which serves as the
12 definitive statement of health care needs in the
13 state of Illinois, which this body uses itself.
14 On average, as you've heard multiple times
15 today, Westlake is 70 percent empty daily and is
16 the last chosen among 10 hospitals in our service
17 area. To think that we're going to be able to
18 reverse this trend that has been set in motion by
19 the Federal government with the passage of the
20 Affordable Care Act, changes by the State of
21 Illinois with its Medicaid managed care plan, and
22 private insurance is foolhardy. Worse, it leaves
23 citizens with an inefficient system that doesn't
24 invest in them.

1 Even with the Westlake Hospital closure,
2 the region will not be without hospitals or major
3 medical centers. In fact, there will be three
4 nearby, including West Suburban, which is about
5 4 miles away; Gottlieb Memorial Hospital, a
6 Level II trauma center in Melrose Park, 1.5 miles
7 away; and Loyola Medical Center, a Level I trauma
8 center as well as a stroke center, at 3 miles
9 away. Municipalities the size of Melrose Park
10 often are lucky to have one hospital nearby, let
11 alone three.
12 To maintain Westlake Hospital in its
13 current form is to maintain the past. Westlake
14 Hospital can't safely provide for the latest
15 technology and services needed for quality care
16 because it needs $30 million in upgrades to
17 facilities, equipment, and information technology.
18 We would rather invest in patients, not
19 buildings. That's why Pipeline put forth a
20 commitment of $2.5 million to invest in ambulatory
21 care with 500 -- at least 500 of that going to a
22 Federally qualified health center, PCC Wellness,
23 that would be on the Westlake campus.
24 Let's be clear. We do not relish closing

1 the hospital. Pipeline Health, rooted in a
2 commitment to turn around community health care
3 delivery, has never shut down a hospital despite
4 working in other challenging environments in both
5 Los Angeles and Dallas.
6 And the irony of all the discussions that
7 have been held today is that if Westlake Hospital
8 did not exist and Pipeline came here and proposed
9 to build it in its current form, capacity, and
10 location, this Board would not approve it because
11 of the severe overbedding in the area. Instead,
12 outpatient centers that are designed to improve
13 population health would be what should be built.
14 There are a few other -- there are few
15 things as personal as health care, and I realize
16 that hospitals are more than just buildings. For
17 many people it's where they were born, where they
18 had their kids or have seen loved ones pass away.
19 I understand that.
20 For me, I was born in Michael Reese
21 Hospital on the South Side of Chicago. My mother
22 trained as a nurse there when black women could
23 only get their education at Michael Reese or
24 Cook County Hospital. She worked there for

1 30 years. My two brothers and I were born there.
2 I had my first summer job there and worked
3 20 hours a week there through my junior and
4 senior years of high school.
5 I dreamed of practicing medicine there
6 one day but never got that opportunity because the
7 hospital was closed in 2008 after first opening in
8 1881.
9 As unfortunate as that was for my personal
10 dreams, I know that, in the end, delivering the
11 best quality health care cannot be based on a
12 building. It must be based on what's best to
13 serve this region's needs in a proven way that
14 results in high-quality, cost-effective care,
15 independent of the building or how we have always
16 done things.
17 I hope the Board will approve our
18 application to do just that. Thank you for the
19 opportunity to testify today.
20 CHAIRMAN MURPHY: Thank you.
21 Are there any questions or comments from
22 Board members?
23 (No response.)
24 CHAIRMAN MURPHY: You don't have further

1 comments, do you?
2 MS. MURPHY: No. I was just going to
3 offer that any of the four of us could answer any
4 questions that Board members have.
5 CHAIRMAN MURPHY: Thank you.
6 Are there any questions or comments from
7 Board members?
8 (No response.)
9 CHAIRMAN MURPHY: Okay. George, will you
10 please call the roll.
11 MR. ROATE: Thank you, Madam Chair.
12 Motion made by McGlasson; seconded by
13 Hamos.
14 Senator Demuzio.
15 MEMBER DEMUZIO: I'm going to go -- I'm
16 going to go ahead and vote -- I've heard so much
17 today, and I totally appreciate your comments
18 about not wanting to close down a hospital.
19 I come from a small area so I know the
20 impact; however, as we move forward, I guess we do
21 have to look at what innovation, what's new, and
22 where we go from there.
23 So I hope that, as you move forward, that
24 you keep the residents of that location and of

1 Melrose to -- to really keep them in your heart
2 and mind as you move forward.
3 So I'm going to go ahead and vote yes with
4 the understanding and hope that you will always
5 keep those residents in your heart.
6 MR. ROATE: Thank you.
7 Mr. Gelder.
8 MEMBER GELDER: I vote yes based on my
9 understanding of the law as explained by the
10 general counsel and would also add my voice to
11 many, many others about your -- the importance of
12 your contributions to not just facilities but to
13 the health of the people who rely on those
14 facilities and the access to primary care as we've
15 already described.
16 So we're trusting you to move ahead in
17 that responsible fashion and I vote yes.
18 MR. ROATE: Thank you.
19 Ms. Hamos.
20 MEMBER HAMOS: Yes. I vote yes because
21 the law, to me, seems very clear, "An exemption
22 shall be approved when information required by the
23 Board by rule is submitted."
24 And so, as earlier -- I stated I think the

1 law is important here and that's what the
2 legislature intended.
3 Dr. Whitaker, you weren't here earlier
4 when we talked about hospital transformation being
5 the future of the changes in the health care
6 delivery system, and we hope very much -- not just
7 hope but really encourage you not just to hold
8 them in your heart, as my colleague said, but also
9 to really actively use your power and stature in
10 this state to really move ahead and look at the
11 community needs and the employer needs but also to
12 accomplish hospital transformation along with this
13 change.
14 MR. ROATE: Thank you.
15 Ms. Hemme.
16 MEMBER HEMME: The law requires me to vote
17 in favor of this, but my heart is breaking for all
18 the thousands of people who won't have access to
19 care. They won't get to West Suburban, they won't
20 get to Gottlieb, and you've abandoned them.
21 But, again, I vote yes.
22 MR. ROATE: Thank you.
23 Mr. McGlasson.
24 MEMBER MC GLASSON: I vote yes based on

1 the State report.
2 MR. ROATE: Thank you.
3 Dr. McNeil.
4 MEMBER MC NEIL: This is a dilemma on a
5 vote because you have the emotional vote and you
6 have the realization vote.
7 I think there has been a public relations
8 issue of dealing with the community, and what
9 I encourage is dealing with the community more
10 effectively because you can't continue losing
11 $2 million a month -- or a little more than
12 2 million a month. Changes need to be made no
13 matter what.
14 So I would vote yes because of the law but
15 encourage you to work with the community during
16 the transition for the property.
17 MR. ROATE: Thank you.
18 Madam Chair.
19 CHAIRMAN MURPHY: Based on the
20 successfully completed State Board staff report
21 and requirements, I am forced to vote yes.
22 MR. ROATE: Thank you.
23 That's 7 votes in the affirmative.
24 CHAIRMAN MURPHY: Your exemption is

1 approved.
2 Thank you.
3 MS. MURPHY: Thank you.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 C-02, Project E-005-19, US Renal Care Villa Park
3 Dialysis.
4 This is going to be a series of change of
5 ownership so there's -- one, two, three -- there's
6 seven of them. We are going to have to take each
7 one of them individually.
8 So may I have a motion to approve
9 Exemption E-005-19, US Renal Care Villa Park
10 Dialysis, to approve a change of ownership
11 transaction.
12 MEMBER MC NEIL: So moved.
13 CHAIRMAN MURPHY: Second?
14 (No response.)
15 CHAIRMAN MURPHY: Second?
16 MS. MITCHELL: Second?
17 CHAIRMAN MURPHY: Somebody?
18 MEMBER GELDER: I'll second.
19 CHAIRMAN MURPHY: Thank you.
20 Will you please state your name and then
21 be sworn in.
22 MR. DOMSTEN: My name is Ethan Domsten,
23 counsel for the Applicant.
24 CHAIRMAN MURPHY: Can you please state

1 your name louder.
2 MR. DOMSTEN: Ethan Domsten, counsel for
3 the Applicant, D-o-m-s-t-e-n.
4 MS. MONTAGUE: Valerie Montague, counsel
5 for the Applicant, V-a-l-e-r-i-e M-o-n-t-a-g-u-e.
6 THE COURT REPORTER: Would you raise your
7 right hands, please.
8 (Two witnesses sworn.)
9 THE COURT REPORTER: Thank you.
10 CHAIRMAN MURPHY: Mike, will you please
11 give the State Board staff report.
12 MR. CONSTANTINO: Thank you, Ms. Murphy.
13 US Renal Care, Inc., a provider of
14 dialysis service in the United States, is being
15 acquired by a private equity investor group at a
16 cost of approximately 2.3 to $2.8 million. This
17 is a nationwide transaction. US Renal Care
18 operates in 32 states and the territory of Guam.
19 US Renal Care owns seven ESRD inpatient
20 dialysis facilities in Illinois. They're
21 certified entities and the owners of the sites are
22 not changing because of this change of ownership.
23 No public hearing was requested, and no
24 letters of support or opposition were received.

1 All the information for all seven exemption
2 applications we received has been provided by the
3 Applicants.
4 Thank you, Ms. Murphy.
5 CHAIRMAN MURPHY: Thank you.
6 Do you have a statement or comment for the
7 Board?
8 MR. DOMSTEN: No.
9 MS. MONTAGUE: We do not.
10 CHAIRMAN MURPHY: Are there any questions
11 from Board members?
12 (No response.)
13 CHAIRMAN MURPHY: Okay. George, will you
14 please call the roll.
15 MR. ROATE: Thank you, Madam Chair.
16 Motion made by McNeil; seconded by Gelder.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes, based upon the staff
19 report.
20 MR. ROATE: Thank you.
21 Mr. Gelder.
22 MEMBER GELDER: Yes, based on the staff
23 report.
24 MR. ROATE: Thank you.

1 Ms. Hamos.
2 MEMBER HAMOS: Yes, based on staff report.
3 MR. ROATE: Thank you.
4 Ms. Hemme.
5 MEMBER HEMME: Yes, based on the staff
6 report.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, based on the
10 staff report.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes, based on the staff
14 report and the knowledge that this is a national
15 issue, not just Illinois.
16 MR. ROATE: Thank you.
17 Madam Chair.
18 CHAIRMAN MURPHY: Yes, based on the
19 State Board staff report.
20 MR. ROATE: 7 votes in the affirmative.
21 CHAIRMAN MURPHY: Your exemption is
22 approved.
23 We will move to the next one.
24 MEMBER HAMOS: Madam Chair --

1 CHAIRMAN MURPHY: Yes.
2 MEMBER HAMOS: -- isn't it possible to
3 combine these into --
4 MS. AVERY: No. We have to take them in a
5 separate motion.
6 CHAIRMAN MURPHY: No, we can't.
7 MS. MITCHELL: We have to -- we have to
8 have a separate record for them, so that's why --
9 MS. AVERY: They can't hear you.
10 MS. MITCHELL: We have to have a record
11 for each one of them.
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1 CHAIRMAN MURPHY: Next up is C-03,
2 Project E-006-19, US Renal Care Bolingbrook
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-009-19 [sic], US Renal Care
6 Bolingbrook Dialysis, for a change of ownership
7 transaction.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN MURPHY: Second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: You've already been
12 sworn in and identified yourselves.
13 Do you need -- you don't need to do one
14 for each thing.
15 Do you have any --
16 MS. MONTAGUE: We do not.
17 CHAIRMAN MURPHY: Are there any questions
18 from Board members?
19 MEMBER MC NEIL: Call the question.
20 (Laughter.)
21 CHAIRMAN MURPHY: George, will you please
22 call the roll.
23 MR. ROATE: Thank you, Madam Chair.
24 Motion made by McNeil; seconded by Senator

1 Demuzio.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the staff
4 report and testimony.
5 MR. ROATE: Thank you.
6 Mr. Gelder.
7 MEMBER GELDER: Yes, based on the report.
8 MR. ROATE: Thank you.
9 Ms. Hamos.
10 MEMBER HAMOS: Yes, based on the fact that
11 they didn't have testimony.
12 MR. ROATE: Thank you.
13 Ms. Hemme.
14 MEMBER HEMME: Yes, based on staff report.
15 MR. ROATE: Thank you.
16 Mr. McGlasson.
17 MEMBER MC GLASSON: Yes, based on the
18 staff report.
19 MR. ROATE: Thank you.
20 Dr. McNeil.
21 MEMBER MC NEIL: Ditto. Yes, based on the
22 staff report.
23 MR. ROATE: Thank you.
24 Madam Chair.

1 CHAIRMAN MURPHY: Yeah, based on the
2 State Board staff report.
3 MR. ROATE: Thank you.
4 That's 7 votes in the affirmative.
5 CHAIRMAN MURPHY: Your exemption is
6 approved.
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1 CHAIRMAN MURPHY: Next is C-04,
2 Project E-007-19, US Renal Care Hickory Hills
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-007-19, US Renal Care Hickory Hills
6 Dialysis, for a change of ownership transaction.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN MURPHY: Second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN MURPHY: Thank you.
11 You've been sworn in; we have the staff
12 report. No comments; no questions.
13 George, will you please call the roll.
14 MR. ROATE: Thank you, Madam Chair.
15 Motion made by Dr. McNeil; seconded by
16 Senator Demuzio.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes, based upon the staff
19 report.
20 MR. ROATE: Thank you.
21 Mr. Gelder.
22 MEMBER GELDER: Yes, based on the staff
23 report.
24 MR. ROATE: Thank you.

1 Ms. Hamos.
2 MEMBER HAMOS: Yes, based on the staff
3 report.
4 MR. ROATE: Thank you.
5 Ms. Hemme.
6 MEMBER HEMME: Yes, based on the staff
7 report.
8 MR. ROATE: Thank you.
9 Mr. McGlasson.
10 MEMBER MC GLASSON: Yes, based on the
11 staff report.
12 MR. ROATE: Thank you.
13 Dr. McNeil.
14 MEMBER MC NEIL: Yes, based on the staff
15 report.
16 MR. ROATE: Thank you.
17 Madam Chair.
18 CHAIRMAN MURPHY: Yes, based on the State
19 Board staff report.
20 MR. ROATE: Thank you.
21 That's 7 votes in the affirmative.
22 CHAIRMAN MURPHY: Okay.
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1 CHAIRMAN MURPHY: Next up is C-05,
2 Project E-008-19, US Renal Care Streamwood
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-008-19, US Renal Care Streamwood
6 Dialysis, for a change of ownership transaction.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC GLASSON: Second.
10 MEMBER MC NEIL: Second.
11 CHAIRMAN MURPHY: Thank you.
12 Stated. In. Statement. Questions? No.
13 George, will you please call the roll.
14 MR. ROATE: Thank you, Madam Chair.
15 Motion made by Senator Demuzio; seconded
16 by Dr. McNeil.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes, based upon the staff
19 report.
20 MR. ROATE: Thank you.
21 Mr. Gelder.
22 MEMBER GELDER: Yes, staff report.
23 MR. ROATE: Thank you.
24 Ms. Hamos.

1 MEMBER HAMOS: Yes, based on staff report.
2 MR. ROATE: Thank you.
3 Ms. Hemme.
4 MEMBER HEMME: Yes, based on staff report.
5 MR. ROATE: Thank you.
6 Mr. McGlasson.
7 MEMBER MC GLASSON: Yes, based on the
8 staff report.
9 MR. ROATE: Thank you.
10 Dr. McNeil.
11 MEMBER MC NEIL: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 Madam Chair.
15 CHAIRMAN MURPHY: Yes, based on the
16 State Board staff report.
17 MR. ROATE: Thank you.
18 That's 7 votes in the affirmative.
19 CHAIRMAN MURPHY: Exemption's approved.
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1 CHAIRMAN MURPHY: Next up is C-06,
2 Project E-009-19, US Renal Care Oak Brook
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-009-19, US Renal Care Oak Brook
6 Dialysis, for a change of ownership transaction.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 George, will you please call the roll.
12 (Laughter.)
13 MR. ROATE: Thank you, Madam Chair.
14 Motion made by Senator Demuzio; seconded
15 by Dr. McNeil.
16 Senator Demuzio.
17 MEMBER DEMUZIO: Yes, based upon the staff
18 report.
19 MR. ROATE: Thank you.
20 Mr. Gelder.
21 MEMBER GELDER: Yes. I'm convinced by the
22 staff report.
23 MR. ROATE: Thank you.
24 Ms. Hamos.

1 MEMBER HAMOS: Yes, based on the staff
2 report.
3 MR. ROATE: Thank you.
4 Ms. Hemme.
5 MEMBER HEMME: Yes, based on the staff
6 report.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, based upon the
10 staff report.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes, based on the staff
14 report.
15 MR. ROATE: Madam Chair.
16 CHAIRMAN MURPHY: Yes, based on the
17 State Board staff report.
18 MR. ROATE: Thank you.
19 That's 7 votes in the affirmative.
20 CHAIRMAN MURPHY: Exemption approved.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 C-07, Project E-010-19, US Renal Care Dan Ryan
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-010-19, US Renal Care Dan Ryan
6 Dialysis, for a change of ownership transaction.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 George, will you please call the roll.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Demuzio; seconded by
14 McNeil.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Yes, based upon the staff
17 report.
18 MR. ROATE: Thank you.
19 Mr. Gelder.
20 MEMBER GELDER: Yes, staff report.
21 MR. ROATE: Thank you.
22 Ms. Hamos.
23 MEMBER HAMOS: Yes, based on the staff
24 report.

1 MR. ROATE: Thank you.
2 Ms. Hemme.
3 MEMBER HEMME: Yes, based on the staff
4 report.
5 MR. ROATE: Thank you.
6 Mr. McGlasson.
7 MEMBER MC GLASSON: Yes, based on staff
8 report.
9 MR. ROATE: Thank you.
10 Dr. McNeil.
11 MEMBER MC NEIL: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 Madam Chair.
15 CHAIRMAN MURPHY: Yes, based on the
16 State Board staff report.
17 MR. ROATE: Thank you.
18 That's 7 votes in the affirmative.
19 CHAIRMAN MURPHY: Exemption is approved.
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1 CHAIRMAN MURPHY: And, finally, C-08,
2 Project E-011-19, US Renal Care Scottsdale
3 Dialysis.
4 May I have a motion to approve
5 Exemption E-011-19, US Renal Care Scottsdale
6 Dialysis, for a change of ownership transaction.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 George, will you please call the roll.
12 MEMBER GELDER: Can I ask a question?
13 CHAIRMAN MURPHY: Sure.
14 MEMBER GELDER: Where does Scottsdale come
15 into this?
16 MR. DOMSTEN: This Scottsdale facility is
17 located in Chicago.
18 CHAIRMAN MURPHY: That's just the name of
19 the facility. It's not Arizona.
20 MEMBER GELDER: They were all locations.
21 Okay.
22 MR. ROATE: All right. Motion made by
23 Demuzio; seconded by McNeil.
24 Senator Demuzio.

1 MEMBER DEMUZIO: Yes, based upon the staff
2 report.
3 MR. ROATE: Thank you.
4 Mr. Gelder.
5 MEMBER GELDER: Yes, staff report.
6 MR. ROATE: Thank you.
7 Ms. Hamos.
8 MEMBER HAMOS: Yes, based on staff report.
9 MR. ROATE: Thank you.
10 Ms. Hemme.
11 MEMBER HEMME: Yes, based on staff report.
12 MR. ROATE: Thank you.
13 Mr. McGlasson.
14 MEMBER MC GLASSON: Yes, based on the
15 staff report.
16 MR. ROATE: Thank you.
17 Dr. McNeil.
18 MEMBER MC NEIL: Yes, based on staff
19 report.
20 MR. ROATE: Thank you.
21 Madam Chair.
22 CHAIRMAN MURPHY: Yes, based on the
23 State Board staff report.
24 MR. ROATE: Thank you.

1 That's 7 votes in the affirmative.
2 CHAIRMAN MURPHY: Congratulations.
3 MS. MONTAGUE: Thank you very much.
4 CHAIRMAN MURPHY: All your exemptions are
5 approved.
6 MR. DOMSTEN: Thank you.
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1 CHAIRMAN MURPHY: Okay. Next up we have
2 C-09, Project E-013-19, Naperville Fertility
3 Center.
4 May I have a motion to approve
5 Exemption E-013-19, Naperville Fertility Center,
6 for a change of ownership transaction.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 You've already identified yourselves;
12 you've already been sworn in.
13 MS. AVERY: Identify yourselves for the
14 record.
15 CHAIRMAN MURPHY: Oh. Can you identify
16 yourselves for the record.
17 MR. SILBERMAN: Mark Silberman.
18 MR. MORADO: And Juan Morado.
19 CHAIRMAN MURPHY: Thank you.
20 Mike, can we have the State Board staff
21 report?
22 MR. CONSTANTINO: Thank you, Ms. Murphy.
23 In September of 2017 the Chair of the
24 State Board approved the sale of Naperville

1 Fertility Center, a single-specialty ASTC, to
2 DMG Practice Management Solutions, LLC, at a
3 cost of approximately $5.8 million from the
4 Jody L. Morris Trust.
5 Today, Jody L. Morris Trust and Randy S.
6 Morris, MD, are requesting that the Board approve
7 the sale of Naperville Fertility Center from
8 DMG Practice Management Solutions, LLC, for
9 approximately $5.8 million.
10 The facility will continue to provide the
11 same services; there will be no change in the
12 owner of the site or the operating entity
13 licensee. The expected completion date is
14 July 10th, 2019.
15 No letters of support or opposition were
16 received, and there was no request for a public
17 hearing.
18 All the information required by the
19 State Board has been provided.
20 CHAIRMAN MURPHY: Thank you.
21 Do you have any comments for the Board?
22 MR. SILBERMAN: Very briefly.
23 Simply put, this project is why pencils
24 have erasers.

1 MEMBER HAMOS: What?
2 MR. SILBERMAN: 18 months ago --
3 MS. AVERY: "Pencils have erasers."
4 MEMBER HAMOS: You said what?
5 MR. SILBERMAN: "Pencils have erasers."
6 18 months ago Dr. Morris sold his practice
7 and surgery center to DuPage Medical Group.
8 18 months later, everyone is in agreement that was
9 not an ideal decision, and this transaction is to
10 unwind.
11 Dr. Morris will take back over the surgery
12 center and the practice. Care will continue
13 unabated, as it has, to the community.
14 CHAIRMAN MURPHY: Thank you.
15 Are there any questions or comments from
16 Board members?
17 (No response.)
18 CHAIRMAN MURPHY: George, will you please
19 call the roll.
20 MR. ROATE: Thank you, Madam Chair.
21 Motion made by Demuzio; seconded by
22 McNeil.
23 Senator Demuzio.
24 MEMBER DEMUZIO: Yes. I vote yes on the

1 testimony.
2 And can I ask a question?
3 CHAIRMAN MURPHY: Yes.
4 MEMBER DEMUZIO: Okay. Can you tell me
5 why he left or why he went back?
6 MR. SILBERMAN: No, he's been practicing
7 there the entire time.
8 MEMBER DEMUZIO: Oh, he has been?
9 MR. SILBERMAN: I think administratively
10 he and everyone felt it operated better when it
11 was under his control.
12 MEMBER DEMUZIO: Perfect. Perfect.
13 Yes. Based upon the State --
14 MS. MITCHELL: I don't mean to
15 interrupt -- I'm sorry -- but we're taking a roll
16 call. So it's kind of not time for discussion
17 right now.
18 MS. AVERY: Sorry.
19 MS. MITCHELL: I apologize.
20 MEMBER DEMUZIO: Okay.
21 I vote yes.
22 MR. ROATE: Thank you.
23 Mr. Gelder.
24 MEMBER GELDER: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 Ms. Hamos.
4 MEMBER HAMOS: Yes, based on testimony and
5 staff report.
6 MR. ROATE: Thank you.
7 Ms. Hemme.
8 MEMBER HEMME: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 Mr. McGlasson.
12 MEMBER MC GLASSON: Yes, based on the
13 staff report.
14 MR. ROATE: Thank you.
15 Dr. McNeil.
16 MEMBER MC NEIL: Yes, based on the staff
17 report and some unintended testimony.
18 (Laughter.)
19 MR. ROATE: Madam Chair.
20 CHAIRMAN MURPHY: Yes, based on the
21 State Board staff report.
22 MR. ROATE: Thank you.
23 That's 7 votes in the affirmative.
24 CHAIRMAN MURPHY: Your exemption is

1 approved. Thank you.
2 MR. SILBERMAN: Thank you.
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1 CHAIRMAN MURPHY: Next on the agenda,
2 C-10, Project E-014-19, Peoria Ambulatory Surgery
3 Center.
4 May I have a motion to approve
5 Exemption E-014-19, Peoria Ambulatory Surgery
6 Center, for a change of ownership transaction.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN MURPHY: Thank you.
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN MURPHY: Thank you.
11 You are still here. Will you please
12 identify yourselves for the record.
13 MR. SILBERMAN: Mark Silberman.
14 MR. MORADO: And Juan Morado.
15 CHAIRMAN MURPHY: Thank you.
16 Mike, will you please give the State Board
17 staff report.
18 MR. CONSTANTINO: Thank you, Ms. Murphy.
19 In January of this year, the State Board
20 approved a sale of the Peoria Ambulatory Surgery
21 Center to two physicians for $2 million. Peoria
22 Ambulatory Surgery Center is a single-specialty
23 ASTC providing plastic surgery.
24 In March of 2019 the State Board approved

1 the relinquishment of that exemption, E-062-18,
2 because the sale could not be finalized.
3 Today they're back before you again asking
4 you to approve a change of control resulting in --
5 a change in the control of the ASTC licensed
6 entity. There is no change in the licensee or
7 owner of the site. The expected completion date
8 is July 10, 2019.
9 No letters of support or opposition were
10 received, and there was no request for a public
11 hearing.
12 All the information required by the Board
13 has been provided.
14 CHAIRMAN MURPHY: Thank you.
15 Do you have a statement for the Board?
16 MR. MORADO: Yes. I'll be quick, as well.
17 This one might hold the record for the
18 most consecutive appearances at the Board meeting
19 for one Applicant.
20 But the reason is, as Mr. Constantino
21 described, we had an original change of ownership
22 that was approved in January, and then, as
23 required by your rules, because that transaction
24 couldn't close, we relinquished the permit, filed

1 a relinquishment and appeared before you, and that
2 was approved, as well.
3 We're here today, now, for a new
4 transaction that's going to change operational
5 control of the facility. You'll notice that the
6 price point is exactly the same as the previous
7 application. We're still dealing with
8 Dr. Soderstrom, who's been practicing for 40 years
9 in the community, was looking to relieve some of
10 the administrative burden associated with
11 practicing medicine, and he's found that new
12 partner now.
13 The facility continues to operate. There
14 has been no change in the categories of service or
15 the hours that the facility's been operating, and
16 that will not change subsequent to this
17 transaction.
18 Thank you.
19 CHAIRMAN MURPHY: Thank you.
20 Are there any questions or comments from
21 Board members?
22 MEMBER MC GLASSON: Yeah.
23 Have you guys discovered a new niche in
24 your market?

1 MR. MORADO: Yes. Back and forth, back
2 and forth. Please let everyone know.
3 (Laughter.)
4 CHAIRMAN MURPHY: Okay. George, can you
5 please call the roll?
6 MR. ROATE: Thank you, Madam Chair.
7 Motion made by McNeil; seconded by
8 Demuzio.
9 Senator Demuzio.
10 MEMBER DEMUZIO: Yes, based upon staff
11 report and testimony.
12 MR. ROATE: Thank you.
13 Mr. Gelder.
14 MEMBER GELDER: Yes, based on the
15 testimony and staff report.
16 MR. ROATE: Thank you.
17 Ms. Hamos.
18 MEMBER HAMOS: Yes, based on testimony and
19 the staff report.
20 MR. ROATE: Thank you.
21 Ms. Hemme.
22 MEMBER HEMME: Yes, based on testimony and
23 staff report.
24 MR. ROATE: Thank you.

1 Mr. McGlasson.
2 MEMBER MC GLASSON: Yes, based on the
3 staff report.
4 MR. ROATE: Thank you.
5 Dr. McNeil.
6 MEMBER MC NEIL: Yes, based on the staff
7 report, the ongoing explanations of what has
8 happened to relieve the administrative burden.
9 MR. ROATE: Thank you.
10 Madam Chair.
11 CHAIRMAN MURPHY: Yes, based on the
12 State Board staff report.
13 MR. ROATE: Thank you.
14 That's 7 votes in the affirmative.
15 CHAIRMAN MURPHY: Your exemption is
16 approved.
17 MR. MORADO: Thank you.
18 MR. SILBERMAN: Thank you.
19 CHAIRMAN MURPHY: Oh, you're getting up.
20 MR. MORADO: Yes, finally. We'll be back.
21 MR. SILBERMAN: Billie told me I have to
22 leave now.
23 - - -
24

1 CHAIRMAN MURPHY: Next on the agenda is
2 C-11, Project E-015-19, Methodist Hospital of
3 Chicago.
4 May I have a motion to approve
5 Exemption E-015-19, US Methodist Hospital of
6 Chicago, for a change of ownership transaction.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN MURPHY: Second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN MURPHY: Thank you.
11 Will you please state your names and then
12 be sworn in.
13 MS. PAIGE: Billie Paige, consultant to
14 Thorek Medical Center.
15 MR. KAMBEROS: Pete Kamberos, COO.
16 THE COURT REPORTER: I'm sorry. I didn't
17 understand a word you said.
18 MR. KAMBEROS: Pete Kamberos,
19 K-a-m-b-e-r-o-s, COO.
20 THE COURT REPORTER: Thank you.
21 MR. HEINRICH: Tim Heinrich,
22 H-e-i-n-r-i-c-h, chief financial officer.
23 MR. BUDD: Edward Budd, B-u-d-d, president
24 and CEO of Thorek Hospital.

1 THE COURT REPORTER: Would you raise your
2 right hands, please.
3 (Four witnesses sworn.)
4 THE COURT REPORTER: Thank you.
5 CHAIRMAN MURPHY: Thank you.
6 Mike, can you please give the State Board
7 staff report?
8 MR. CONSTANTINO: Thank you Ms. Murphy.
9 Thorek Memorial Hospital is requesting
10 approval to purchase Methodist Hospital of
11 Chicago, a 145-bed acute care hospital, at a cost
12 of approximately $22 1/2 million.
13 Part of that purchase price includes the
14 sale of a 245-bed sheltered care facility, Bethany
15 Retirement Home -- I'm sorry -- a 254-bed
16 sheltered care home. The State Board does not
17 have jurisdiction over the sale of sheltered care
18 facilities.
19 The licensee and the owner of the site of
20 the hospital will be Thorek Memorial Hospital.
21 The expected completion date is June 30th, 2019.
22 No letters of support or opposition were received,
23 and there was no request for a public hearing.
24 All the information required by the

1 State Board has been provided.
2 CHAIRMAN MURPHY: Thank you.
3 MR. CONSTANTINO: Thank you.
4 CHAIRMAN MURPHY: Do you have any
5 statements or comments for the Board?
6 MS. PAIGE: Good afternoon.
7 We are here to, hopefully, get your
8 approval for Thorek Memorial Hospital to purchase
9 the assets of Methodist Hospital of Chicago.
10 We thank the staff for all their hard
11 work. And because we have a positive staff
12 report, we will wait for any questions the Board
13 may have.
14 CHAIRMAN MURPHY: Thank you.
15 I have a question/comment.
16 Based on what's been going on here today
17 with other situations, could you please expand on
18 your statement that you are going to do a
19 comprehensive review of all your services and
20 affirm that you will not have a more restrictive
21 charity care policy that's been in effect from the
22 last year for the following two years?
23 So, basically, what do you plan to do?
24 MS. PAIGE: Well, once the hospital has

1 been -- once the deal has closed --
2 CHAIRMAN MURPHY: Yes.
3 MS. PAIGE: -- we plan to take a look at
4 everything, both at Thorek and at Methodist, to
5 determine how best to serve the community.
6 And once that is done, we will determine
7 those services or whether there needs to be
8 remodeling, rehabbing, whatever to make better
9 health care for the community. And for anything
10 that we do that requires a permit from this Board,
11 we will certainly return to this Board and
12 request one.
13 CHAIRMAN MURPHY: I would just like to
14 note that facilities are very close in proximity
15 and very similar in their profiles.
16 MS. PAIGE: 2 miles apart.
17 MEMBER HAMOS: Yes.
18 CHAIRMAN MURPHY: Are there other
19 questions or comments from Board members?
20 MEMBER GELDER: Yes.
21 CHAIRMAN MURPHY: Yes, Mr. Gelder.
22 MEMBER GELDER: So could you describe the
23 differences and similarities as you see it now
24 between -- you've done a fair amount of due

1 diligence on the acquisition of -- what -- yeah.
2 MS. PAIGE: I'm sorry, Mr. Gelder. Could
3 you say the end of that again, please?
4 MEMBER GELDER: I was just looking for
5 your perspective and a statement about what you
6 see as the similarities and differences of the
7 two facilities as you pursue your due diligence on
8 the acquisition.
9 MS. PAIGE: Mr. Budd can explain.
10 MR. BUDD: Sure.
11 We're both acute care hospitals,
12 obviously, very close to each over. We both
13 provide inpatient and outpatient services, serve a
14 high governmental population in our area.
15 We're very similar in medical and
16 behavioral health services, as well, inpatient and
17 outpatient. And Thorek has the more comprehensive
18 services than Methodist.
19 Overall, we're very similar in the service
20 that we provide in the community.
21 MEMBER GELDER: Given that -- given your
22 statement of reviewing -- I forgot how it was that
23 the staff framed it -- perhaps more artfully --
24 MEMBER HAMOS: We can't hear you.

1 MEMBER GELDER: Yeah. Sorry.
2 -- of how closely Thorek made a
3 comprehensive review of all services provided by
4 each hospital, so that review could -- you know --
5 could lead to a recommendation to close one or
6 both of those? At least one of them?
7 MS. PAIGE: It's wide open. Absolutely.
8 It can -- it runs the whole gamut.
9 One of the things is, you know, what
10 services should remain where, which hospitals --
11 which hospital should do what. And, in fact,
12 ultimately should both hospitals exist?
13 We have not made a determination on any of
14 that. That's what we're going to do once we get
15 your approval here and once we have done our
16 review.
17 CHAIRMAN MURPHY: Do we have any other
18 comments?
19 Yes, Ms. Hamos.
20 MEMBER HAMOS: I appreciate your candor
21 because I'm looking at your data, and it shows
22 that Thorek's occupancy rate in 2017 is
23 35.8 percent and Methodist is 38.5.
24 So are you not experiencing the same

1 financial pressures that we've heard about, that
2 we heard about this morning?
3 MR. BUDD: I think it's safe to say it's
4 difficult everywhere for all hospitals.
5 MEMBER HAMOS: Is this sustainable long
6 term at this occupancy rate?
7 MR. BUDD: As individual hospitals, no.
8 Working together and collaborating, yes.
9 CHAIRMAN MURPHY: That's been fun.
10 MEMBER GELDER: Can I ask one more
11 question?
12 I was just curious about the Thorek -- the
13 difference in the Thorek Medicare -- or
14 specifically Medicaid -- ratios where Methodist is
15 at about 50 percent and Thorek is at about half of
16 that, I guess -- or was it -- 22 percent --
17 22 percent.
18 What accounts for the difference, given
19 your proximity and serving pretty much the same
20 neighborhoods?
21 MR. HEINRICH: Well, at Thorek our
22 Medicaid inpatient utilization rate is
23 83.3 percent, which is the highest acute care
24 hospital. So the data that you're looking at may

1 be on paid claims because typically it's what it's
2 based on.
3 But we know based on -- we're both
4 State-mandated hospitals. Methodist has a very
5 high Medicaid inpatient utilization rate. Ours
6 is actually 83 percent so ours is -- in the data
7 that's submitted based on paid claims -- actually
8 higher, so we, I guess, win the award of having a
9 higher Medicaid inpatient utilization rate than
10 Methodist.
11 MEMBER GELDER: What -- can somebody --
12 maybe from the staff -- explain why the data that
13 I'm looking at -- maybe I'm looking at the wrong
14 page -- in Roman numeral II, Table 1, those
15 numbers are very different.
16 MR. CONSTANTINO: Yes. That was the
17 information we were provided with their annual
18 hospital questionnaire.
19 To make it clear, we do -- those are
20 management of the hospital's responsibility, not
21 the staff. We do not do any review of these
22 numbers other than an analytical review.
23 MEMBER GELDER: Okay. So maybe going from
24 80-some percent to 20 -- 22.3 percent seems like

1 a -- a -- not just a rounding error.
2 MEMBER HAMOS: No.
3 MS. PAIGE: I think what Mr. Heinrich was
4 trying to explain is what you see there were paid
5 claims. What he is talking about is utilization.
6 MR. HEINRICH: Right.
7 MS. PAIGE: They are two different
8 things --
9 MR. HEINRICH: Right.
10 MS. PAIGE: -- you know, that -- I think.
11 MR. HEINRICH: Correct.
12 MS. PAIGE: And, therefore, that's the
13 reason for the discrepancy. We reported what we
14 were asked to report --
15 CHAIRMAN MURPHY: Thank you.
16 MS. PAIGE: -- on the annual -- on the
17 questionnaire.
18 CHAIRMAN MURPHY: Any other questions or
19 comments?
20 (No response.)
21 CHAIRMAN MURPHY: Okay. George, will you
22 please call the roll.
23 MR. ROATE: Thank you, Madam Chair.
24 Motion made by McNeil; seconded by

1 Demuzio.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the
4 testimony and the staff report.
5 MR. ROATE: Thank you.
6 Mr. Gelder.
7 MEMBER GELDER: Yes, based on the
8 testimony and the staff report.
9 MR. ROATE: Thank you.
10 Ms. Hamos.
11 MEMBER HAMOS: Yes, based on the testimony
12 and staff report.
13 Good luck.
14 MR. ROATE: Thank you.
15 MS. PAIGE: Thank you.
16 MR. ROATE: Ms. Hemme.
17 MEMBER HEMME: Yes, based on testimony and
18 staff report.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based on the
22 staff report.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

1 MEMBER MC NEIL: Yes, based on the staff
2 report and the testimony.
3 MR. ROATE: Thank you.
4 Madam Chair.
5 CHAIRMAN MURPHY: Yes, based on the
6 State Board staff report.
7 MR. ROATE: 7 votes in the affirmative.
8 CHAIRMAN MURPHY: Your exemption is
9 approved. Thank you.
10 MS. PAIGE: Thank you, Madam Chairman and
11 members of the Board.
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1 CHAIRMAN MURPHY: Next up we come to
2 Item D, which is alteration requests.
3 On the agenda is D-01, Project 17-044,
4 Smith Crossing, Orland Park.
5 May I have a motion to approve an
6 alteration for 17-044, Smith Crossing, Orland
7 Park, to increase debt financing for the project.
8 MEMBER DEMUZIO: Motion.
9 CHAIRMAN MURPHY: Is there a second?
10 Is there a second?
11 MEMBER HEMME: Second.
12 MEMBER MC NEIL: Yes.
13 CHAIRMAN MURPHY: Thank you.
14 Will you please state your names for the
15 record and then be sworn in.
16 MR. KNIERY: Yes. Good afternoon.
17 My name is John Kniery with Foley &
18 Associates, CON consultant.
19 With us today is Kevin McGee, CEO of Smith
20 Senior Living. To his left -- to your right,
21 I guess -- is Juan Morado, Jr., CON counsel with
22 Benesch, as well as Mark Silberman of Benesch.
23 THE COURT REPORTER: Would you raise your
24 right hands, please.

1 (Two witnesses sworn.)
2 THE COURT REPORTER: Thank you.
3 CHAIRMAN MURPHY: Thank you.
4 I just want to let you know we are going
5 to take these next two alteration requests and
6 then the Board is going to take a 10-minute break.
7 So, Mike, will you please give the
8 State Board staff report.
9 MR. CONSTANTINO: Thank you, Ms. Murphy.
10 The permit holders are requesting approval
11 of an alteration of Permit No. 17-044 that
12 authorized the addition of 46 long-term care beds
13 to an existing 46-bed facility for a total of
14 92 long-term care beds at a cost of approximately
15 $22.2 million. This is the second alteration to
16 this project.
17 In April of 2018 the permit holders were
18 approved to increase the size of the project by
19 approximately 1,600 gross square feet of space or
20 2.1 percent.
21 Today, the permit holders are asking to
22 increase the amount of the debt financing by
23 approximately $2.2 million, which, if approved,
24 would make the funding for this project total debt

1 financing. There is no increase in the number of
2 beds or scope of the project. No opposition or
3 support letters were received by the Board.
4 The permit holders' alteration request
5 meets the requirements of Part 1110 and of
6 Part 1120.
7 Thank you.
8 CHAIRMAN MURPHY: Thank you.
9 Do you have a statement for the Board?
10 MR. KNIERY: If I may, thank you for
11 considering this project as well as your staff for
12 their work on this project, review of this
13 alteration request.
14 I'd like to correct -- you know, point out
15 one thing. The one original finding that was not
16 in conformance this corrects from the original
17 project, and that is the availability of funds is
18 now -- would now be positive in that original
19 review.
20 Due to the late hour -- I have to
21 apologize, also -- we lost our CFO, so the rest of
22 us are filling in for him, but we are prepared to
23 answer any questions.
24 Just shortly or to summarize, this project

1 does what we said. We were able to shop this --
2 the loan for this project -- and get much
3 favorable terms.
4 And with that, I'd answer any questions
5 that you may have.
6 CHAIRMAN MURPHY: Great. Thank you.
7 Do we have any questions or comments from
8 the Board?
9 MEMBER MC GLASSON: Question.
10 CHAIRMAN MURPHY: Yes, Mr. McGlasson.
11 MEMBER MC GLASSON: Does this extend the
12 time for the project?
13 MR. MORADO: No. At this point it --
14 I apologize.
15 MR. KNIERY: Please.
16 MR. MORADO: We also can confirm for you
17 that this project is otherwise on schedule and on
18 budget. The alteration is going to provide the
19 organization with the lowest form of financing and
20 access to liquid cash.
21 So we're going to continue to meet the
22 State's utilization rates, and once the project's
23 complete, we'll be able to meet our obligation to
24 you and the community.

1 And if you have any other questions, we'll
2 be happy to answer those, as well.
3 CHAIRMAN MURPHY: Thank you.
4 Any other questions or comments from the
5 Board?
6 (No response.)
7 CHAIRMAN MURPHY: Okay. George, will you
8 please call the roll.
9 MR. ROATE: Thank you, Madam Chair.
10 Motion made by Demuzio; seconded by Hemme.
11 Motion made -- Senator Demuzio.
12 MEMBER DEMUZIO: Yes, based upon testimony
13 and staff report.
14 MR. ROATE: Thank you.
15 Mr. Gelder.
16 MEMBER GELDER: Yes, based on the
17 testimony and the staff report.
18 MR. ROATE: Thank you.
19 Ms. Hamos.
20 MEMBER HAMOS: Yes, based on testimony and
21 the staff report.
22 MR. ROATE: Thank you.
23 Ms. Hemme.
24 MEMBER HEMME: Yes, based on testimony and

1 staff report.
2 MR. ROATE: Thank you.
3 Mr. McGlasson.
4 MEMBER MC GLASSON: Yes, based on the
5 staff report.
6 MR. ROATE: Thank you.
7 Dr. McNeil.
8 MEMBER MC NEIL: Yes, based on the staff
9 report and testimony.
10 MR. ROATE: Thank you.
11 Madam Chair.
12 CHAIRMAN MURPHY: Yes, based on the
13 State Board staff report.
14 MR. ROATE: Thank you.
15 That's 7 votes in the affirmative.
16 CHAIRMAN MURPHY: Your alteration is
17 approved. Thank you.
18 MR. MORADO: Thank you.
19 MR. KNIERY: Thank you.
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1 CHAIRMAN MURPHY: Okay. Next on the
2 agenda is D-02, Project 17-019, SwedishAmerican
3 Hospital in Rockford.
4 May I have a motion to approve an
5 alteration for 17-019, SwedishAmerican Hospital,
6 to decrease the size of the project.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN MURPHY: Second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN MURPHY: Thank you.
11 Will you please identify yourselves and be
12 sworn in.
13 DR. BORN: Dr. Michael Born, the president
14 and CEO of SwedishAmerican, and Jedediah Cantrell,
15 vice president of operations.
16 THE COURT REPORTER: Would you raise your
17 right hand, please.
18 (One witness sworn.)
19 THE COURT REPORTER: Thank you.
20 CHAIRMAN MURPHY: Mike, will you please
21 give the State Board staff report.
22 DR. BORN: Thank you.
23 MS. CANTRELL: Not that Mike. That Mike.
24 He's Mike, too.

1 MR. CONSTANTINO: Thank you, Ms. Murphy.
2 The permit holders are requesting approval
3 of an alteration of Permit No. 17-019 that
4 authorized a major modernization of
5 SwedishAmerican Hospital at a cost of
6 approximately $126 million. This is the first
7 alteration to this project.
8 Today, the permit holders are asking
9 approval to reduce the gross square footage from
10 342,236 gross square feet to 328,656 gross square
11 feet or 13,580 gross square feet or approximately
12 4 percent. In addition, the alteration asks to
13 reduce the number of approved ER stations by
14 9 stations, from 50 stations to 41 stations.
15 No opposition or support letters were
16 received by the Board. The permit holders'
17 alteration request meets the requirements of
18 Part 1110 and Part 1120.
19 Thank you.
20 CHAIRMAN MURPHY: Thank you.
21 Do you have a statement for the Board?
22 DR. BORN: Yes, I do.
23 I'm Dr. Michael Born, the president and
24 CEO of SwedishAmerican. I last met you in

1 February of 2018, at which time this Board
2 approved this $126 million modernization project,
3 which had been filed initially in September of
4 2017, and I appreciate this opportunity to provide
5 some very brief remarks regarding our request for
6 an alteration to the permit.
7 There are two components of project costs
8 which are slightly out of conformance with the
9 provisions of Part 1120.
10 First, the construction costs exceeded the
11 State standard of $452 per square foot by $12.
12 The primary drivers for that were the delay in
13 starting the project, unanticipated steel tariffs,
14 and an unanticipated construction cost index spike
15 in Northern Illinois.
16 The second area was in architectural/
17 engineering fees, which are 10.3 percent or less
18 than 1 percent above the high end of the range
19 for State standards. The primary driver for this
20 was the additional value engineering work
21 necessary to prepare the alteration request. This
22 alteration request does not increase the approved
23 project cost of $126 million.
24 Thank you for consideration, and we'd be

1 happy to answer any questions.
2 CHAIRMAN MURPHY: Thank you.
3 I do have one question. It was just --
4 I was curious.
5 If your allotment is being reduced by
6 approximately 3.96 percent, your space, why are
7 the project costs remaining at the previously
8 approved level? Why aren't those also going down?
9 MS. CANTRELL: Hi. Again, my name's
10 Jedediah Cantrell.
11 That's a very good question, and it's the
12 reason we're here today.
13 Because, ultimately, the cost of the
14 project was higher than we anticipated, so we
15 needed to make adjustments in the project. With
16 those adjustments we were able to continue with
17 the new construction portion of the project, but
18 in the modernization area, that's where we were
19 able to make some -- take a step back, make some
20 adjustments, and spend less money there.
21 It cost us more on the front end, so we
22 were trying to figure out how to make it cost us
23 less on the back end. At the end of the day, that
24 meant the price stayed the same. So, for

1 example's sake, what was going to cost $12 now
2 costs $18, but we still had a $12 budget, so we
3 were working within that.
4 CHAIRMAN MURPHY: Okay.
5 MS. CANTRELL: Okay.
6 CHAIRMAN MURPHY: That's perfect.
7 Thank you very much.
8 Are there any other questions or comments
9 from Board members?
10 (No response.)
11 CHAIRMAN MURPHY: Okay. George, will you
12 please call the roll.
13 MR. ROATE: Thank you, Madam Chair.
14 Motion made by McNeil; seconded by
15 Demuzio.
16 Senator Demuzio.
17 MEMBER DEMUZIO: Yes, based upon the
18 testimony and the staff report.
19 MR. ROATE: Thank you.
20 Mr. Gelder.
21 MEMBER GELDER: I abstain.
22 MR. ROATE: Ms. Hamos.
23 MEMBER HAMOS: Yes, based on staff report
24 and testimony.

1 MR. ROATE: Thank you.
2 Ms. Hemme.
3 MEMBER HEMME: Yes, based on the staff
4 report and testimony here today.
5 MR. ROATE: Thank you.
6 Mr. McGlasson.
7 MEMBER MC GLASSON: Yes, based on the
8 staff report.
9 MR. ROATE: Thank you.
10 Dr. McNeil.
11 MEMBER MC NEIL: Yes, based on the staff
12 report and the testimony showing how you balanced
13 the budget one way or the other.
14 MR. ROATE: Thank you.
15 Madam Chair.
16 CHAIRMAN MURPHY: Yes, based on the State
17 Board staff report.
18 MR. ROATE: 7 votes in the -- 6 votes in
19 the affirmative, 1 recused.
20 CHAIRMAN MURPHY: Your alteration is
21 approved. Thank you.
22 MS. CANTRELL: Thank you very much.
23 DR. BORN: Thank you.
24 CHAIRMAN MURPHY: Thank you.

1 We are now going to take a 10-minute
2 break.
3 (A recess was taken from 4:48 p.m. to
4 5:02 p.m.)
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1 CHAIRMAN MURPHY: We're going to get
2 started. Okay.
3 All right. We have no declaratory rulings
4 or other business.
5 We have no health care worker
6 self-referral.
7 There are no status reports on conditional
8 or contingent permits.
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1 CHAIRMAN MURPHY: So now we come to
2 letter H on our agenda, which is applications
3 subsequent to initial review.
4 First up, H-05, Project 19-005, Memorial
5 Hospital of Carbondale.
6 May I have a motion to approve
7 Project 19-005, Memorial Hospital of Carbondale,
8 to build out existing shell space on the campus of
9 its hospital in Carbondale.
10 MEMBER MC NEIL: So moved.
11 CHAIRMAN MURPHY: Second?
12 MEMBER HEMME: Second.
13 CHAIRMAN MURPHY: Will you please state
14 your names for the record and then be sworn in.
15 THE WITNESS: Sure.
16 My name is Philip Schaefer. I'm a senior
17 vice president for Southern Illinois Health Care
18 in Carbondale.
19 MS. BLYTHE: Hi. I'm Cathy Blythe, Cathy
20 with a "C"; B-l-y-t-h-e. I am the system planning
21 manager for Southern Illinois Health Care.
22 THE COURT REPORTER: Would you raise your
23 right hands, please.
24 (Two witnesses sworn.)

1 THE COURT REPORTER: Thank you. And
2 please print your names.
3 CHAIRMAN MURPHY: Thank you.
4 Mike, will you please read the State Board
5 staff report.
6 MR. CONSTANTINO: Thank you, Ms. Murphy.
7 In March of 2014 the State Board approved
8 a large modernization project at Memorial Hospital
9 of Carbondale at a cost of approximately
10 $52.4 million.
11 At that meeting the Board approved shell
12 space and, today, the Applicants are here seeking
13 approval to build out that shell space at a cost
14 of approximately $4.9 million. This project will
15 also add 8 medical/surgical beds for a total of
16 99 medical/surgical beds as part of this
17 build-out.
18 There was no request for a public hearing,
19 and no support or opposition letters were received
20 by the Board.
21 On page 3 of your report, the Board staff
22 found the Applicants did not meet the Board's
23 standard for modernization and contingency costs.
24 An excellent, excellent explanation of that

1 difference is at the end of your report.
2 Thank you.
3 CHAIRMAN MURPHY: Thank you.
4 Do you have any statements for the Board?
5 MR. SCHAEFER: We have a very eloquent and
6 long presentation that we would love to share with
7 you --
8 MEMBER HAMOS: Please do.
9 MR. SCHAEFER: -- but, truthfully, the
10 project is in excess of the State standards
11 because we have to meet the seismic requirements.
12 We're in the New Madrid earthquake zone.
13 And this is empty space. It is really
14 concrete floors, girders. There are no doors.
15 There's no electricity, no plumbing. It all needs
16 to be finished out to make it into patient rooms.
17 Those two factors together caused this to go over
18 the State standard.
19 And we'd be happy to entertain any
20 questions that you might have.
21 CHAIRMAN MURPHY: Thank you. That was
22 very eloquent. I appreciate your brevity.
23 Do we have any comments or questions from
24 the Board members?

1 (No response.)
2 CHAIRMAN MURPHY: Seeing none, George,
3 will you please call the roll.
4 MR. ROATE: Thank you, Madam Chair.
5 Motion made by McNeil; seconded by Hemme.
6 Senator Demuzio.
7 MEMBER DEMUZIO: Excuse me. I vote yes.
8 MR. SCHAEFER: Thank you.
9 MR. ROATE: Thank you.
10 Mr. Gelder.
11 MEMBER GELDER: I vote yes based on the
12 testimony.
13 MR. ROATE: Thank you.
14 Ms. Hamos.
15 MEMBER HAMOS: Yes, based on testimony and
16 staff report.
17 MR. ROATE: Thank you.
18 Ms. Hemme.
19 MEMBER HEMME: Yes, based on the staff
20 report and the overage that was provided -- the
21 overage explanation provided at the end of the
22 report.
23 MR. ROATE: Thank you.
24 Mr. McGlasson.

1 MEMBER MC GLASSON: Yes, based on the
2 staff report, including the explanation.
3 MR. ROATE: Thank you.
4 Dr. McNeil.
5 MEMBER MC NEIL: Yes, based on the staff
6 report and the building costs exacerbated by the
7 Madrid potential earthquakes.
8 MR. SCHAEFER: Thank you.
9 MR. ROATE: Thank you.
10 Madam Chair.
11 CHAIRMAN MURPHY: I vote yes based on the
12 State Board staff report and today's explanation
13 for the reasons for noncompliance.
14 MR. ROATE: Thank you.
15 That's 7 votes in the affirmative.
16 CHAIRMAN MURPHY: Your application for
17 permit is approved.
18 Thank you for traveling all the way up
19 here from Carbondale for your few minutes of fame.
20 MS. BLYTHE: Thank you very much.
21 MR. SCHAEFER: No, thank you to the Board
22 and thank you to the staff.
23 CHAIRMAN MURPHY: Thank you.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 H-01, Project 18-047, Ophthalmology Surgery Center
3 of Illinois.
4 May I have a motion to approve
5 Project 18-047, Ophthalmology Surgery Center of
6 Illinois, to add surgical services to an existing
7 multispecialty ASTC.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN MURPHY: Second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: Thank you.
12 Will you please state your names for the
13 record and then be sworn in.
14 MS. FRIEDMAN: Kara Friedman.
15 MR. BECTON: Wes Becton.
16 MS. LINDSAY: Christine Lindsay.
17 MS. COOPER: Anne Cooper.
18 THE COURT REPORTER: Would you raise your
19 right hands, please.
20 (Four witnesses sworn.)
21 THE COURT REPORTER: Thank you. Please
22 print your names on one of those sheets.
23 CHAIRMAN MURPHY: Mike, will you please
24 give the State Board staff report.

1 MR. CONSTANTINO: Thank you, Ms. Murphy.
2 The Applicants are asking the Board to
3 approve a single-specialty ASTC for two operating
4 rooms and eight recovery stations in approximately
5 5900 gross square feet of leased space in Itasca,
6 Illinois, at a cost of approximately $4 million.
7 A public hearing was held on this project
8 on February 13th, 2019. Opposition and support
9 letters have been received by the State Board
10 staff.
11 An impact letter was received from
12 Advocate Aurora Health and Midwest Center for Day
13 Surgery indicating that, should this project be
14 approved, that approximately 35 percent of Midwest
15 Center for Day Surgery will lose a portion of
16 their caseload.
17 As provided on page 3 of your report, the
18 Applicants have not met all the requirements of
19 the State Board.
20 Thank you, madam -- thank you, Ms. Murphy.
21 CHAIRMAN MURPHY: Thank you.
22 Do you have a statement for the Board?
23 MR. BECTON: We do.
24 First of all, thank you for your service.

1 I was appointed to a state university board.
2 I was the chair and my first meeting lasted
3 12 hours. So, hopefully, we won't meet that
4 record but thank you all for your service.
5 In Illinois and in the greater
6 metropolitan Chicago area, there's a need for
7 access to high-quality and affordable surgical
8 care for patients that need eye surgery, most
9 critically for low-income patients participating
10 in the Medicaid programs. We have demonstrated
11 that a need currently exists and this need
12 currently is going unmet.
13 We believe this Board has a unique
14 opportunity to improve access to high-quality care
15 for underserved populations and to conserve
16 valuable resources for taxpayers in the state of
17 Illinois by approving this project.
18 SCA, another provider, which is the only
19 opponent to this proposal, is more concerned with
20 making money and less concerned with being a part
21 of the health care safety net to provide access
22 for patients to high-quality ophthalmologic care.
23 At the Ophthalmology Surgery Center of
24 Illinois, we will perform eye surgery in a safer,

1 more efficient, more inclusive, and more
2 economically viable environment as a fully
3 accredited single-specialty surgery center.
4 I'm the president of Kovach Eye Institute.
5 This is the group currently affiliated with the
6 planned center, and I'll be the chief executive
7 officer for the Ophthalmology Surgery Center of
8 Illinois.
9 Next to me is Christine Lindsay, who will
10 be the director of operations for the surgery
11 center.
12 I have over 20 years of experience in
13 health care, almost 9 years as an administrator at
14 the UIC in the college of medicine, and also
15 previously been the administrator of two fully
16 licensed ambulatory surgery centers in Illinois.
17 I also serve as a part-time surveyor for
18 the Accreditation Association for Ambulatory
19 Health Care, where I accredit ambulatory surgery
20 centers throughout the country.
21 Christine has over 20 years of experience
22 in the ophthalmology space and has seen the
23 advancement of this specialty with the assistance
24 of lasers and making those procedures affecting

1 the eye extremely accurate and safe when performed
2 in the right environment.
3 I'd like to start with just a couple of
4 things about eyes. First of all, optometrists are
5 the primary care providers for eyes. They see the
6 patients, they diagnose the disease, and then they
7 refer them to an ophthalmologist for surgical
8 care. And in many cases, we refer those same
9 patients back to those optometrists for
10 postoperative care.
11 We at Kovach Eye work with over
12 500 optometrists throughout the region who refer
13 patients to us for surgical care. You were able
14 to hear from Dr. Vince Brandys earlier.
15 Dr. Hasan, unfortunately, had to leave. But we
16 also received support letters from over
17 16 optometrists, other optometrists, who are
18 thought leaders and provide primary eye care for
19 patients throughout the Northern Illinois region.
20 In addition to those letters of support
21 that we received from individual optometrists, we
22 also received letters of support for our project
23 from area stakeholders like the Illinois College
24 of Optometry and the Illinois Optometry

1 Association. These are two organizations that
2 represent the vast number of optometrists in the
3 state.
4 It's because of our vast network of
5 collaborating optometrists that our service area
6 is so broad. That was one of the findings, that
7 our services area is too broad. We don't see that
8 as a negative, as you did in our assessment of our
9 project, but we actually see that as a positive.
10 I'd like to refer you to a map, which I
11 can leave -- it's also in our packet. It's a heat
12 map that shows the 10-mile radius around our
13 proposed surgery, with the darker green areas
14 indicating where the majority of our patients come
15 from. We have a broad reach because we have a
16 vast network of referring optometrists.
17 The reason for this overwhelming support
18 is, when optometrists refer patients, a lot of
19 times they don't want to have to think about where
20 they should refer them based on the insurance that
21 the patient has, specifically the public aid and
22 managed Medicaid patients. They refer them to our
23 practice, and we provide surgical care for them.
24 We provide care to over 20 percent of our

1 patients who have Medicaid, and we have a proven
2 track record of being a safety net provider. But
3 oftentimes we have to tell our Medicaid patients
4 that we do not have a surgical facility available
5 that will accept these Medicaid patients because
6 those surgery centers, specifically the ones
7 opened by SCA, discriminate, and they don't allow
8 Medicaid patients in their facilities. They just
9 don't accept them.
10 We accept those cases, and then we have to
11 take them to the hospitals, and those hospitals
12 only allow limited access for those Medicaid
13 patients. And I think everyone would agree that,
14 for an outpatient procedure like cataract surgery,
15 the hospital is a waste of a resource, not the
16 right environment to do those cases.
17 We also run into issues with scheduling
18 those cases and patient satisfaction as well as
19 making sure is that we have qualified staff that
20 are used to working on eyes to work with us on
21 those patients.
22 We submitted a deidentified patient list
23 that had approximately 200 names of patients who
24 were waiting for a slot where we can take them for

1 cataract surgery. We obviously offered those
2 patients the opportunity to go elsewhere, but,
3 unfortunately, there just aren't a lot of
4 locations where they can go, other
5 ophthalmologists that will treat those Medicaid
6 patients.
7 The surgery centers also discriminate
8 against patients by asking us to take less-
9 profitable cases to the hospital, whether those
10 are stents for glaucoma surgery or, even as I was
11 preparing this testimony, we were asked to not
12 send as many patients that didn't speak English to
13 the surgery center, and we've got an electronic
14 copy of that communication.
15 Surgery centers that are opposing our
16 project would also not purchase the technology and
17 the lasers that we needed to provide the high-
18 quality -- highest quality care for our patients.
19 So what happened, contrary to what was
20 delivered in the testimony in opposition to our
21 project, is we actually went out and purchased
22 those lasers ourselves. They're our lasers but we
23 have to pay those surgery centers to house our
24 equipment in their facility. When this project is

1 approved, if this Board approves our project,
2 those lasers and that technology will move with us
3 to the Ophthalmology Surgery Center of Illinois.
4 As I mentioned earlier, hospital
5 outpatient surgery departments are not the
6 appropriate setting for cataract surgery, lots of
7 data out there from both MedPac and the Healthcare
8 Bluebook saying that hospital outpatient surgery
9 departments are more expensive and the risk of
10 infection is higher than it is in ambulatory
11 surgery centers.
12 The optometrists who refer patients to our
13 practice really don't have a lot of viable
14 choices, as I mentioned, because other
15 ophthalmology practices are not as open as we are
16 to seeing their patients. As a single-specialty,
17 eyes-only, ophthalmology-only ambulatory surgery
18 center, we'll be able to create significant
19 efficiencies that just don't exist in
20 multispecialty ambulatory surgery centers because
21 all we will do is surgery on the eyes.
22 We don't have to make a decision about
23 whether to use a microscope for a spine procedure
24 or an otolaryngology procedure or whether the

1 orthopedic team is now going to have to work on
2 eyes. We'll only do one thing, eye surgery, and
3 we will do it very efficiently.
4 The surgery center will allow for
5 continuous process improvements and seamless
6 coordination between the practice and the surgery
7 center. We'll be able to provide the highest
8 quality patient care at a price point that will
9 provide savings to both patients and to the health
10 care system in general.
11 We have received letters of support for
12 our project from the Mayor of Itasca, the Itasca
13 Chamber of Commerce, and Choose DuPage, which is
14 a chamber-related group that promotes business in
15 DuPage County, as well as from the Senate majority
16 leader from the State of Illinois.
17 We will create jobs and we will hire well-
18 trained and experienced health care professionals
19 that will provide the highest quality care for our
20 patients. We will improve the quality of all of
21 our patients' lives by helping them to see better,
22 which is our mission statement. We will meet the
23 current needs and the future needs of the patients
24 of the state of Illinois.

1 We'd also like to thank our banker,
2 Sohila Parsinejad -- who is also here still if you
3 have additional questions for us -- for attending
4 this hearing today and to confirm the financial
5 support from CIBC. They stand behind their
6 commitment letter of providing financing for the
7 project.
8 As a small, final item on the Board
9 report, our architect included a small budget for
10 interior design fees in the fee quote, which was
11 probably better categorized as a consulting fee or
12 interior designing fee, which caused a minor
13 deviation in our architectural and design fees.
14 Otherwise, our costs are in line with your
15 standards.
16 I really want to thank you for your time,
17 for giving us the opportunity to present our case.
18 We feel very comfortable that, with the purpose,
19 the scope, and the location of our project and our
20 aim to improve access to services for the state's
21 Medicaid population and to extend our safety net,
22 that we have brought before you today a project
23 that deserves your approval.
24 We ask for each of you to vote in favor of

1 it, and we're happy to take any questions.
2 Just one last point, though. The
3 opposition, SCA, referenced a surgery center that
4 we included in our response letter, which is Golf
5 Surgery Center, which is located just at the edge
6 of the 10-mile radius.
7 Golf Surgery Center did 6,312 cases in
8 2017, and they only allowed 51 Medicaid patients.
9 That surgery center, first of all, doesn't have
10 the block time available and, second of all, would
11 not allow for all the Medicaid/public aid cases
12 that we have to be done.
13 Thank you very much for your attention.
14 CHAIRMAN MURPHY: Thank you.
15 Does that conclude your comments for the
16 Board?
17 MS. FRIEDMAN: Yes, it does.
18 CHAIRMAN MURPHY: Okay. Thank you.
19 Are there any questions or comments from
20 Board members?
21 Yes, Ms. Hemme.
22 MEMBER HEMME: In your testimony --
23 THE COURT REPORTER: Use your mic, please.
24 MEMBER HEMME: Oh, sorry.

1 In your testimony -- is this on?
2 MS. AVERY: It's on. You've just got to
3 get real close.
4 MEMBER HEMME: In your testimony today you
5 mentioned both public aid and the need for
6 Medicaid services; however, the area -- the
7 geographic service area that you're locating this
8 in is a rather high-rent district, where you
9 probably wouldn't find a good chunk of the
10 population that would be on public aid.
11 There is no -- there is no public bus
12 service to get to that particular area -- I happen
13 to know it because there's a business right across
14 the street that I'm involved in, so I know exactly
15 where you're located. And I don't understand why
16 you're including information for public aid
17 individuals -- how are they going to get to your
18 facility?
19 MR. BECTON: That's a great question, and
20 there are several ways that we'd like to look at
21 this.
22 I refer back to the heat map -- thank you,
23 Kara -- that we prepared.
24 The way that we receive our patients and

1 that way that they get to our offices is through
2 the referral network that we have with those
3 optometrists that are embedded in the communities
4 that have high percentages of public aid patients.
5 They refer those patients, they're seen in
6 our office, and then they're operated on at the
7 surgery center. We chose this area because of its
8 proximity to major interstates, and we also chose
9 this location because we felt like it was an area
10 that was central to where we were -- where our
11 patient base was.
12 The patients don't have -- have not
13 expressed issues getting to our offices, and they
14 haven't expressed interest in -- excuse me -- have
15 not expressed concerns getting to the surgery
16 centers where we're currently working, either. We
17 don't anticipate any concerns with them getting
18 rides or getting to the location where we have the
19 surgery center planned.
20 MEMBER HEMME: Okay. Thank you.
21 CHAIRMAN MURPHY: Yes, Mr. Gelder.
22 MEMBER GELDER: Okay. Well, thank you
23 very much for that very helpful opening statement
24 a few minutes ago. I appreciate that. You did

1 address -- there were several issues that I had
2 some questions about, but there are still a couple
3 of others.
4 Well, maybe we -- the staff report says
5 that there -- for two criteria -- that there was
6 not enough documentation that the loan would be
7 available, and you're saying it is. You weren't
8 able to convince our staff of that, so what's the
9 status now?
10 MR. BECTON: So our banker was here and
11 provided public testimony during the public
12 hearing where she stated that our financing would
13 be approved contingent on this group awarding
14 us -- or approving the certificate of need.
15 Our banker is still here -- she's raising
16 her hand right back there -- and, yes, that point,
17 we believe, has been addressed sufficiently.
18 MEMBER GELDER: So can I ask
19 Mr. Constantino or anyone else from the staff
20 to --
21 MR. CONSTANTINO: Yeah. What we've been
22 requiring is a letter from a bank -- if they're
23 going to get bank financing -- that the letter
24 state if the Board approves this CON, this loan

1 will be made. That language has to be in the
2 letter.
3 Most of the letters we receive is
4 regarding association, letter of intent to loan,
5 well -- they come to the Board and say, "Well,
6 I've got this great relationship with a bank," yet
7 they can't get us this letter.
8 That's why the findings are there.
9 I didn't see a letter that said that -- what we
10 needed -- that if you approve the CON, this loan
11 will be made.
12 MR. BECTON: Our banker is here and we'd
13 be happy to have her sworn in and have her restate
14 her position that, if the CON is granted, they
15 provide financing if that would be helpful.
16 MEMBER GELDER: Well, that's -- let's get
17 to that maybe in a little bit.
18 The other criteria that -- where it was
19 being challenged by being in the staff report
20 was the -- not improving access to services.
21 Now, as I understand it, you're kind of refuting
22 that. You're saying you will improve access to
23 services.
24 So can someone help me understand why they

1 may not be improving access to services?
2 MR. CONSTANTINO: There's existing
3 capacity in that area, 10-mile area. That's one
4 thing.
5 And over the past five years, for ASTCs in
6 Illinois, the average Medicaid percentage of
7 review is 2 percent, not 10 percent, not
8 20 percent. 2 percent. And no charity care.
9 Now, I don't know where these numbers --
10 all this Medicaid population is coming from
11 because we didn't see any indication of that in
12 our information we received.
13 MR. BECTON: If I could just respond to
14 that, in our letter to the certificate of need
15 Board, we stated very clearly that, of our patient
16 base, 20 percent of our patient base is Medicaid.
17 In addition to that, 27.6 percent of our patient
18 base is Medicare.
19 But 20 percent -- not 2 percent but
20 20 percent -- of our patient base is on Medicaid,
21 and we would treat them as we would treat any
22 other patient.
23 MEMBER GELDER: All right. So the way to
24 get Medicaid business these days, under Medicaid

1 managed care, is to have contracts with the
2 State's contracted managed care organizations.
3 With which MCOs do you have contracts?
4 MR. BECTON: So we have contracts with all
5 of the major managed Medicaid payers as a
6 practice, and we would anticipate getting those
7 same contracts when we have a -- when the
8 Ophthalmology Surgery Center of Illinois is
9 approved.
10 So I could list them all, but I would not
11 want to leave anyone out of that list --
12 MEMBER GELDER: There are --
13 MR. BECTON: -- but we listed it in our
14 packet.
15 MEMBER GELDER: There are only six so why
16 don't you give it a shot.
17 MR. BECTON: So we can start with Blue
18 Cross Community, who is our largest. IlliniCare,
19 Aetna Better Health, and -- I know -- Meridian.
20 And if I'm leaving somebody out, it's a mistake.
21 But we accept all of the managed Medicaid
22 payers as a practice, and that is cited as a
23 practice in our application.
24 MEMBER GELDER: Okay. That -- thank you.

1 Then the last one about the architectural
2 and engineering fees you addressed --
3 MR. BECTON: Yes, sir.
4 MEMBER GELDER: -- by saying that they had
5 added something --
6 MR. BECTON: About $15,000.
7 MEMBER GELDER: -- into the A and E which
8 should have been somewhere else?
9 MR. BECTON: Yes, sir.
10 MEMBER GELDER: Does that sound right?
11 MR. CONSTANTINO: It's the first I'm
12 hearing that. I didn't know that.
13 MR. BECTON: So that was in our response
14 letter back to the State. It was actually posted
15 on the certificate of need Board's website.
16 CHAIRMAN MURPHY: We do have a copy of
17 that.
18 MR. BECTON: Yes, ma'am.
19 MEMBER GELDER: Thank you very much.
20 MR. BECTON: Yes, sir.
21 CHAIRMAN MURPHY: Are there any other
22 questions?
23 (No response.)
24 CHAIRMAN MURPHY: I know the financial

1 information was provided during public comment.
2 Did you want to have that sworn in and
3 provided now as part of the record?
4 MS. FRIEDMAN: If that would be of use to
5 anyone who feels that that would --
6 MR. BECTON: If that's the sense of the
7 Board, we would be happy to do that.
8 CHAIRMAN MURPHY: Better safe than sorry.
9 MR. BECTON: Okay.
10 Sohila. I'll give her my seat.
11 THE COURT REPORTER: Would you raise your
12 right hand, please.
13 (One witness sworn.)
14 THE COURT REPORTER: Thank you. And if
15 you'd state your name again, please.
16 MS. PARSINEJAD: Sohila Parsinejad,
17 P-a-r-s-i-n-e-j-a-d.
18 So I have known Dr. Kovach for the last
19 12 years, and I've helped him with his banking and
20 financial --
21 CHAIRMAN MURPHY: Can you speak a little
22 bit louder?
23 MS. PARSINEJAD: I'm sorry.
24 I've known Dr. Kovach for the last

1 10 years and he -- I'm a managing director at CIBC
2 bank. They have full commitment and final
3 approval to proceed as soon as they get approval
4 from the Board.
5 CHAIRMAN MURPHY: Thank you.
6 MS. FRIEDMAN: Thank you.
7 CHAIRMAN MURPHY: Does that address --
8 Mr. Gelder, does that address your question?
9 MEMBER GELDER: Maybe just -- yes. Do you
10 know why that wasn't in writing a month ago when
11 you were filing this?
12 MS. PARSINEJAD: I provided a commitment
13 letter --
14 MS. FRIEDMAN: It didn't have those
15 buzzwords in it.
16 MS. PARSINEJAD: I see.
17 MEMBER GELDER: Are these --
18 MS. FRIEDMAN: I said it did not have
19 those buzz- -- she provided a commitment letter.
20 It did not have those buzzwords in it.
21 MS. PARSINEJAD: Right.
22 MEMBER GELDER: By commitment --
23 MS. PARSINEJAD: Commitment letter that
24 the bank is committed to providing the funding for

1 the project.
2 MR. CONSTANTINO: I didn't see that.
3 I needed that specific language, that if the CON
4 was approved, the loan would be made.
5 That's the way I'm looking at all these
6 that get bank financing.
7 MEMBER GELDER: No, I appreciate that and
8 I'm obviously --
9 THE COURT REPORTER: I'm sorry. I can't
10 hear you.
11 MEMBER GELDER: I appreciate that and I --
12 I'm learning, and I may be taking up too much time
13 in my learning curve here today. So I apologize
14 if anybody feels that way.
15 But a commitment letter usually has the
16 word "commitment" in it, and that's the word
17 you're looking for.
18 And yours didn't have it so I --
19 MS. PARSINEJAD: No, ours did have the
20 words "commitment letter."
21 MS. FRIEDMAN: Right. I think that's a
22 lesson for me, as well, that we need to make
23 sure that it has the buzzword that, upon
24 approval by this Board, that the loan would be

1 issued.
2 CHAIRMAN MURPHY: Mike, can you clarify?
3 Because I know when you and I discussed this, you
4 said it's not unusual for the Board to get
5 commitment letters from the bank that don't
6 necessarily say "upon approval from the Board."
7 MR. CONSTANTINO: That's the --
8 CHAIRMAN MURPHY: So we get a lot of
9 commitment letters, but they're not always exactly
10 worded the way we need them to be. So it's not
11 unusual that we got this letter and it wasn't
12 perfect, but that doesn't mean the commitment
13 doesn't exist.
14 MS. PARSINEJAD: And I can provide that if
15 needed.
16 CHAIRMAN MURPHY: Is that accurate, Mike?
17 MR. CONSTANTINO: Yes. We get a number of
18 bank letters, but we need that specific language
19 to have a positive finding on this report.
20 I -- you know, we've been doing this for
21 quite some time, and this is not the first ASTC
22 that's come before you, and the same finding has
23 been there.
24 CHAIRMAN MURPHY: Right.

1 So that's a lesson to everyone in the
2 audience, that your commitment letters need that
3 language or you're going to get a finding.
4 Are there any --
5 MR. CONSTANTINO: I'd just like to make
6 one other comment.
7 We're very limited on what we can review
8 as far as financial information. Okay?
9 We don't ask for personal information; we
10 don't ask for their personal income tax or their
11 1120s. So we have to accept their word that this
12 money's going to come and they're good clients of
13 these banks.
14 CHAIRMAN MURPHY: Thank you.
15 Are there any other questions or comments
16 from Board members?
17 (No response.)
18 CHAIRMAN MURPHY: Okay. George, will you
19 please call the roll.
20 MR. ROATE: Thank you, Madam Chair.
21 Motion made by McNeil; seconded by
22 Demuzio.
23 Senator Demuzio.
24 MEMBER DEMUZIO: Yes. I vote yes based

1 upon the testimony and the clarification of the
2 staff report. And, hopefully, that will get
3 clarified. And I'll vote yes.
4 MR. ROATE: Thank you.
5 Mr. Gelder.
6 MEMBER GELDER: Just to clarify, this is a
7 motion to approve the application?
8 MR. ROATE: Yes, sir.
9 MEMBER GELDER: Okay. I vote yes, as
10 well, based on the testimony provided here and
11 clarification of some of the information that was
12 in the staff report.
13 MR. ROATE: Thank you.
14 Ms. Hamos.
15 MEMBER HAMOS: I vote yes based on the
16 fact that you're willing to and want to accept
17 Medicaid clients. And we know how difficult it is
18 for them to find specialists, especially in the
19 suburbs and elsewhere.
20 So based on that and the staff report,
21 I vote yes.
22 MR. ROATE: Thank you.
23 Ms. Hemme.
24 MEMBER HEMME: I vote no based on the

1 fact that they are not in conformance with
2 Criterion 1110.235, all three points.
3 MR. ROATE: Thank you.
4 Mr. McGlasson.
5 MEMBER MC GLASSON: Yes, based on the
6 testimony.
7 MR. ROATE: Thank you.
8 Dr. McNeil.
9 MEMBER MC NEIL: Yes, based on the
10 testimony and the report and specifically the
11 banker under oath saying the money will be funded
12 if this is approved.
13 MR. ROATE: Thank you.
14 Madam Chair.
15 CHAIRMAN MURPHY: I vote yes based on the
16 State Board staff report and today's testimony
17 addressing the negative findings.
18 MR. ROATE: Thank you.
19 That's 6 votes in the affirmative, 1 in
20 the negative.
21 CHAIRMAN MURPHY: Congratulations. The
22 motion passes. Your application for permit is
23 approved.
24 Thank you.

1 MR. BECTON: Thank you very much.
2 MS. LINDSAY: Thank you.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 H-02, Project 18-050, Associated Surgical Center.
3 May I have a motion to approve
4 Project 18-050, Associated Surgical Center, to add
5 a surgical specialty to an existing multispecialty
6 ASTC in Arlington Heights.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN MURPHY: Thank you.
11 Is there anyone here to represent the
12 Applicant?
13 (An off-the-record discussion was held.)
14 MS. FRIEDMAN: I cannot defer. I'm not
15 involved with that. I thought you told me they
16 deferred.
17 (An off-the-record discussion was held.)
18 CHAIRMAN MURPHY: So there's nobody here.
19 MS. AVERY: Who are we on?
20 CHAIRMAN MURPHY: The Associated Surgical.
21 MS. MITCHELL: They extended, didn't they?
22 MS. AVERY: I think we extended it.
23 MR. CONSTANTINO: I'm sorry.
24 MR. ROATE: It was deferred.

1 MR. CONSTANTINO: I'm sorry. I'm sorry,
2 Kara.
3 MS. FRIEDMAN: I'm off my game.
4 MEMBER HAMOS: It was deferred voluntarily?
5 MR. ROATE: This is on the June agenda.
6 CHAIRMAN MURPHY: Okay. So that
7 application has been deferred to the June agenda
8 at the request of the Applicants; correct?
9 MR. ROATE: Yes, ma'am.
10 CHAIRMAN MURPHY: Okay.
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1 CHAIRMAN MURPHY: Then we will move to
2 H-03, Project 19-003, River North Center for
3 Reproductive Health.
4 May I have a motion to approve
5 Project 19-003, River North Center for
6 Reproductive Health, to establish a limited-
7 specialty ASTC in Chicago.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN MURPHY: Second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: Thank you.
12 Will you please state your names for the
13 record and then be sworn in if you haven't been
14 already.
15 DR. UHLER: Dr. Meike Uhler, U-h-l-e-r.
16 MS. JASULAITIS: Sue Jasulaitis, director
17 of medical affairs, J-a-s-u-l-a-i-t-i-s.
18 MR. WILLIAMSON: Marcus Williamson,
19 W-i-l-l-i-a-m-s-o-n.
20 DR. SIPE: Dr. Chris Sipe, S-i-p-e.
21 THE COURT REPORTER: Would you raise your
22 right hands, please.
23 (Five witnesses sworn.)
24 THE COURT REPORTER: Thank you.

1 Actually, you don't have to spell any more
2 if you just print it on the sheet.
3 CHAIRMAN MURPHY: Thank you.
4 Mike, will you please give the State Board
5 staff report.
6 MR. CONSTANTINO: Thank you, Ms. Murphy.
7 The Applicants propose to establish a
8 limited-specialty ASTC with a total of three
9 procedure rooms and a room to perform HSG. The
10 cost of the project is approximately $15.6 million
11 and an expected completion date of June 30th, 2021.
12 There was no request for a public hearing,
13 and no letters of opposition were received.
14 Letters of support were received by the Board
15 staff.
16 The Board staff did have findings related
17 to this project, and, once again, we did not
18 accept the bank letter as evidence that the loan
19 would be made.
20 Thank you, Ms. Murphy.
21 CHAIRMAN MURPHY: Thank you.
22 Do you have a statement or comments for
23 the Board?
24 DR. UHLER: My name is Dr. Meike Uhler,

1 and I am a board-certified reproductive
2 endocrinologist. I am also one of the principals
3 of the River North Center for Reproductive Health.
4 I would like to thank you for your
5 patience. There were many projects presented
6 today for your consideration. For us, it is with
7 much anticipation that we present our request
8 today to establish a family-building ambulatory
9 surgery center in Chicago, otherwise referred to
10 as the IVF center.
11 Coincidentally, the timing of our proposal
12 today is very appropriate, as last week was
13 National Infertility Awareness Week. Every year
14 the last week in April is designated as National
15 Infertility Awareness Week to bring infertility
16 awareness to the forefront, break barriers, and
17 remove stigmas for anyone desiring to have a
18 family. Infertility affects every one in eight
19 couples with an estimated 7.3 million people
20 affected.
21 With me today are my partner,
22 Dr. Christopher Sipe, the planned medical director
23 of the center; Sue Jasulaitis, director of medical
24 affairs; Marcus Williamson, our planned

1 administrator; and Kara Friedman, legal counsel.
2 At our affiliated practice, Fertility
3 Centers of Illinois, there are 11 physicians,
4 initially all trained and board certified in
5 obstetrics and gynecology with subsequent training
6 through a fellowship in reproductive endocrinology
7 and infertility.
8 We are known in lay terms as fertility
9 specialists. We identify and treat fertility --
10 infertility issues to help people conceive a
11 child. The sole focus of our practice is family
12 building to help people become parents when
13 infertility and, perhaps, other life circumstances
14 have presented obstacles to this path.
15 This planned IVF center is associated with
16 our long-established medical practice. Fertility
17 Centers of Illinois is the largest group of
18 fertility specialists in the Midwest and the third
19 largest in the country.
20 We have achieved our outstanding
21 reputation due to our high pregnancy rates and the
22 ability to treat the most complex infertility
23 issues. We have had more babies born than the
24 next 10 IVF centers combined in the Chicagoland

1 area. Annually we perform over 7,000 cases,
2 including 3,000 retrievals, egg retrievals,
3 4,000 embryo transfers, and 500 gynecological
4 surgeries.
5 This wealth of experience has allowed us
6 to offer patients all the available and most
7 effective up-to-date treatment options for family
8 building to manage complicated fertility
9 situations.
10 As a result, we are very proud of our high
11 rate of single-embryo transfers. By transferring
12 only one embryo at a time, we decrease multiple
13 births, which, in turn, decreases preterm
14 delivery, infant mortality, and the corresponding
15 economic burden to society.
16 There are five key reasons why we need to
17 move our surgical operations and obtain an IDPH
18 license. The first reason is there are physical
19 constraints at our primary IVF location with no
20 ability to expand our space and inadequate parking
21 available for the patients and staff.
22 The second reason is due to the
23 specialized nature of our work. As Dr. Sipe will
24 explain, we must schedule our patients seven days

1 a week all year long. Timing of the egg
2 extraction and embryo transfer is critical to our
3 patients' outcome.
4 The third reason, we anticipate an
5 increase in volume due to the Illinois law passed
6 last year which mandates insurance coverage for
7 cancer patients who need fertility preservation.
8 Additionally, every year we are
9 increasingly seeing more and more patients for
10 elective egg freezing since this fertility
11 preservation strategy became an option for women
12 six years ago.
13 The fourth reason is, with a fertility
14 center, we will be able to manage more complex
15 cases for patients with comorbidities whom we
16 cannot treat in an office setting due to the life
17 safety support needed to provide a safe
18 environment for patients who may, for example,
19 have cancer, be overweight, or have hypertension.
20 We have seen this group expand as the population
21 of patients who seek fertility treatment increases
22 in age.
23 The final reason is the surgery center
24 will allow our urology colleagues to provide

1 services to treat male infertility patients and
2 gynecological surgeons to offer surgical
3 procedures related to fertility services.
4 Physicians who are not part of our current
5 practice cannot operate in our office facility, so
6 the IDPH license will permit doctors outside of
7 our practice to provide services essential to our
8 patients.
9 Our plan is to enhance and centralize our
10 surgical fertility services program at a
11 freestanding location on the Near North Side of
12 Chicago.
13 You have heard earlier this morning from
14 our urology colleague Dr. Ohlander and former
15 patients Monica Varri and Richard Greenberg, all
16 individuals with fertility challenges who are able
17 to have children thanks to assisted reproductive
18 technology.
19 We would like to express our appreciation
20 to them for coming forward with their support and
21 sharing their experience of becoming a family. We
22 are privileged to be able to help people have
23 children, and this is the main focus of our
24 practice. Our project has no opposition.

1 My colleagues, Dr. Sipe and Sue
2 Jasulaitis, will describe our services in some
3 technical detail to help you better understand the
4 unique nature of our model due to the services we
5 provide and the importance of providing these
6 services in a dedicated environment adjacent to
7 our advanced reproductive technology lab.
8 Thank you for your time, and I urge the
9 Board to approve this project.
10 DR. SIPE: Good evening. My name is
11 Dr. Chris Sipe. I'm a board-certified
12 reproductive endocrinologist and the medical
13 director of Fertility Centers of Illinois.
14 And our main job in creating families is
15 to help create these: That is a human embryo. It
16 is made from an egg and a sperm. It's a very
17 sensitive environment.
18 Most couples can do this in the privacy of
19 their own home, but, unfortunately, 15 percent of
20 all couples are unable to achieve that goal, and
21 that's when they start seeking infertility
22 services. No one couple is -- every couple is
23 unique. None are the same.
24 We have to do a workup on the woman in

1 every phase of her menstrual cycle, looking at her
2 fallopian tubes, her ovaries, whether she has
3 eggs, looking at her uterus. We need to check the
4 man to make sure he makes sperm.
5 Once we've identified the root cause of
6 infertility, we tailor our treatments to that
7 individual couple. Most of the treatments can be
8 done in a clinical setting, but IVF requires
9 anesthesia and surgery, so we have to go to a
10 different location to do that.
11 To create this embryo before you requires
12 the woman taking one to three injections anywhere
13 from 8 days to 20 days as her ovaries respond in
14 different ways. Once the eggs are grown, we have
15 to surgically remove them from the woman's body.
16 We used to do this laparoscopically; now we're
17 able to do it by placing a needle that's 18 inches
18 long into the woman's vagina, puncturing the
19 ovaries, puncturing each follicle that we have,
20 and draining the fluid that is around the egg.
21 Immediately behind us and attached to the
22 OR is our IVF lab, where we hand off the tube and
23 the embryologist takes it to a sterile hood
24 environment to then look and see if they can find

1 the precious eggs that are there. As one said
2 this weekend, it was sort of like an Easter egg
3 hunt.
4 Unlike most surgery which is planned well
5 in advance, this can't be. The eggs have a short
6 window in which they can become fertilized, and we
7 typically have around 36 hours once we identify
8 the eggs are ready, which means we have to do this
9 procedure seven days a week, holidays, weekends,
10 whatever time we need to do it for the patient, so
11 we have to be on-call all the time. If you go too
12 early, you get a bunch of eggs that are not
13 useful; they're immature. If you go late, the
14 eggs will degrade.
15 The IVF lab must be adjacent to the
16 operating room, which is why a standard ASC can't
17 accommodate us. The environment within the
18 IVF lab has to have positive pressure that blows
19 the gases of specific concentrations out from the
20 IVF lab into the ambient area so -- adjacent -- so
21 we don't have any infections or contamination
22 going back into the lab.
23 Once we fertilize the egg, then we have to
24 mimic the human uterus and the fallopian tubes and

1 incubators at very specific temperatures, pHs, and
2 electrolyte concentrations and proteins to keep
3 those eggs and embryos alive. Any contamination
4 will result in wrong gasses missed or a
5 temperature change and kill all of the embryos and
6 will kill the eggs.
7 Once the sperm and the egg fertilize, we
8 now have to put the embryo back in. It takes
9 three to seven days for that embryo to grow into
10 what you're seeing here before you.
11 Once we put it in, nine months later,
12 I hope you end up with this, and that's really our
13 goal. Our goal is to make families. One of our
14 speakers earlier today said that her goal was to
15 have a child from the minute she was a young woman
16 and then she had difficulty later on in life, and
17 that's what we help people with.
18 Over the years the average age of women
19 seeking our services has increased significantly.
20 That is reducing their fertility. We've seen a
21 lot more patients over the last 10 years, and our
22 IVF lab is now 13 years old, and we've run out of
23 capacity. It's time that we have to expand.
24 At the same time, obesity is an epidemic

1 in the United States. And patients are becoming
2 more and more ill, and the ability to do some of
3 these cases in a safe setting in a clinic has been
4 compromised or we've had to set limits on BMI and
5 certain health conditions where we have to turn
6 patients away.
7 Another issue driving the increase in
8 demand and usage is what Dr. Uhler mentioned
9 earlier, which is the egg freezing.
10 So a few years ago, women were empowered
11 by the ability to freeze their eggs so that they
12 could do their career, they could delay having
13 families, or they could do whatever they wanted
14 and it wasn't forced, but there is a biological
15 clock. It's usually not talked about, but it's
16 talked about readily online; it's talked about in
17 National Infertility Awareness Week, and this is a
18 really great way to empower women to not have to
19 be forced into making a choice now but to preserve
20 that option for the future. Last year alone we
21 did over 200 cases of egg freezing for couples,
22 and we expect that number, again, to go up.
23 As Dr. Uhler also mentioned, the Illinois
24 legislature just passed a law requiring egg

1 freezing for women with cancer, and so we know
2 that's going to increase the demand for our
3 services.
4 Egg freezing is a very, very technical
5 thing, and our embryologist is one of the people
6 who helped write the textbook on egg and embryo
7 freezing.
8 Chemotherapy and radiation used to kill
9 cancer also kill a woman's eggs, so you've got to
10 get the eggs out before. What that means is that
11 you've got a matter of a few days to get them
12 started on stimulation, and then you have to get
13 them to the OR. Any existing ASC right now does
14 not have the ability to do our 3,000 egg
15 retrievals.
16 Some people have talked about transporting
17 embryos and eggs from one IVF -- from one OR to
18 the IVF lab. I'm not sure I want my precious
19 cargo going on the streets of Chicago.
20 Another huge impediment to using any
21 existing ASC is that we cannot plan these dates
22 ahead of time. As I stated earlier, the eggs have
23 to be harvested at a very specific time and the
24 embryos have to be put back at a very specific

1 time. So with the seven days a week, holidays
2 included, we do this all the time, and most ASCs
3 are not designed to work on holidays and weekends.
4 I hope our -- my testimony has helped you
5 understand the complexity of what we do and why we
6 need a dedicated surgery center with an IVF lab
7 attached to it.
8 Sue Jasulaitis will explain a bit more
9 about the lab requirements before Marcus
10 Williamson will assess the financial issues of the
11 project.
12 Thank you.
13 MS. JASULAITIS: Thank you, Dr. Sipe.
14 I want to focus on two key points that are
15 critical for a better understanding of our
16 project.
17 The first is the essential nature of our
18 assisted reproductive technology laboratory, which
19 is combined with our surgical service, and
20 secondly, again, the complex nature of the
21 fertility patients in which we treat.
22 You could see from Dr. Sipe's pictures
23 what we do is amazing. In vitro fertilization is
24 a highly complex procedure designed to conceive a

1 baby outside of the womb.
2 To achieve this we need to replicate the
3 precise environment inside the womb and re-create
4 in a laboratory. This is no small undertaking.
5 This process requires a highly specialized
6 laboratory which is located alongside our surgical
7 suite. Other surgery centers do not have anything
8 like this specialized lab. Because of this, we
9 cannot perform our IVF in any other surgical
10 center.
11 To provide an analogy, it would be
12 unthinkable to deliver your baby, then have the
13 hospital put your newborn in a car and drive them
14 to an off-site ICU. Our reproductive laboratory
15 is an ICU for embryos. Like an ICU, it's critical
16 for the success of our patients that the lab be
17 housed together with the surgical arena.
18 As a highly specialized and complex
19 laboratory, our assisted reproductive technology
20 laboratory is credentialed by the College of
21 American Pathologists. In addition to this lab
22 credentialing, all of our experienced
23 embryologists are credentialed by the American
24 Board of Bioanalysis. This credentialing is

1 indicative of the high level of technical ability
2 our embryologists possess, and we strongly feel
3 this expertise lends to our high cumulative
4 pregnancy rates.
5 To preserve the high standards in the
6 reproductive laboratory, our lab director,
7 Dr. Juergen Liebermann, maintains a continuous
8 accreditation as a laboratory director of high
9 complexity testifying. To qualify for this
10 certification, a laboratory director must have a
11 PhD in chemical, physical, biological, or clinical
12 laboratory science and be certified by a
13 government agency, such as the American Board of
14 Bioanalysis.
15 Our reproductive laboratory director is
16 world renowned in the field of reproductive
17 embryology. Again, this expertise contributes to
18 our high pregnancy rates and our ability to treat
19 the most complex cases provided by our highly
20 specialized scientists.
21 Due to his heightened experience, our lab
22 director is also an auditor for the College of
23 American Pathologists, which means he inspects
24 other IVF laboratories to confirm that they are

1 current with accreditation.
2 Because of our elevated expertise in the
3 area of reproductive medicine, not only do we have
4 the highest utilization for single embryo
5 transfers in the Chicagoland area, as Dr. Uhler
6 mentioned earlier, but we are known in our success
7 rate for treating even the most complex cases.
8 These patients are often referred from other IVF
9 centers, both locally and around the world, after
10 their failure to become pregnant and these other
11 centers.
12 Please understand these complex cases are
13 difficult. Approximately 40 percent of our
14 patients are of advanced maternal age, which we
15 define as 40 years and older, many of whom have
16 age-related associated medical conditions. These
17 conditions require advanced care.
18 And as Dr. Sipe mentioned, we treat other
19 patients, such as morbidly obese patients. These
20 types of patients pose additional medical
21 challenges while attempting pregnancy. Overall,
22 our pregnancy rates, including these highly
23 successful -- highly complex patients, is
24 50 percent, which is impressive considering both

1 the high complexity of our patients and our
2 overall high patient volumes. This rate is higher
3 than that of the national average for IVF
4 pregnancies.
5 As I mentioned, we have a national
6 reputation for our ability to treat the most
7 complex reproductive cases. As a result, we see
8 more patients for treatment but, unfortunately, we
9 do have to turn patients away. The most difficult
10 patients are turned away.
11 Complex patients who require surgery in
12 conjunction with their reproductive treatment
13 require substantive monitoring that cannot be done
14 in our current office setting. Because we
15 currently lack full-scale surgical resources
16 combined with a specialized laboratory, we're
17 currently unable to treat these patients
18 effectively. We simply cannot accommodate most
19 complex patients in our existing center.
20 (An off-the-record discussion was held.)
21 MS. FRIEDMAN: I know Sue has some other
22 comments, but given the time of the day, we're
23 going to move on and just discuss the imperative
24 we have around our real estate right now and,

1 hopefully, she will explain the complexity of
2 the lab.
3 MR. WILLIAMSON: Thank you, Sue.
4 My name is Marcus Williamson. I'm the
5 executive director of the Fertility Centers of
6 Illinois and planned administrator for the
7 ambulatory surgery center.
8 I'd like to describe the planning
9 predicament we were placed in when our architects
10 and zoning consultants brought to us the news that
11 we couldn't expand our IVF services in our current
12 location.
13 Relatedly, despite some suggestions that
14 we should bring this project to you at a later
15 date because the agenda was so challenging, it was
16 essential for us to move ahead with the project.
17 We didn't want to jeopardize a hefty interim
18 deposit arrangement we had made with the owner of
19 the property. As you know, we cannot commit to
20 lease any property without securing your approval
21 today.
22 In the city of Chicago, finding commercial
23 real estate suitable for development and close to
24 your practice location is a real challenge. We've

1 been working on that for over a year now. In a
2 lessor market in the area of Chicago, the landlord
3 holds all the cards.
4 We need your votes today to avoid having
5 him walk away in this case, which would create a
6 long delay for us moving forward. The due
7 diligence, the physical plant, our working and
8 specialized requirements for the surgery center --
9 we would have to present that to you in another
10 application, which is not a good thing for us.
11 By the way of background, we've been
12 working on a plan to consolidate our surgical
13 services downtown for several years, predating my
14 hiring, which was nearly four years ago. For most
15 of that time we worked on a design and associated
16 negotiations with our medical practice landlord to
17 expand those services within the current location,
18 which is just a few blocks from our site.
19 The current building we're in now at
20 River North is an 11-story building with
21 300 residential units. It has some commercial
22 spaces on lower floors, and it's right on the
23 river across from Goose Island. It would have
24 been our preference to expand there, but we could

1 not acquire additional and adjacent space with
2 associated parking for the City of Chicago
3 requirements as needed to consolidate our two
4 IVF centers, embryology and andrology labs, and
5 still have adequate space for other functions, so
6 in the winter of 2018 we started searching for a
7 site for IVF functions.
8 Not only is the real estate market really
9 challenging in the Near North Side of Chicago, but
10 the site parameters for the planned clinic
11 eliminated many locations that might be acceptable
12 for other types of businesses. Any multitenant
13 site is a nonstarter due to the City of Chicago
14 and IDPH life safety code requirements.
15 The site we've temporarily secured by
16 paying a hefty -- again -- monthly deposit is a
17 single-tenant site. To secure it, we worked with
18 two real estate brokers specializing in Chicago
19 real estate.
20 In general, we need a parcel about an acre
21 that would accommodate a single floor,
22 18,000-square-feet building with covered patient
23 pickup and drop-off and adjacent parking. Beyond
24 that, it must be appropriately zoned for a health

1 care purpose. This is one of the two sites that
2 we found in nine months of searching. The other
3 site was snatched up just a week after being on
4 the market by a tenant with no CON contingency.
5 As your staff report notes, the services
6 we plan to provide outside of government -- are
7 outside of government payer programs. Neither
8 Medicare or Medicaid pay for any element of these
9 services, as they have no impact on governmental
10 finances if this project is approved.
11 Likewise, as we pointed out in
12 submissions, the medical practice is already
13 receiving technical and professional fees for
14 these services, so we don't expect reimbursement
15 for commercial payers to increase or escalate
16 either.
17 Finally, I would like to thank you -- I'm
18 sorry -- thank our banker, Wintrust, Jim Draths,
19 for testifying today to confirm that Wintrust is
20 willing to fund our project on competitive terms
21 and at the market rates after this Board's
22 approval of our request.
23 Once we lined up our site to get
24 everything in place on a shortened time line, we

1 really appreciated Jim and his colleagues to step
2 up and help us out. The financial analysis that
3 was done for this attractive opportunity came at a
4 good time for us, a really good time for us.
5 We believe our testimony today fully
6 explained the unique nature of our family-building
7 business, and we've also explained, with such a
8 geographically broad practice base, why we can't
9 send our patients to an ordinary surgery center.
10 We thank you for your time. Please, if
11 you have any hesitation of voting yes, let us know
12 what your concerns are so we can provide further
13 background, clarification, and analysis you may
14 need.
15 Thank you.
16 CHAIRMAN MURPHY: Okay. Are those your --
17 MS. FRIEDMAN: Yes. Thank you.
18 CHAIRMAN MURPHY: Thank you.
19 Do Board members have any questions or
20 comments?
21 Mr. Gelder.
22 MEMBER GELDER: So where are your patients
23 going now?
24 MS. FRIEDMAN: There are two clinics. One

1 is --
2 THE COURT REPORTER: Microphone, please.
3 MS. FRIEDMAN: There are two clinics.
4 One is just a few blocks away at the IVF clinic at
5 FCI, and the other one is in Highland Park,
6 Illinois.
7 MEMBER GELDER: So when -- I guess what
8 I'm curious about is, as you say, when you say you
9 can't send them to another site -- I'm -- I don't
10 know where they're going now and how you've been
11 able to expand, you know -- to succeed and expand
12 your practice so large without your own site,
13 which now seems so imperative.
14 DR. SIPE: We've had both labs open for
15 over 14 years. And the volume started lower and
16 has grown over time. It's an Illinois law that
17 IVF is covered. It's one of eight states where it
18 is covered in the country. And so as patients
19 have gotten older, there's been more of a need.
20 We have 11 offices -- 10 offices in the
21 Chicagoland area, and patients -- we get people
22 from around the country and around the world
23 because of how good we are at what we do. It's
24 very hard -- right now in our clinic in the

1 River North area is where we're doing the
2 procedures, but we're worried that our
3 complication rate will go up because of the
4 complexity of the cases that are going on and the
5 comorbidities of the patients.
6 So it's -- for us, it's much -- we want to
7 be as safe as we can. We've had to start bringing
8 in anesthesia teams to start administering the
9 anesthesia to make sure that everything is safe,
10 and it's getting more and more complex to do this
11 in the clinic.
12 MEMBER GELDER: Could you explain the
13 organizational relationships between and among
14 River North Surgery, Fertility Surgical Partners,
15 and Fertility Centers of Illinois?
16 MS. FRIEDMAN: So Fertility Centers of
17 Illinois is a medical practice that employs
18 11 reproductive endocrinologists. Several of
19 those physicians will be owners of the surgery
20 center, and that's Fertility Surgical Partners,
21 which is one of the Coapplicants to the
22 application. Fertility Centers of Illinois is
23 also a Coapplicant because the cases are expected
24 to transfer from that facility and also because

1 they will be guaranteeing the lease obligations at
2 the inception of the lease.
3 MEMBER GELDER: River North -- you created
4 River North of that --
5 MS. FRIEDMAN: That's a new entity.
6 MEMBER GELDER: That's the new entity?
7 MR. WILLIAMSON: Right.
8 MS. FRIEDMAN: And in order to move the
9 surgical cases away from the rest of the medical
10 practice, a license is required from the Illinois
11 Department of Public Health because the licensure
12 act says that surgery can be done in a location
13 where physician services are provided as long as
14 they're a minority of the activities at that site.
15 But once the IVF services would be in a separate
16 building, then a license would be required.
17 And, also, in order to allow the
18 urologists to do cases at the surgery center, a
19 license would be required because you can't have
20 physicians from outside your practice do cases in
21 your center.
22 MEMBER GELDER: Thank you. So I must
23 admit I'm -- I -- you asked if we were hesitating
24 or thinking we might vote no.

1 I would put myself in that category
2 because, based on the staff report, I mean, there
3 are so many things at which your application is --
4 is deficient. So I don't know whether it's our
5 standards that are not consistent with the type of
6 practice you're describing or whether our
7 standards are right and you just aren't meeting
8 them.
9 But that's what -- I'd like to listen to
10 some more comments people make or --
11 MS. FRIEDMAN: Sure.
12 MEMBER GELDER: -- if there are other
13 staff comments, it might help clarify the
14 discrepancy between what is required and -- the
15 criteria that are required and your analysis
16 that -- the ways in which they -- the gap between
17 what they're offering and what's required.
18 MS. FRIEDMAN: If I may -- and then if
19 Mike wants to supplement me, he can.
20 There are some criteria that sort of
21 relate to each other. So when you look at the
22 service accessibility, unnecessary duplication of
23 services criteria, for example, those are
24 really -- the negative findings on that are tied

1 into the fact that there are a number of other
2 surgical providers in the area.
3 And because your rules are not so specific
4 that they would consider the laboratory
5 requirements for embryology and andrology, it
6 said, "Well, here are these other surgery centers;
7 they have some capacity."
8 And staff doesn't have a way to be able to
9 analyze whether or not we could refer cases there
10 with respect to the embryology component of it.
11 So that's part of the reason you've heard so much
12 about what this service is and the unique nature
13 of having to have the embryology lab adjacent to
14 it, is because it can't be replicated, you know,
15 by just getting on staff at another center and
16 sending the cases there.
17 Another negative finding in the
18 application -- which, again, I think it actually
19 demonstrates the high quality and high reputation
20 of this group -- is that it says that at least
21 50 percent of your patients should come from a
22 10-mile area of the surgery center.
23 They have a low percentage in the grand
24 scheme of things coming from the immediate area

1 because they have a reputation throughout the
2 Midwest and the country and even the globe to
3 provide fertility services, so their patients come
4 from all over the Midwest and the nation.
5 So that doesn't technically fit in very
6 well with your rules, but, again, we think that it
7 shows the unique and excellent services that they
8 provide.
9 This issue that I just explained about
10 needing the license, to the extent that you go
11 from one setting to the other, the treatment
12 need -- room assessment and service demand items
13 both relate to the fact that we are going to be
14 transferring these cases from a medical practice
15 setting to a surgery center setting.
16 And the reason you had testimony earlier
17 about the fact that there are no Medicaid or
18 Medicare patients that will be receiving services
19 from this clinic is because, if you're changing
20 the site of service, you might expect that there
21 would be a change in the reimbursement.
22 Government payers would pay more for hospital
23 services; they pay more for surgery center
24 services than they do in medical practice.

1 But that's -- but we don't have a
2 government payer issue here. And as we stated,
3 they're already getting a technical fee, so we
4 don't -- we think this is a site of service-
5 neutral project.
6 And then the final item is the financing
7 issue, the bank commitment that we discussed at
8 the previous practice. And we did have our
9 bankers here earlier today testifying that,
10 subject to your issuance of a permit, that they
11 would be willing to fund the project.
12 And I think that covers the negative
13 findings.
14 CHAIRMAN MURPHY: Mike, did you have
15 anything to add?
16 MR. CONSTANTINO: I just -- a couple of
17 things.
18 We can't accept referrals to an office
19 practice. We can only accept referrals to an ASTC
20 or a hospital, both licensed by IDPH.
21 So you see a number of these -- I think it
22 was over 7,000 procedures performed. We would
23 only -- could only accept 300 of those.
24 That's one area where -- when we say

1 there's only one procedure room needed, that is
2 the reason. We could only accept 300 procedures
3 of the 7,000 that were submitted to us.
4 CHAIRMAN MURPHY: So is it the case of our
5 standards and your needs not exactly fitting and
6 aligning?
7 I mean, we're talking more general and
8 you're talking more specific when it comes to what
9 you're doing? You're just not any ASTC or any
10 surgical center; you're very specific and
11 specialized, which creates a specialized need,
12 which is not addressed by our general
13 requirements? Is that accurate?
14 DR. SIPE: Yes.
15 MR. CONSTANTINO: One other comment.
16 We don't concern ourselves with
17 real estate. As far as we're concerned, that's
18 not an issue if they have to pay a monthly --
19 whatever they were having to pay.
20 So if you don't approve it today, we'll
21 bring them back, and they'll have to continue to
22 pay the fee. It's not an issue for us.
23 CHAIRMAN MURPHY: But it's an issue for
24 them.

1 MS. FRIEDMAN: We're more concerned about
2 losing the site 100 percent because this
3 landlord -- because of the market -- and it's very
4 much a landlord's market -- that we will just lose
5 the site.
6 MR. CONSTANTINO: But it's not a need
7 criteria --
8 MS. FRIEDMAN: No.
9 MR. CONSTANTINO: -- that this Board
10 looks at.
11 CHAIRMAN MURPHY: Thank you. Thank you.
12 Are there any other questions or comments
13 from Board members?
14 MEMBER GELDER: Just one last one about --
15 I know you don't take government programs and
16 Medicaid -- that's not a covered service under
17 Medicaid or Medicare.
18 But what about charity care? What is your
19 ability to -- or willingness -- to serve people
20 who can't afford some of these very, very high
21 frequency --
22 DR. SIPE: We do that, actually, quite a
23 lot. Because of our size and excellence, many
24 pharmaceutical companies are looking at new

1 medicines, new techniques, new technologies.
2 Currently we are able to offer 10 free IVF
3 cycles per month for couples who have no coverage.
4 Some of these are coming from the Medicare
5 population. That's one of our ongoing studies.
6 I don't know the exact number over the
7 last eight years that we've had studies. My guess
8 is in the thousands of free IVF cycles that have
9 been given out to patients. I don't know the
10 specific number but it's been a lot.
11 MS. JASULAITIS: We also serve on the
12 medical advisory board for The Life Foundation, so
13 that is a nonprofit organization. Many of the
14 practices donate, as we do, a free IVF cycle to
15 patients. They apply and -- between April and
16 May -- and then we accept their applications.
17 And we either provide them with an IVF
18 cycle or a fund of money if they're going to do
19 egg donation or adoption or some other service
20 that we don't -- that we can assist them with.
21 So we have a number of ways that we can
22 help patients who do not have insurance coverage.
23 CHAIRMAN MURPHY: Thank you.
24 Are there any other questions or comments

1 from the Board?
2 (No response.)
3 CHAIRMAN MURPHY: Okay. George, will you
4 please call the roll.
5 MR. ROATE: Thank you, Madam Chair.
6 Motion made by McNeil; seconded by
7 Demuzio.
8 Senator Demuzio.
9 MEMBER DEMUZIO: I'm going to go ahead and
10 vote yes due to the fact that there's been the
11 explanation of your specialized services and --
12 which has been addressed by the findings here --
13 and that explains what -- why there were so many
14 findings.
15 So, yes, I'm -- and keep up the good work.
16 MR. WILLIAMSON: Thank you.
17 DR. SIPE: Thank you.
18 MR. ROATE: Thank you.
19 Mr. Gelder.
20 MEMBER GELDER: I vote no, based on the
21 staff report and just needing to give some further
22 consideration to what is evolving in our health
23 care system with the further atomization of all of
24 these particular services and needing -- each

needing, possibly, their own building and -- it -- I don't know what our -- I don't know how that helps our society.

So I vote no.

MR. ROATE: Thank you.

Ms. Hamos.

MEMBER HAMOS: I am going to vote yes.

After really reading this long and hard, the staff report and, you know, mystified by it and really paying attention to it -- because that's what we should do with staff reports, and I think it was a thoughtful staff report.

But I think I am convinced, based on your testimony, that this is a very unique and specialized service, and I do believe it's a really important one. And I don't know -- we didn't get any opposition letters from other, you know, potential ASTCs who do some of this work, maybe, so I guess I -- I think I see the need, and that's why I'm voting yes.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: I have to abstain.

MR. ROATE: Mr. McGlasson.

1 MEMBER MC GLASSON: Realizing the
2 uniqueness of the situation, I think that the
3 testimony covered my question and I vote yes.
4 MR. ROATE: Thank you.
5 Mr. McNeil.
6 MEMBER MC NEIL: Based on the report, the
7 clarifications, the fact that this is leading
8 edge, the fact that our rules don't include a lot
9 of the patients, and it's pushing the envelope
10 forward in terms of medicine -- medical science --
11 I vote yes.
12 MR. ROATE: Thank you.
13 Madam Chair.
14 CHAIRMAN MURPHY: I'm going to vote yes
15 based on the report, based on all of your
16 testimony today.
17 Thank you for educating us. It was
18 fascinating. I learned a few new terms.
19 So I vote yes.
20 MR. ROATE: That's 5 votes in the
21 affirmative, 1 vote in the negative, and 1 recusal.
22 CHAIRMAN MURPHY: So your application is
23 approved. Thank you and good luck.
24 MS. JASULAITIS: Thank you.

1 DR. UHLER: Thank you very much.
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1 CHAIRMAN MURPHY: All right. Next up is
2 H-04, Project 19-004, Smith Village.
3 May I have a motion to approve
4 Project 19-004, Smith Village, for a major
5 modernization project on the campus of its
6 long-term care facility in Chicago.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN MURPHY: Second?
9 Please.
10 Somebody?
11 MS. AVERY: Second?
12 MEMBER DEMUZIO: Second.
13 CHAIRMAN MURPHY: Thank you.
14 Will you please state your name for the
15 record and be sworn in if you haven't been
16 already.
17 MR. KNIERY: Good afternoon again. My
18 name is John Kniery, CON consultant with Foley &
19 Associates.
20 MR. MC GEE: Kevin McGee, M-c-G-e-e.
21 MR. MORADO: Juan Morado.
22 CHAIRMAN MURPHY: Mike, will you please
23 give the State Board staff report.
24 MR. CONSTANTINO: Thank you, Ms. Murphy.

1 The Applicants propose to modernize their
2 existing 110-bed long-term care facility and
3 reduce the number of beds by 22 beds for a total
4 of 78 long-term care beds at a cost of
5 approximately $23.9 million, with an expected
6 completion date of January 31st, 2022.
7 There was no public hearing and no
8 opposition letters. There were support letters
9 received by the State Board. Historical
10 utilization justifies the 78 beds being requested.
11 The Board staff found the Applicants did
12 not meet the current ratio of -- debt to
13 capitalization ratio and the modernization and
14 contingency costs.
15 Thank you.
16 CHAIRMAN MURPHY: Thank you.
17 Do you have any statements for the Board?
18 MR. KNIERY: Yes. I will try to be as
19 brief as I can.
20 CHAIRMAN MURPHY: Thank you.
21 MR. KNIERY: I'd like to acknowledge
22 Charles Foley of Foley & Associates who's also
23 behind us who helped prepare the project.
24 Smith Village is a sister facility to the

1 Smith Crossing project you heard, the business
2 item you heard for the permit alteration request
3 earlier today.
4 Everyone likes to say that their project
5 is unique, but this project really is one that has
6 areas that are not -- do not neatly fit in with
7 the long-term care certificate of need
8 application.
9 The project addresses the tenets of the
10 Planning Act with the reduction of nursing beds in
11 the planning area and was found to be in
12 conformance of the need criteria, all the need
13 criteria.
14 Therefore, I will briefly address the
15 State findings under the financial criteria, and
16 then we will have the Applicant briefly tell you
17 about them themselves and Mr. Morado concluding
18 the presentation.
19 We're very excited at the overwhelmingly
20 positive staff report, and I'd like to thank your
21 staff for their hard work in their review of this
22 project.
23 I'd first like to address the
24 reasonableness of project costs. The design

1 presented for the Smith Village supports the
2 continuum-of-care model. As an existing entity,
3 there are physical limitations that are placed
4 upon any significant renovation Smith Village
5 seeks to do which increases typical renovation
6 costs.
7 For example, Smith Village campus is one
8 city block. It's landlocked by the major streets
9 that surround it. As a mature campus, there is
10 not an area for staging the new construction or
11 the major mechanical and electrical installations.
12 These major mechanical and electrical systems are
13 also not typically found in modernization
14 projects, another reason for the increased costs.
15 Again, this is not a typical wallpaper,
16 paint, carpet renovation project. We're not just
17 changing out the PTAC wall units in the units.
18 We're talking about plumbing and electrical being
19 rerouted through the entire three-floor structure.
20 All the windows, the entire roofing system all
21 need to be replaced.
22 These are many of the very labor-intensive
23 and invasive installations that are, again, more
24 typically found in new construction and rarely

1 seen all done at once in major modernization
2 projects.
3 Finally, the modernization will have to be
4 staged to minimize disruption of services to the
5 residents. Each phase of the project only
6 converts a double-occupancy room into private
7 rooms.
8 Currently there are only 18 private rooms
9 and 41 doubles for a total of 81 beds within the
10 double rooms. This will change to 66 private
11 rooms and only 6 double-occupancy rooms with a new
12 and more modern and effective therapy station.
13 The only other finding were the ratios.
14 And simply put, the ratio findings are due to the
15 nursing unit not being a freestanding nursing
16 unit, as typical projects are presented, but,
17 rather, this is a large CCRC life plan community
18 with all the components under a single entity
19 instead of broken up.
20 For instance, the current ratio and
21 the percent debt-to-total capitalization ratio are
22 noncompliant due to GAAP principles in which
23 entrance fees, which is money in hand for this
24 entity, must be considered as a negative asset

1 with $25 million identified as debt. This creates
2 a steep hole to overcome when calculating these
3 particular ratios.
4 The net margin percentage ratio only had a
5 finding in the projected year. Like the previous
6 two ratios, this nursing unit is being considered,
7 as we said, as a much larger organization, unlike
8 typical freestanding nursing home projects;
9 however, this is the only ratio where, for us, it
10 was possible to separate out the nursing unit from
11 the entire campus.
12 In doing so, the projected ratio for the
13 net margin percentage is actually 14.9 percent
14 compared to the State standard of needing to be
15 over 2 1/2 percent. This information was provided
16 in the application on page 279. Therefore, it
17 really appears to be in conformance.
18 I'd like Kevin to briefly present the
19 project.
20 MR. MC GEE: I will be brief.
21 Just a little background about our
22 organization: Our not-for-profit, senior living
23 community was established in 1924 by local
24 citizens, both business and civic leaders, because

1 they saw a need to honor the lives of older adults
2 by providing a more inclusive way to serve them
3 and keep them in the community at large.
4 Today our board of trustees continues our
5 mission of the 95-year-old legacy by volunteering
6 their time and professional expertise to provide a
7 variety of services, programming, and living
8 arrangements to enhance the quality of life for
9 Smith residents.
10 Smith and surrounding communities are
11 built with the DNA of Smith Senior Living. Today,
12 for instance, Smith Crossing in Orland Park and
13 Smith Village on Chicago's southwest side continue
14 to serve our neighbors a number of ways, including
15 regularly scheduled support group meetings for
16 people who care for relatives with dementia or
17 Alzheimer's disease, internships and clinical
18 programs for nursing students as well as others
19 planning careers in senior living fields, dozens
20 of relationships with schools, scouting, and other
21 groups to promote intergenerational experiences.
22 I can speak on behalf of the board of
23 trustees I report to that we are also responding
24 to market demand, and time and time again people

1 are asking for private rooms. I'm proud to
2 say that we are a five-star rated community
3 within CMS.
4 And we're asking for your support of the
5 application today.
6 MR. MORADO: Okay. I told you we were
7 going to be moving this along quickly, so I'll try
8 to do the same, as well.
9 You can tell from the State Board staff
10 report and our presentation that what we're really
11 trying to do today is take into account the
12 planning process. And what this project does is
13 it right-sizes the facility, so we're not asking
14 to add beds to the planning area. In fact, we're
15 reducing beds 22, going from 100 to 78.
16 If you look at the number of beds in the
17 health planning area, there's an excess that
18 exists currently, so we're going to be helping to
19 lower that amount.
20 In addition, the findings of
21 nonconformance with this project really have
22 nothing to do with the goal of the underlying
23 project, which is to modernize a facility that
24 really hasn't seen a significant capital

1 improvement since 1991.
2 As we previously discussed the
3 modernization portion of contingencies, they're
4 slightly higher than the State standard. The
5 standard is 200 bucks; we came in at 217. So it's
6 not like it's grossly over.
7 And this is due to the current state of
8 the building; right? So if the building -- it's a
9 little bit older, and what we're talking about is
10 an extensive overhaul. It's going to include
11 higher efficiency mechanical and electrical
12 systems that ultimately are being installed to
13 save money for the facility over the lifetime of
14 their use.
15 The one finding that's found in the
16 "Financial Viability" section, it's a result of
17 Board rules that aren't necessarily designed to
18 accommodate for CCRCs. And for those of the
19 members who may or may not be familiar with CCRCs,
20 it's the idea that you move from an independent
21 living unit on to assisted living. If necessary,
22 you would then go on to skilled nursing.
23 Now, what's unique about this facility and
24 the reason it doesn't necessarily conform with

1 your rules is only skilled nursing falls under
2 your jurisdiction. But we can't just go in and
3 replace the medical and electrical for the skilled
4 nursing; we have to do the whole project -- or the
5 whole campus -- because that's what makes the most
6 sense. But that's also what's led to this finding
7 on the modernization contingencies.
8 Just to circle back again to the financial
9 viability, it's the same reason that we're also
10 not hitting in that standard. But as you heard
11 earlier today with regard to the Smith Crossing
12 project, this organization is very well financed
13 and financially viable, so much so that we
14 actually put out bids for people who wanted to
15 finance our project. There is no finding
16 otherwise with regard to the financing of the
17 project.
18 The project itself meets 14 of the
19 16 criteria, so it is in substantial compliance.
20 This is a five-star facility and it is only one of
21 nine Illinois communities that is accredited by
22 the Commission on Accreditation of Rehabilitation
23 Facilities. That's an industry association that
24 conducts rigorous peer reviews to ensure the

1 highest performance of standards, and it's ranked
2 among the top 19 skilled nursing care facilities
3 in Chicago, according to US News & World Report.
4 Quite frankly, there's a strong basis to
5 approve this project. Your rules are designed to
6 allow for discretion in these types of situations.
7 And on behalf of Smith Senior Living and
8 Smith Village, we thank you for your
9 consideration, and we'll be happy to answer any
10 questions you might have.
11 CHAIRMAN MURPHY: Thank you.
12 Are there any comments or questions from
13 Board members?
14 (No response.)
15 CHAIRMAN MURPHY: All right.
16 (An off-the-record discussion was held.)
17 CHAIRMAN MURPHY: Okay. George, would you
18 like to call the roll.
19 MR. ROATE: Thank you, Madam Chair.
20 Motion made by McNeil; seconded by
21 Demuzio.
22 Senator Demuzio.
23 MEMBER DEMUZIO: I vote yes on -- on the
24 testimony and the report.

1 MR. ROATE: Thank you.
2 Mr. Gelder.
3 MEMBER GELDER: I vote yes based on the
4 preponderance of the compliance and the testimony
5 we've seen here.
6 MR. ROATE: Thank you.
7 Ms. Hamos.
8 MEMBER HAMOS: I'll repeat that. I vote
9 yes based on the preponderance of evidence or
10 factors that have been met and the testimony.
11 MR. ROATE: Thank you.
12 Ms. Hemme.
13 MEMBER HEMME: I vote yes based on the
14 staff reports and testimony here today.
15 MR. ROATE: Shall I mark Mr. McGlasson
16 absent?
17 MS. AVERY: No. He'll be back.
18 MR. ROATE: Dr. McNeil.
19 MEMBER MC NEIL: I vote yes based on the
20 staff report, your explanation. And you could
21 have teased out the air-conditioning by square
22 foot to get the number in compliance, quite
23 frankly.
24 Yes.

MR. ROATE: Thank you.

Madam Chair.

CHAIRMAN MURPHY: I vote yes based on the State Board staff report and today's testimony addressing the negative findings.

MR. ROATE: Thank you.

That's 6 votes in the affirmative, 1 absent.

CHAIRMAN MURPHY: The motion is approved.

Congratulations. Your application for permit is approved.

MR. KNIERY: Thank you.

MR. MORADO: Thank you so much.

MR. MC GEE: Thank you.

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1 CHAIRMAN MURPHY: Okay. Next up is H-06,
2 Project 19-008, Rehabilitation Institute of
3 Chicago.
4 May I have a motion to approve
5 Project 19-008, Rehabilitation Institute of
6 Chicago, to build out existing shell space on the
7 campus of its rehabilitation hospital in Chicago.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN MURPHY: Second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: Thank you.
12 Will you please state your name for the
13 record and, if you haven't been sworn in yet,
14 please do so.
15 MS. PARIDY: My name is Nancy Paridy,
16 P-a-r-i-d-y, and I'm chief administrative officer
17 at the Shirley Ryan AbilityLab.
18 MR. AXEL: Jack Axel, Axel & Associates.
19 MR. CASE: Ed Case, C-a-s-e.
20 THE COURT REPORTER: Would you raise your
21 right hands, please.
22 (Two witnesses sworn.)
23 THE COURT REPORTER: Thank you.
24 CHAIRMAN MURPHY: Thank you.

1 Mike, will you please give the State Board
2 staff report.
3 MR. CONSTANTINO: Thank you, Ms. Murphy.
4 The Applicants are proposing to add
5 20 comprehensive physical rehab beds for a total
6 of 262 beds in shell space at a cost of
7 approximately $11.9 million.
8 Generally, a hospital can add a lesser of
9 20 beds or 10 percent of total authorized beds,
10 whichever is less, every two years; however, to
11 add beds in shell space the Applicants needed to
12 come before the State Board for approval.
13 There was no request for a public hearing,
14 and the Board has not received any support or
15 opposition letters on this project.
16 At page 3 of your report, the Board staff
17 found the Applicant exceeded the Board standard
18 for the size of the room by 90 gross square foot
19 per bed, and then the two-year average utilization
20 will justify 204 comprehensive physical rehab beds
21 in the target occupancy of 85 percent and not the
22 262 beds being proposed.
23 Thank you.
24 CHAIRMAN MURPHY: Thank you.

1 Do you have a statement for the Board?
2 MS. PARIDY: Yes.
3 CHAIRMAN MURPHY: Thank you.
4 MS. PARIDY: I will summarize our project,
5 and then Jack Axel will address the findings in
6 the staff report, and then we'd be happy to answer
7 any questions. We'll try to make it as quick as
8 possible.
9 The Shirley Ryan AbilityLab, formerly
10 known as the Rehabilitation Institute of Chicago,
11 has been rated the number one rehabilitation
12 facility in the United States for 28 consecutive
13 years by US News & World Report. While the
14 majority of our patients come from Illinois and
15 the Chicagoland area, we actually do attract
16 patients from all 50 states as well as over
17 57 countries around the world because of the high
18 quality of care which is interwoven with our
19 cutting-edge research that results in our
20 successful outcomes.
21 If I may take a moment just to describe
22 our approach, which is very different from other
23 providers.
24 We've been in existence since 1953 with a

1 sole focus on physical medicine and rehabilitation.
2 Since that time we've been a pioneer and leader in
3 treating the most difficult and complex
4 conditions.
5 Because we are the world's destination for
6 the most challenging cases, we are able to advance
7 and share knowledge and expertise continuously.
8 Our flagship facility is located at 355 East Erie
9 in Chicago, where this project is proposed for.
10 This research hospital opened in March of 2017 and
11 has 242 beds.
12 The Shirley Ryan AbilityLab is organized
13 around five innovation centers. It's a state-of-
14 an-art hospital facility with equipment for
15 exceptional patient care provided by the best
16 medical and nursing support.
17 Each area within the Shirley Ryan
18 AbilityLab, the patient areas known as the
19 innovation centers, focuses on an area of
20 biomedical science with extraordinary promise:
21 Brain, spinal cord, nerve, muscle and bone,
22 pediatric, and cancer, all related to the
23 rehabilitation field.
24 We integrate the best medical and research

1 experts together in realtime. We innovate ways to
2 speed the recovery from medical conditions that
3 affect that particular ability. In our five
4 ability labs, physicians and PhDs share space so
5 medicine and science cross-pollinate constantly.
6 Breakthroughs occur faster.
7 Each of our five ability labs focus on a
8 specific functional outcome, are dynamic space
9 where interdisciplinary teams provide a full range
10 of therapeutic services and develop new research
11 based upon insights to help patients gain
12 function, achieve better outcomes, and enjoy
13 greater independence.
14 Shirley Ryan AbilityLab's research
15 enterprise is the largest of its kind and renowned
16 for its breakthroughs. We have more than
17 350 studies and trials underway, human subject,
18 applied research, and proof-of-concept testing.
19 Shirley Ryan AbilityLab runs the largest active
20 research enterprise incorporated into its clinical
21 care in the rehabilitation field of medicine.
22 The project we are presenting to you today
23 is narrow in scope, only proposing the expansion
24 of two of our patient care units by combining

1 20 beds, and is in direct response to the
2 increasing demand that we have experienced over
3 the past two years as well as some recent
4 initiatives that we believe will drive future
5 demand.
6 For instance, we have a team of admission
7 liaisons placed at acute care hospitals throughout
8 the Chicagoland area. These admission liaisons
9 are charged with identifying the very challenging
10 patients that need the type of admission at the
11 Shirley Ryan AbilityLab. We are working with
12 discharge planners, social workers, and patient
13 families to accomplish that so that they get the
14 best outcomes for the care they need. We continue
15 to expand that admission liaison program to other
16 hospitals, including many who don't have
17 rehabilitation units and need a place for those
18 patients to be referred to.
19 In addition to the Chicagoland area, we've
20 expanded our market presence to include admission
21 liaisons in St. Louis and southwestern Michigan
22 markets. These admission liaisons call on the
23 major trauma centers in those regional markets,
24 and they bring patients to the Shirley Ryan

1 AbilityLab. We've just had one person in
2 St. Louis in the last six months, and we've
3 already received nine admissions for that.
4 We are currently recruiting additional
5 staff to support these national admissions. We
6 have significantly expanded our presence at
7 national and international physical medicine and
8 rehabilitation and stroke conferences as well as
9 other rehabilitation conferences with that
10 differentiated capacity.
11 As a result of all of these initiatives,
12 as well as additional ones we have, we've seen
13 another 14 percent increase in our patients since
14 January with our occupancies as high as in the
15 220s.
16 Now, I, one, thank you for your attention,
17 particularly this late in the day, and I'll let
18 Jack address the findings from the staff report.
19 MR. AXEL: Thank you.
20 The project, as proposed, failed to meet
21 2 of the 12 criteria, which -- for which findings
22 were made, those being 1110.120(a) addressing
23 square footage and 1110.205(b)(4) addressing the
24 demand for beds.

1 Relating to the square footage, the
2 proposed expansions of the 20th and 25th floor
3 patient care units exceeds the standards by
4 90 square feet, as noted by Mr. Constantino. The
5 proposed 749 square feet per bed is actually less
6 than the current unit's square footage per bed.
7 Ms. Paridy described the manner in which
8 inpatient services are delivered at the Shirley
9 Ryan AbilityLab, and suffice it to say that it is
10 significantly different than your typical
11 hospital-based rehab unit, and, therefore, the
12 space requirements are different.
13 Among the functional areas that are
14 provided on this hospital's patient care unit that
15 you would not find on hospital-based rehab units
16 include areas for biomedical engineers and
17 researchers, 10- rather than 8-foot corridors, and
18 physician offices on the units.
19 Moreover, many of the patients have
20 assistive devices, such as wheelchairs and
21 gait-training devices, in their rooms where they
22 can be easily accessed by the patients 24 hours
23 a day.
24 As a result and while we understand that

1 staff is compelled to compare this project to the
2 State norm -- which, for the most part, is based
3 on converted med/surg units -- I think that you
4 would agree with me that the standard is really
5 not applicable to the Shirley Ryan AbilityLab.
6 The second criterion relates to service
7 demand or the hospital's bed need. The hospital
8 moved into its larger facilities on March 25th,
9 2017. During 2017, 66,999 patient days of care
10 were provided, resulting in an average daily
11 census of 184 patients, justifying 216 beds based
12 on the State's 85 percent occupancy target.
13 During 2018, the first full year in which
14 the -- with the new hospital, the average daily
15 census increased from 184 to 198 patients, as
16 identified on page 35 of the application. That's
17 a 7.6 increase over the prior year. Based on 2018
18 utilization, annual increases of only 4 percent
19 per year -- half of that experienced during the
20 past year -- were used to support the proposed bed
21 complement.
22 In addition, since Ms. Paridy has already
23 talked to you about the initiatives that will
24 attract additional patients, I will not duplicate

1 those comments.
2 With that, I thank you for your time, and
3 we'd be happy to answer any questions that you
4 might have.
5 CHAIRMAN MURPHY: Thank you.
6 Are there any questions from Board
7 members?
8 (No response.)
9 CHAIRMAN MURPHY: Okay. George, will you
10 please call the roll.
11 MR. ROATE: Thank you, Madam Chair.
12 Motion made by McNeil; seconded by
13 Demuzio.
14 Senator Demuzio.
15 MEMBER DEMUZIO: I vote yes based upon the
16 testimony I just heard and, also, the staff
17 report.
18 MR. ROATE: Thank you.
19 Mr. Gelder.
20 MEMBER GELDER: I vote yes based on the
21 substantial compliance and the additional
22 testimony.
23 MR. ROATE: Thank you.
24 Ms. Hamos.

1 MEMBER HAMOS: I vote yes based on
2 substantial compliance with the findings and the
3 testimony.
4 MR. ROATE: Thank you.
5 Ms. Hemme.
6 MEMBER HEMME: Yes, based on the staff
7 reports and testimony here today.
8 MR. ROATE: Thank you.
9 Mr. McGlasson.
10 MEMBER MC GLASSON: I vote yes based on
11 the testimony.
12 MR. ROATE: Thank you.
13 Dr. McNeil.
14 MEMBER MC NEIL: Yes, based on the
15 testimony and the staff report and the
16 clarifications therewith.
17 MR. ROATE: Thank you.
18 Madam Chair.
19 CHAIRMAN MURPHY: I vote yes based on the
20 State Board staff report and today's testimony.
21 MR. ROATE: Thank you.
22 That's 7 votes in the affirmative.
23 CHAIRMAN MURPHY: Motion carries.
24 Your application for permit is approved.

1 MR. AXEL: Thank you.
2 MS. PARIDY: Thank you very much.
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1 CHAIRMAN MURPHY: Next on the agenda is
2 H-07, Project 19-016, Village at Mercy Creek.
3 May I have a motion to approve
4 Project 19-016, Village at Mercy Creek, to
5 establish a 40-bed long-term care facility in
6 Normal.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN MURPHY: Is there a second?
9 Somebody?
10 MEMBER HEMME: Second.
11 CHAIRMAN MURPHY: Thank you.
12 Will you please identify yourselves for
13 the record and be sworn in.
14 MR. SHEETS: Chuck Sheets, attorney with
15 Polsinelli and consultant to the Applicant.
16 MS. AMIANO: Judy Amiano, CEO of
17 Franciscan Ministries.
18 THE COURT REPORTER: Would you raise your
19 right hands, please.
20 (Two witnesses sworn.)
21 THE COURT REPORTER: Thank you. If you'd
22 print your names, please.
23 CHAIRMAN MURPHY: Thank you.
24 Mike, will you please give the State Board

1 staff report.
2 MR. CONSTANTINO: Thank you, Ms. Murphy.
3 This project was originally approved at
4 the December 2018 --
5 MS. AVERY: Excuse me.
6 (An off-the-record discussion was held.)
7 MR. CONSTANTINO: This project was
8 originally approved in the December 2018
9 State Board meeting to establish a 40-bed skilled
10 care facility in Normal, Illinois, and to
11 discontinue 40 long-term care beds at a facility
12 in Chenoa, Illinois, which was Meadows Mennonite
13 Retirement Community.
14 Subsequently the Board staff learned that
15 the owners of the facility in Chenoa would not
16 live up to the terms of the contract that we
17 reviewed and did not discontinue -- would not
18 discontinue those 40 long-term care beds.
19 Today the Applicants are before you to ask
20 you to approve the 40-bed facility in Normal
21 without the discontinuation of the 40 beds at the
22 Chenoa facility.
23 This project was brought back for your
24 approval because the discontinuation of the

1 40 beds at the Chenoa facility was a material
2 representation made by the Applicants before the
3 Board.
4 That's why it's back here in 32 days,
5 contrary to what some of the opposition has said.
6 We did not take advantage or ignore our rules. We
7 could not let this proceed if this was going to
8 be -- if the representations made before this
9 Board were not lived up to.
10 You have the opportunity to either approve
11 this project without those beds or approve it with
12 them.
13 MEMBER HAMOS: Without what beds?
14 MEMBER GELDER: Could you say that again?
15 MR. CONSTANTINO: You -- I'm sorry.
16 You have the opportunity to approve this
17 project with 40 beds without those 40 beds being
18 discontinued.
19 MEMBER HAMOS: Oh, okay.
20 MR. CONSTANTINO: Or -- or these
21 Applicants need to decide whether they want to go
22 forward with the original permit.
23 If this is approved here today, that
24 original permit will be discontinued. That has

1 been our historical practice, contrary to what
2 two attorneys told the Board originally this
3 afternoon. That is not correct. That has been
4 the historical practice of this Board since
5 I've sat on it. Those two attorneys worked for
6 this Board, and they know full well that is the
7 case.
8 Thank you.
9 CHAIRMAN MURPHY: Thank you.
10 Do you have any statements for the Board?
11 MR. SHEETS: Just briefly.
12 CHAIRMAN MURPHY: Thank you.
13 MR. SHEETS: Thank you, Mr. Constantino.
14 Again, Chuck Sheets, representing the
15 Applicant.
16 I would agree that we are going to forfeit
17 the old permit, obviously, if we get the new one.
18 MS. AVERY: Pull the mic closer.
19 MEMBER GELDER: Speak up.
20 MR. SHEETS: We will forfeit the old
21 permit if we get this new one.
22 And I would like Judy Amiano, the CEO of
23 Franciscan Sisters and of this project, to just
24 briefly tell you the differences between this

1 project and the last one.
2 MS. AMIANO: Thank you.
3 And thank you to the Board for enduring
4 such a long day. And I promise I will be brief
5 because this is an identical project that was
6 approved on December the 4th.
7 There are two circumstances that happened
8 subsequent to that approval, and one is there was
9 a change in control of the facility that had
10 originally promised those beds to us.
11 That change in control then -- when we
12 noticed them that we had been approved and we were
13 asking them to move forward with the
14 decertification -- got reluctant and said -- they
15 kind of said, "Well, we do not really want to do
16 that."
17 At that time I had a conversation with
18 Mr. Constantino and asked for advice. I also
19 subsequently called Jeannie Mitchell and said, you
20 know, "We have a quandary here."
21 At the same time there was also a facility
22 in Le Roy, Illinois, which is in the same planning
23 area, which was discontinuing 102 beds.
24 So while all of this was going on --

1 I think there was an act of God -- that while the
2 former facility that had promised those beds to us
3 reneged on that offer, was in the process of
4 reneging on it, 102 beds were coming back into
5 inventory in the same planning area.
6 And so in discussing with staff and
7 counsel for the Board, you know, we had one of
8 two options. We'd either pursue legal action
9 against the prior or we'd use the 102 beds that
10 were coming back into the inventory to further our
11 project.
12 So that's why we're here today. Those
13 102 beds came back into the market since we were
14 here in December, and so we would ask to move
15 forward again -- it's the identical project that
16 was approved at the December 4th meeting.
17 I won't address the negatives in this
18 unless you have questions regarding that, as they
19 were all addressed at the December meeting.
20 CHAIRMAN MURPHY: I have -- well, I have a
21 couple of questions first. I just need a
22 clarification.
23 So there is no relationship between your
24 entity and the Meadows Mennonite Retirement?

1 MS. AMIANO: Great question.
2 We had worked with the MMRC board, and
3 that was a consortium of 15 churches who made up
4 that board and the governance structure. They had
5 two facilities. One was the facility in Normal,
6 and one was the facility in Chenoa.
7 We -- they came to us. You know, they
8 were looking to sell both assets. We did not want
9 to purchase the Chenoa facility. We did purchase,
10 subsequently, the Bloomington -- or the Normal
11 facility.
12 Part of the sponsor's requirements, their
13 requirements, were that, if we were going to buy
14 the Normal facility, we had to promise to them
15 that we would build out that campus and fulfill
16 their vision, their legacy, which is why the
17 legacy board had pledged those 40 beds. We needed
18 those 40 beds in order to fulfill their ministry.
19 What happened is that board, I think, got
20 tired of managing the Chenoa facility and finding
21 themselves in the circumstances that they just
22 couldn't go forward with that. We closed on the
23 property in August, early August of '18 on the
24 Normal campus, at which time we had already made

1 application -- you know, we were in the process of
2 making application to the Board for filling that.
3 What we found out in January, the end of
4 January, is that those board members had assigned
5 new board members and they essentially walked away
6 from the Chenoa facility, leaving the control of
7 the facility with people who were not honoring the
8 prior commitment -- or don't want to honor the
9 prior commitment. I'll say it that way.
10 CHAIRMAN MURPHY: So your assurances under
11 the first permit which was granted really were out
12 of your control?
13 You were assuring us of something that
14 you -- that those 40 beds were going to disappear
15 or be transferred to you, but at the same time,
16 you didn't have ultimate control over that
17 promise?
18 MS. AMIANO: We had multiple documents
19 with the legacy sponsor that that all was going to
20 happen, and we had legal advice that those were
21 sort of ironclad.
22 Again, we have an avenue at this period of
23 time of either legally pursuing who are the new
24 control unit of the Chenoa property or, because

1 these Le Roy facility -- the beds came back into
2 inventory -- using that avenue. Because of --
3 I mean, we're ready to start construction on this
4 project, frankly.
5 Because of what would happen legally --
6 and no disrespect to any lawyer sitting here in
7 this room but -- you know, the lawyers are the
8 ones that win when you take legal action; right?
9 It takes a couple of years; it's a very long and
10 involved process. And, candidly, it's more
11 attractive to us to say, you know, "There's these
12 available beds that are now back in inventory" --
13 it's an easier process, more expeditious.
14 And we're ready to go. You know, we
15 really need to build out that campus in Normal,
16 number one. We made a promise to the legacy
17 sponsor and those churches. That church land sits
18 adjacent to the property that we're at in Normal,
19 and so we feel a sense of, you know, honor and
20 responsibility to a commitment that we made to the
21 legacy sponsor, knowing that their prior
22 governance just, you know, couldn't hang onto the
23 Chenoa property anymore.
24 Again -- I don't know, Chuck, if you want

1 to add anything.
2 MEMBER GELDER: Could you just say who the
3 "we" is that you're talking about? You keep
4 saying "we" and "us."
5 Who is the "we"?
6 MS. AMIANO: "We" is Franciscan
7 Ministries, who is the parent corporation for
8 the -- Mercy Creek.
9 MEMBER GELDER: And that's not Franciscan
10 Sisters of Chicago Service Corporation?
11 MR. SHEETS: It is.
12 MS. AMIANO: It is.
13 MEMBER GELDER: That is.
14 Keep going. I'm sorry. I just needed to
15 know who the "we" was.
16 MR. SHEETS: No, I wouldn't add anything
17 else other than there's actually a bigger need now
18 than there was at the time Judy was here in
19 December so -- you know, there's a 33-bed need
20 after everything is cashed in, so we're looking
21 for 40 beds with a 33-bed need. In the other
22 instance, you know, there was no need at all. So
23 it's actually a more favorable position right now
24 than it was when the permit was granted earlier.

1 CHAIRMAN MURPHY: And I know you said
2 you're not going to address the findings unless we
3 ask you to, so I'm asking you.
4 Can you please address the findings on
5 financial viability and reasonableness of project
6 cost?
7 MS. AMIANO: Sure.
8 I think we met all the financial metrics
9 except for the capital ratio, and I would just say
10 to you that, you know, our debt is investment
11 grade. We have $133 million in cash and
12 investments that's available to us as of our
13 March 31st financials. We certainly have the
14 capacity and the ability to take on a project of
15 this size.
16 You know, we have a strong balance sheet,
17 362 days' cash on hand, a 2.3 debt service
18 coverage ratio. And our banks require a 1.05, so
19 we're more than two times the coverage.
20 So I would say, you know, we have the
21 capacity to handle this project. And we will
22 self-finance it until such time as we take it out
23 with other financing down the road.
24 CHAIRMAN MURPHY: And the reasonableness

1 of project cost here, you exceed the standard by
2 $1.1 million dollars.
3 MS. AMIANO: I think it was about $975,000
4 variance from the State. I would say it's a
5 couple of things on that.
6 You know, when it shakes all out, there
7 are certain line items that are -- you know, shake
8 out a little bit differently. We classify things
9 maybe a little bit differently than the department
10 does.
11 I think the biggest drivers of this are
12 two things. Number one, we build in a lot of
13 conservancy so, you know, we're not coming back to
14 the Board to ask for more dollars for a project.
15 So we're relatively conservative, actually, as we
16 put our numbers together.
17 We are building a household kind of model
18 for skilled nursing. In this particular market,
19 it's a market that hasn't seen any new skilled
20 nursing beds in over 30 years, almost 35 years.
21 So all of the inventory that's in this market is
22 really, you know, all double rooms -- or some
23 facilities have taken some of the doubles and put
24 them into privates.

1 But we are building a household type of
2 concept so -- two 20-unit household kind of
3 concept -- which is, you know, certainly desirable
4 from the market, so that has additional cost
5 in it.
6 Again, we have the capacity to fund that,
7 and so I think that piece of it -- we have some
8 additional costs as it relates to -- there are
9 geothermal units that were installed on this
10 particular parcel, which is wonderful except they
11 put them right in the ground where we need to
12 connect to the building to get to the kitchen, so
13 we have to move all those geothermal fields, which
14 is quite an expensive proposition. I think it
15 adds about $250,000 of costs to this particular
16 project.
17 And then I think, you know, our concept of
18 households -- we have multiple small dining
19 rooms -- again, everything's a household
20 concept -- instead of carting all the residents to
21 a central dining room. And so it's just the
22 philosophy of design that we have and experience
23 we want to create, both for our residents and for
24 their family members, that drives those numbers.

1 CHAIRMAN MURPHY: Okay. Thank you.
2 MS. AMIANO: You're welcome.
3 CHAIRMAN MURPHY: Are there any other
4 questions from Board members?
5 Yes, Ms. Hamos.
6 MEMBER HAMOS: Which one was the -- which
7 one is the nursing home that was closing?
8 MS. AMIANO: It's the Le Roy facility.
9 I don't know, Mike --
10 MR. SHEETS: It's already closed.
11 MS. AMIANO: It's already closed.
12 MEMBER HAMOS: It's not on our list.
13 MR. CONSTANTINO: It wouldn't be on your
14 report. It's 102 beds that were closed at the
15 first part of the year.
16 MEMBER HAMOS: And that wasn't reflected
17 anywhere in the report; right?
18 MR. CONSTANTINO: What's that?
19 MEMBER HAMOS: That was not reflected
20 anywhere in the staff report?
21 MR. CONSTANTINO: Yeah, it was reflected
22 on that front table as a footnote.
23 MR. SHEETS: Yeah.
24 MR. CONSTANTINO: They closed because of

1 financial reasons, the 102 beds.
2 I want to ask Judy a question.
3 On the original application they submitted
4 to us, there was a contract, I believe, for the
5 discontinuation of those 40 long-term care beds,
6 and that was provided in the application. We
7 relied on that contract that it was going to be
8 withheld when we came to the Board.
9 I wanted to make that clear to the Board
10 members that, hopefully, we didn't misrepresent
11 what we provided to you at that time.
12 CHAIRMAN MURPHY: Thank you. Thank you,
13 Mike.
14 Are there any other questions?
15 Mr. Gelder.
16 MEMBER HAMOS: Can I just -- again, I'm
17 looking -- I'm trying to understand why we don't
18 know -- I read this whole thing and was totally
19 committed to voting no because I will never vote
20 to expand bedded capacity of nursing homes.
21 Anybody who wants to play that out, never.
22 Because we are overbedded with nursing homes.
23 So I read this whole report from that
24 lens, and now, at seven o'clock, we hear that, in

1 fact, there was this closure. And I'm just trying
2 to understand why it wasn't reflected in the
3 numbers.
4 MR. CONSTANTINO: Yes, it --
5 MS. MITCHELL: It is.
6 MEMBER HAMOS: Where? I mean, that's what
7 I'm trying to understand, really.
8 The 33 versus 40 --
9 MR. SHEETS: Well, let --
10 MEMBER HAMOS: -- is what's stuck out for
11 me --
12 MR. SHEETS: Right. Let me --
13 MEMBER HAMOS: -- so maybe I didn't read
14 it as closely -- I accept that.
15 MR. SHEETS: Well, it's a difficult thing
16 to -- you know, numbers.
17 Page 2, if you look at that table, what
18 Mike has on the first column is, if approved, he
19 has excess beds of 47 --
20 MEMBER HAMOS: Yeah.
21 MR. SHEETS: -- but that's with the permit
22 that's open already that would be turned in. So,
23 really, the excess beds would be seven; right?
24 CHAIRMAN MURPHY: Seven.

1 MR. SHEETS: And then underneath, if you
2 look at Footnote No. 3 --
3 MEMBER HAMOS: Yeah, I see that now, the
4 footnote.
5 MR. SHEETS: -- yeah -- it says
6 "discontinued 102 beds," and those numbers are
7 reflected in that table.
8 MEMBER HAMOS: I understand. And it does
9 say "summary." There was a calculated need for
10 33 LTC beds --
11 MR. SHEETS: Right. Right.
12 MEMBER HAMOS: -- and that's not exactly
13 true, I mean, based on what we're hearing.
14 I'm just trying to verify this from some
15 other source. I mean, we do have the possibility
16 of not being overbedded if we approve this
17 project; correct?
18 MR. SHEETS: Right.
19 MEMBER HAMOS: Okay.
20 CHAIRMAN MURPHY: Mr. Gelder.
21 MEMBER GELDER: I'm still a little -- I'm
22 still digesting that conversation.
23 But as that sinks in, what's -- let me ask
24 about the nature of the skilled nursing beds.

1 What services are you providing there? Is
2 this primarily rehab and recovery? Short term?
3 Maybe your length of stay would be helpful for me
4 to understand. Or is this mainly custodial
5 care for --
6 MS. AMIANO: Good question.
7 There will be some of both. On the campus
8 existing is assisted living, and there's just a
9 very small -- four units of independent living.
10 It is our intention, over time, to build out the
11 independent living.
12 But we will do both transitional Part A
13 Medicare services as well as long-term care in the
14 expansion of what we're proposing.
15 MR. SHEETS: Right. And Franciscan
16 Sisters, just for the record, last year,
17 7.3 million in charity care, 1.2 million in free
18 care, 5 million in pastoral care. And then
19 unreimbursed Medicaid -- you know, they did a lot
20 more, too.
21 So I mean, it's really a good organization
22 that, you know, does the right thing, and they're
23 just trying to build out their model in this
24 location in Bloomington-Normal here.

1 MEMBER GELDER: The "model" being their
2 continuing care retirement community?
3 MR. SHEETS: Well, it's not a CCRC
4 per se --
5 MEMBER GELDER: Right.
6 MR. SHEETS: -- but it does offer the
7 different levels, yes.
8 So there's independent living; there's
9 assisted living with memory care, I believe.
10 Right, Judy?
11 MS. AMIANO: Well, we'll build -- part of
12 this project, the 40-bed expansion, will be an
13 additional -- although it doesn't come under the
14 purview of this Board -- it's in the dollars but
15 it's not under the purview -- an additional
16 household with 16 units of dementia services.
17 Again, state-of-the-art design with
18 technology and support and services for those
19 individuals who suffer from dementia, and that
20 will be, again, part of this project.
21 MEMBER GELDER: Is physical therapy,
22 occupational therapy, speech therapy on-site?
23 MS. AMIANO: Yes. State-of-the-art
24 physical therapy will be built into this.

1 CHAIRMAN MURPHY: Mr. McGlasson.
2 MEMBER MC GLASSON: It's been a long day,
3 as everybody knows.
4 Can you refresh my memory on what the
5 public participation testimony was regarding this
6 issue?
7 MR. CONSTANTINO: Yes. I'll be happy to.
8 MEMBER MC GLASSON: Thank you.
9 MR. CONSTANTINO: Okay. The two attorneys
10 who used to work for this Board said that we
11 brought this project back too fast, within
12 32 days.
13 What I told the Board was they may have --
14 the Applicants have made a material representation
15 that you used to approve that project. That's why
16 they were back here within 32 days.
17 Okay? We have a minimum of 30 days to
18 review this project. That's the minimum. We
19 usually don't do it. But you had provided -- you
20 had accepted that testimony as part of your
21 approval for that project.
22 That's why it was brought back to this
23 Board for your consideration today.
24 MEMBER HAMOS: And also --

1 MR. SHEETS: Just for the record, if you
2 note, there's been -- there was no request for a
3 public hearing, and there was no opposition
4 submitted. It was just, this morning, testimony.
5 MEMBER MC GLASSON: One more question.
6 Do you know who was --
7 MEMBER HAMOS: Wasn't there testimony --
8 excuse me. Clarification, please.
9 Wasn't there testimony in opposition from
10 another one of the nursing home operators?
11 MR. SHEETS: Yeah. That's what we're
12 talking about, the two lawyers.
13 MEMBER HAMOS: Oh.
14 MR. SHEETS: That's what Mike was talking
15 about.
16 MEMBER MC GLASSON: That was --
17 MEMBER HAMOS: So based on that -- they
18 were just the lawyers. But based on --
19 MR. CONSTANTINO: Yes. They're just
20 lawyers, yes.
21 MS. MITCHELL: "They were just lawyers."
22 (Laughter.)
23 MR. SHEETS: The second lawyer joke.
24 MEMBER HAMOS: But I took their -- I took

1 their testimony as competitors, being opposed. So
2 they were -- they're competition in the area, in
3 the planning area?
4 CHAIRMAN MURPHY: Yes.
5 MEMBER HAMOS: Yeah.
6 MEMBER MC GLASSON: If I may, do you know
7 the owners of the Le Roy facility?
8 MR. SHEETS: Yes. Actually, I represent
9 them.
10 MEMBER MC GLASSON: Can you tell me who
11 they are?
12 MR. SHEETS: Well, it's Manor Care.
13 And -- you know, it's -- they have probably --
14 MEMBER MC GLASSON: Manor Care? Okay.
15 MR. SHEETS: It's not that Manor Care.
16 It's Manor Court -- I'm sorry. Not the Manor Care
17 that everyone knows. It's Manor Court.
18 And they have -- I'm guessing -- if John
19 Kniery was here, he could tell me but -- I would
20 say 15 facilities around the state. And this one
21 had been, you know, not successful financially for
22 a long time and ended up closing.
23 MS. MITCHELL: And I just want to say, if
24 the Board does not recall considering that

1 project, it's because the Board does not have
2 jurisdiction over the closure of long-term care
3 facilities. All that's required is notice to the
4 Board that that facility is closing.
5 CHAIRMAN MURPHY: Are there any other
6 questions or comments?
7 (No response.)
8 CHAIRMAN MURPHY: Okay. George, will you
9 please call the roll.
10 MR. ROATE: Thank you, Madam Chair.
11 Motion made by Demuzio; seconded by Hemme.
12 Senator Demuzio.
13 MEMBER DEMUZIO: I vote yes based upon the
14 extensive testimony today and the staff report.
15 MR. ROATE: Mr. Gelder.
16 MEMBER GELDER: I vote yes based on the
17 testimony and the staff analysis.
18 MR. ROATE: Ms. Hamos.
19 MEMBER HAMOS: I vote yes based on
20 testimony that clarified the staff report.
21 MR. ROATE: Ms. Hemme.
22 MEMBER HEMME: I vote yes based on the
23 staff report and testimony here today.
24 MR. ROATE: Mr. McGlasson.

1 MEMBER MC GLASSON: I vote yes based on
2 the testimony and the staff report today.
3 MR. ROATE: Dr. McNeil.
4 MEMBER MC NEIL: I vote yes based on the
5 staff report and the clarifications to explain all
6 the details that supported what the staff said and
7 clarifications thereof.
8 MR. ROATE: Madam Chair.
9 CHAIRMAN MURPHY: I vote yes based on the
10 State Board staff report and today's answers to
11 our questions.
12 Thank you.
13 MR. ROATE: 7 votes in the affirmative.
14 CHAIRMAN MURPHY: The motion passes.
15 Congratulations. Your application for
16 permit is approved.
17 MR. SHEETS: Thank you very much.
18 MS. AMIANO: Thank you, Madam Chairman and
19 Board.
20 CHAIRMAN MURPHY: We are going to take a
21 quick, five-minute break, and then we will come
22 back to wrap up the agenda.
23 MS. MITCHELL: Real five minutes.
24 - - -

1 (A recess was taken from 7:01 p.m. to
2 7:09 p.m.)
3 CHAIRMAN MURPHY: Would you please take
4 your seats.
5 We are down to applications subsequent to
6 intent to deny, and we will address next I-03,
7 Project 18-042, Quincy Medical Group Surgery
8 Center.
9 May I have a motion to approve
10 Project 18-042, Quincy Medical Group Surgery
11 Center, to establish a multispecialty ASTC in
12 Quincy.
13 MEMBER MC NEIL: So moved.
14 CHAIRMAN MURPHY: Second?
15 MEMBER MC GLASSON: Second.
16 CHAIRMAN MURPHY: Thank you.
17 Will you please get to the table.
18 Once you're seated, if you'll please
19 identify yourselves and then be sworn in.
20 THE COURT REPORTER: If you would print
21 your name on those sheets and raise your right
22 hands, please.
23 (Seven witnesses sworn.)
24 THE COURT REPORTER: Thank you.

1 CHAIRMAN MURPHY: Mike, will you please
2 give the State Board staff report.
3 MR. CONSTANTINO: Thank you, Madam Chair.
4 The Applicant proposes to establish a
5 multispecialty ASTC and cardiac cath service in
6 the vacated space of Bergner's department store at
7 the Quincy Mall in Quincy, Illinois.
8 The cost of the project is approximately
9 $19.5 million. The anticipated completion date is
10 March 1st, 2021.
11 The Applicant received an intent to deny
12 at the March 5th, 2019, State Board meeting.
13 There was a public hearing held on this project,
14 and the Board has received numerous comments both
15 for and against on this project which are included
16 in the material we sent to you.
17 Finally, the Applicants have not met all
18 the requirements of the State Board, as documented
19 in your supplemental report.
20 Thank you.
21 CHAIRMAN MURPHY: Thank you.
22 I assume we have a presentation for the
23 Board.
24 MS. BROCKMILLER: We do.

1 My name is Carol Brockmiller,
2 B-r-o-c-k-m-i-l-l-e-r. I'm the CEO of Quincy
3 Medical Group.
4 Thank you for the opportunity to reappear
5 before you today. At the last meeting our project
6 received 3 affirmative votes and 2 abstentions.
7 We tailored our brief presentation today
8 to focus on the comments of those who abstained
9 from voting and to address the few questions that
10 were posed by the Board and its staff.
11 Those who abstained from voting commented
12 on perceived tension between QMG and Blessing
13 Health System. It was suggested that we return
14 home and work to determine what is in the best
15 interest of the people of Quincy.
16 We took the comments and suggestions of
17 this Board to heart, and we took action to ensure
18 that we understood what the people of Quincy want
19 and need.
20 Our physicians identify needs and we solve
21 problems. We follow rules and processes,
22 including the CON journey. The QMG physicians
23 provide the kind of foundational health care that
24 Illinois and America needs, the kind of health

1 care that benefits economies and improves lives.
2 Quincy Medical Group for seven years has
3 been a part of a Medicare ACO. We have taken risk
4 and we have shared in savings, our low cost, high
5 quality, and amazing patient experience in
6 relationship with doctors, but that's only to the
7 extent that we can control and influence our
8 environment.
9 We believe that competition and choice is
10 good. QMG responds to patients, employers, and
11 consumers. We rise to the occasion. We step up
12 our game when needed.
13 When Blessing started a competing
14 physician group years ago, Physician Tower No. 1
15 was built, Physician Tower No. 2 and No. 3 and
16 here recently when they applied for an
17 82,000-square-foot medical office building, we
18 don't fuss. We go back to work; we try to up our
19 game. We make sure that we're offering a service
20 and a product that matters to people in the
21 community. So we understand the importance of
22 choice and competition.
23 QMG is a multispecialty physician group.
24 We're owned and operated by 115 physicians. We

1 provide health care in Quincy, and we've done so
2 since 1937, hardworking, nimble, willing to take
3 appropriate risk and invest in the future of
4 medicine.
5 We have lived with the hospital monopoly
6 for some time now, but we want a chance to move
7 ahead, to continue successfully recruiting and
8 retaining the highest quality physicians. In
9 fact, there are surgeons who are waiting to join
10 Quincy Medical Group with your approval today. We
11 have positioned ourselves in such a way to add a
12 surgery center to the care experience that we
13 provide.
14 The corporate tension that you sensed on
15 May 5th [sic] is just that, two competing
16 organizations, but that does not extend to the
17 clinical realm. Physicians and health care
18 workers will always do what's right for the
19 patient. That was true before and after the last
20 hearing, as well.
21 There are some outstanding issues and
22 questions remaining, and today we believe that we
23 have addressed the remaining 3 criteria, having
24 met 28 of the 31. Today we will speak to service

1 accessibility, unnecessary duplication, and
2 financial viability. We'll be brief, including a
3 few closing remarks from me, and we want to be
4 sure that we answer all of your questions.
5 Our relationship efforts with Blessing
6 have existed and evolved for years, 80 years to be
7 exact. That will always be our goal. We are
8 better together in many ways.
9 But competition and choice is sorely
10 needed and will benefit patients and the
11 community. We can serve more patients, provide
12 more services through the proposed surgery center.
13 We can keep health care in our community, taking
14 the lead and offering a service that further
15 evolves health care of the future, outpatient,
16 cost-effective, accessible to all, highly
17 efficient, incredibly convenient. The future is
18 outpatient procedures and more of them.
19 QMG physicians are vested in this project
20 and in their communities. We've done our homework
21 and we even have the wherewithal to plan ahead to
22 perform the latest, greatest, and safest
23 procedures in the ambulatory setting, including
24 cardiac procedures.

1 I will not give much energy to what the
2 past six months has been like. It has been
3 difficult and there have been tactics used by the
4 hospital in sort of unprecedented and aggressive
5 opposition. It's been a little unseemly,
6 unbecoming, unnecessary, and, in our opinion,
7 unfair.
8 There is a difference between appearing
9 collaborative and being collaborative, and we
10 would like to think that our project is not being
11 blocked for undue reasons.
12 It is our belief that the hospital will
13 benefit from our project in many ways, including
14 the reduction of outmigration, the use of
15 inpatient ORs for the right surgeries in that
16 setting, and I sincerely hope that they, like we
17 will, take some time to look inward and decide
18 what is right to do together and what the
19 community needs, just a little corporate
20 self-reflection.
21 Perhaps we will reach out to one another
22 and do some sort of genuine collaborative spirit,
23 as we do clinically now, and retool ourselves and
24 truly think about the region's health care. Our

1 CON application has begun to change the landscape
2 of health care in Quincy and the region. Your
3 approval today ensures that that will continue.
4 Our efforts have awakened the hospital,
5 patients, consumers, the community, even QMG
6 physicians, and the team of so many who believe in
7 what we're doing and why.
8 We believe that the remaining speakers
9 here will answer any outstanding questions. We
10 want to be sure that we exhaust everything that
11 may be on your minds and, hopefully, earn your
12 approval for our project.
13 Thank you.
14 DR. PETTY: Hi. I'm Dr. Todd Petty.
15 I'm a surgeon and do basically all of my
16 operations at the hospital. I have worn a lot of
17 hats there before. I've been the department of
18 surgery chairman, the president of the medical
19 staff; I've served on the hospital board. But
20 tonight I speak to you as the board chairman for
21 Quincy Medical Group.
22 When we were here last, there were really
23 no concerns voiced regarding the technical merits
24 of our project, but there were concerns voiced

1 regarding the cooperative nature or lack thereof
2 that was being seen.
3 I think it's important, though, to
4 separate competition from a corporate strategy
5 level from collaboration and cooperation at a
6 clinical patient level. I think that we've done
7 very well with the cooperation from a patient
8 level for years.
9 We've got a great trauma program. Many
10 QMG physicians serve on various committees at the
11 hospital, are involved in inpatient quality
12 projects, cost efficiency projects. For example,
13 I'm currently one of the leads of the surgical
14 quality improvement team.
15 We've agreed to keep discussions with
16 Blessing about all potential collaborative and
17 employment opportunities, and we've met with them
18 a couple times in the last month.
19 We also sent them a comprehensive
20 alignment proposal again -- we sent the same thing
21 last summer -- that detailed shared clinical
22 responsibilities, cost savings, joint ventures,
23 even shared governance by the physician groups.
24 They're not interested in a broad collaborative

1 project such as that.
2 The competition is real in our community,
3 and I think that competition's okay as long as we
4 cooperate at the patient level.
5 They've recently expanded hours of the
6 existing surgery center, but, despite that, the
7 existing surgery center is still at capacity,
8 still has no blocks for new physicians. The
9 physical size of the rooms is just not adequate
10 for some of the new procedures that need to be
11 done. These limitations result in a lot of
12 outpatient surgeries being pushed to the hospital,
13 which is the inappropriate setting for it and much
14 more expensive.
15 Even if we looked into a joint venture
16 proposal at the current surgery center, that
17 doesn't address any of those problems. A new
18 facility site would.
19 Our surgery center will also provide the
20 community access to services and procedures not
21 currently available at the surgery center,
22 including neurosurgery, urology, certain
23 orthopedics, and EMT procedures. Regardless of
24 what service lines are currently approved at the

1 surgery center, the simple truth is there are many
2 operations that are not and cannot be done there
3 currently.
4 Those will be offered at our new surgery
5 center, which is why -- with all due respect to
6 the Board staff -- we believe our project should
7 have received a positive finding regarding service
8 accessibility criteria.
9 Without expanded service accessibility,
10 patients are forced to leave town or pay high
11 prices locally or simply forgo care. An example,
12 as I mentioned before, is a local farmer that had
13 a hernia that bothered him. He had no insurance.
14 He looked into a facility; they just quoted
15 $30,000, but they'd drop it to 18,000 if he paid
16 cash. He didn't have 18,000 cash; he never got
17 his hernia fixed.
18 It's hardworking people like that that
19 deserve a choice in town. They deserve a
20 reasonable price, and they deserve good medical
21 care and he did not.
22 There's also a question in my mind that
23 it's not coincidental that the timing of the
24 recent joint venture was given or that the

1 hospital has now taken some steps to address some
2 of the limitations of the current surgery center,
3 including expanding hours, planning to drop
4 prices.
5 Those things are a direct result of our
6 application and being here today. It's also
7 because we have broad community support. It's
8 because we believe our project is technically
9 compliant.
10 Just the threat of competition has already
11 led to these improvements in our local area, so we
12 can just imagine the positive outcomes of seeing
13 it actually getting approval. And although it may
14 be somewhat counterintuitive, I think getting
15 approval for our own surgery center may actually
16 increase collaborative interest because we'll be
17 on a more equal footing.
18 The project before you today is a proposed
19 surgery center at 3347 Broadway. We've twice
20 offered Blessing an opportunity to enter into a
21 joint venture at that location and they've
22 said no.
23 We believe we've done everything required
24 from a technical reviewability standpoint and

1 everything asked of us at the last Board meeting
2 to justify approval of our project today. I'd ask
3 that you please do what is in the expressed
4 interest of the majority of our community and
5 approve this project.
6 Thanks.
7 MS. HELKEY: Thank you.
8 As I stated earlier, I'm Beverly Helkey,
9 H-e-l-k-e-y. I'm the executive director of the
10 Tri-State Health Care Purchasing Coalition located
11 in Quincy, Illinois.
12 Our coalition represents 50 employers and
13 more than 31,000 covered lives. We were founded
14 in 1991. Our coalition has worked with Blessing
15 and Quincy Medical Group for years, and we support
16 both providers. They have a history of working
17 together when it's beneficial to their patients
18 and to the community, and we expect that to
19 continue, for them to work together; however, a
20 co-owned or collaborative surgery center isn't in
21 the best interest of our community.
22 At the last Board meeting, it was
23 suggested that QMG engage and consult with a
24 third-party community leader who is not a health

1 care provider to help determine truly what's in
2 the best interests of the people.
3 CHAIRMAN MURPHY: Excuse me. I'm sorry.
4 Are you an Applicant? Are you part the
5 application? I mean, you -- the organization that
6 you just stated you were with, the --
7 MS. AVERY: Do you work for QMG?
8 MS. HELKEY: No.
9 MS. KLEIN: Chairman Murphy, I would just
10 address this real quickly.
11 We read Chairman Sewell's remarks to ask
12 us to consult with a community leader, and
13 Ms. Helkey is that.
14 MS. AVERY: Oh.
15 MS. KLEIN: She's not a community father,
16 but she's a community mother. And we read that as
17 a direct request of this Board.
18 CHAIRMAN MURPHY: Okay.
19 MEMBER HAMOS: But didn't you testify
20 earlier?
21 MS. HELKEY: I did.
22 MS. AVERY: In public testimony.
23 MEMBER HAMOS: She testified.
24 MS. AVERY: Mr. Sewell had asked --

1 MEMBER HAMOS: We're hearing the same
2 testimony twice at seven o'clock.
3 CHAIRMAN MURPHY: Sorry. We just wanted
4 to clarify.
5 MS. HELKEY: No -- thank you.
6 CHAIRMAN MURPHY: Thank you. Go ahead.
7 MEMBER HAMOS: I don't know why.
8 MS. HELKEY: So at the last Board meeting
9 you asked for an independent person that would
10 bring an unbiased, objective perspective to you so
11 that you could do that, and that's what we do as a
12 health care coalition.
13 Since 1991 we've been working with the
14 employers, and what we've heard from them on this
15 project is that our community supports Quincy
16 Medical Group but they adamantly oppose a co-owned
17 collaborative surgery center.
18 And I'd like to field questions from you.
19 Before I do, there's just a few things that I'd
20 like to let you know about some of the work that
21 we do so that you understand why our presence is
22 important.
23 We have tons of surgical outmigration that
24 leaves our community. And so the surgical

1 outmigration goes into Springfield, Illinois;
2 Columbia, Missouri; and St. Louis, Missouri. If
3 we can bring those people back to Quincy, we will
4 have enough patients to fill probably even a third
5 surgical center because the outmigration is so
6 huge.
7 And what Quincy Medical Group is offering
8 is a more affordable price, so it will increase
9 the opportunity for people to come back because
10 that's why most people really leave Quincy, is
11 because the cost is just too high.
12 And that's what we do. We track cost and
13 quality. Part of the thing that we do is we
14 purchase MedPAR data -- you're probably familiar
15 with that. And we purchase that through Quantros,
16 and Quantros was mentioned earlier today.
17 But what we do with Quantros is we
18 actually compare data to where our people go for
19 care. So we look at cost in Springfield and
20 Champaign, Peoria, into the St. Louis region. In
21 all of those cases, Blessing ranges 20 to
22 60 percent higher, and this has been a long-term
23 price increase for our community. It's spanned
24 many, many years.

1 And the other thing that I want to mention
2 about competition is that back in December I was
3 asked to come to Blessing Hospital and meet with
4 Maureen Kahn and Mr. Gerveler at a meeting.
5 And Ms. Kahn was absent that day, but
6 I did meet with Mr. Gerveler. And he wanted me to
7 know confidentially that they had made a decision
8 to decrease their ambulatory surgery rates by
9 30 percent, thereby Quincy Medical Group wouldn't
10 need to open a surgery center. So had they not
11 put in their certificate of need, I'm confident
12 those rates would have never gone down.
13 The other thing is about five years ago,
14 as a health care coalition we opened two
15 employer-sponsored health clinics. One of those
16 is still operational, and one of them is closed.
17 And Mr. Gerveler told me in that meeting
18 that the best thing that we ever did was to bring
19 a third party into Quincy and create competition
20 because it made them be a better provider.
21 Do you have any questions for me? Or do
22 we just want to --
23 CHAIRMAN MURPHY: Let's finish the -- your
24 presentation.

1 MS. HELKEY: Okay. Thank you.
2 CHAIRMAN MURPHY: Thank you.
3 MS. WILLIAMSON: Hello. My name is Patty
4 Williamson. I am the CFO of Quincy Medical Group.
5 Our project meets six of the seven
6 financial criteria. The one criterion that we did
7 not meet was related to the State's financial
8 viability ratios that are driven by the amount of
9 cash on hand.
10 The State does not have a cash-on-hand
11 standard for taxable physician medical groups
12 despite the fact that their cash-retention
13 practices are quite different than nontaxable
14 hospitals.
15 Because QMG is a for-profit business
16 entity, it uses its cash not only for capital
17 expenditures but to make distributions to its
18 shareholders. Those distributions are net with
19 operating cash flow on QMG's financial statements
20 but are discretionary. When they are reflected
21 separately, they paint a very different picture of
22 QMG's strong operating cash flow.
23 QMG provided two sets of financial
24 viability ratios in its application in order to

1 demonstrate that it does, indeed, generate
2 significant positive free cash flow from which
3 earnings can easily be retained.
4 45 days' cash on hand, the State standard
5 for ASTCs, when calculated on the ASTC operations,
6 is $1.8 million. After the last meeting QMG
7 voluntarily submitted a letter of commitment to
8 earmark 1.8 million to be held on hand for the
9 project. QMG also began retaining additional
10 earnings in 2018 for funding of the project and
11 will continue to do so through project completion.
12 QMG is a financially strong and viable
13 group, as evidenced by our 80-year history of
14 strong earnings and growth. Our annual revenue is
15 over $200 million and has grown at a rate of
16 8 percent per year for the last decade,
17 demonstrating our financial stability.
18 We have a very strong financial plan for
19 the proposed surgery center, which has met our
20 bank's rigorous standards for loan commitment.
21 Our bank, Bank of Springfield, supports the
22 project and the chairman of the bank provided a
23 letter verifying our financial strength.
24 We also have a line of credit with the

1 bank that we have never drawn on, and that is
2 available for the project should it be needed.
3 I believe we've demonstrated our financial
4 viability and strength as a group and as an ASTC.
5 If there are any questions or concerns regarding
6 those topics, however, I'm happy to answer them.
7 MR. WEBER: Good evening. I'm Ralph
8 Weber, W-e-b-e-r, CON consultant to QMG.
9 Patty has commented on the first of the
10 negative findings. I will address the other two
11 and, in doing so, I will update some of the
12 information that I presented at the last Board
13 meeting with Blessing's new numbers, and I will
14 say, at the beginning, Blessing's numbers do not
15 change any of the conclusions that I showed at the
16 last meeting.
17 I promise I will not inundate you with
18 numbers, either. This will go fairly quick.
19 MS. MITCHELL: I just want to make sure to
20 ask -- staff has had an opportunity to review
21 these?
22 MR. WEBER: They have. These were
23 included in the March 25th packet that were sent
24 to Mike --

1 MS. MITCHELL: Okay.
2 MR. WEBER: -- and -- updates of exactly
3 the same types of charts, same content, with just
4 the updated numbers.
5 The first chart shows that Blessing's
6 16 ORs and procedure rooms -- hospital and the
7 ambulatory surgery treatment center combined --
8 will exceed the State standard of 1500 hours
9 per room in 2021 when the proposed ASTC would
10 open.
11 Based on Blessing's growth rate of
12 6.5 percent per year through 2017 for total
13 surgery -- again, inpatient and outpatient --
14 there will be over 24,400 hours in year 2021 when
15 the facility opens, and that exceeds -- the
16 horizontal line is the 1500 hours per year
17 per room for the 16 rooms that Blessing has.
18 Factoring in growth is appropriate here
19 and consistent with the Board's practice. As a
20 result, the two licensed surgery facilities in the
21 21-mile GSA are utilized at or above the State's
22 utilization standard when QMG's project opens.
23 This supports the project meeting the
24 service accessibility criterion, one of the three

1 negatives.
2 The second chart concentrates on just
3 outpatient surgery hours at Blessing Hospital and
4 the ASTC.
5 These grew by 12.2 percent per year
6 through year 2017. Using a more conservative
7 10 1/2 percent projected growth, that shows that
8 in the year 2023, two years after completion of
9 the project, Blessing's outpatient surgical and
10 procedure hours will be over 24,200.
11 Deducting QMG's projected hours at the new
12 ASTC, that amount, leaves about 13,600 hours at
13 the existing -- at Blessing, and that exceeds
14 their 2017 hours.
15 So why is that important? The State's
16 criterion for unnecessary duplication and impact
17 on area providers states that within 24 months
18 after completion -- in other words, by 2023 -- the
19 project will not lower to a further extent
20 utilization of other GSA facilities currently
21 operating below the State's standard.
22 QMG's project in 2023, 24 months after
23 project completion, will not lower Blessing below
24 the total outpatient volume for the most

1 recent year of 2017. This supports the
2 unnecessary duplication impact on providers
3 criterion.
4 I was going to go over again the change --
5 that we covered really, I think, fairly well in
6 the comment period -- about the 3 1/2 minutes for
7 the room cleanup.
8 But I'd like to comment just briefly --
9 very briefly -- on the other changes that Blessing
10 has made. Initial 2017 submittal showed their
11 total outpatient surgical hours increasing from
12 11,700 in 2016 to over 18,400 in 2017.
13 That's an increase of well over 50 percent
14 and raised questions on our part. We thought that
15 maybe they were positioning a bit to get numbers
16 that would support an ASTC in their new ambulatory
17 surgery center that you approved last year. Also,
18 it showed no volume -- their numbers in 2017 and
19 2016 showed no volume in their procedure rooms at
20 the hospital.
21 And so, yes, I did call Mike, as was
22 raised before, because Blessing's volumes of
23 surgery in the hospital and the ASTC constitute
24 a hundred percent of the surgical volumes in

1 Adams County.
2 I mean, this is one surgery center, the
3 only surgery center in the entire health system's
4 agency outside of Springfield, so we -- I needed
5 to get the numbers right, and the place to turn
6 was Mike.
7 So, fortunately, he made the request that
8 they -- that led to them realizing that their
9 numbers were wrong. And, frankly, when we're
10 writing the permit application and we needed to
11 show total existing use, we must have correct
12 numbers.
13 So I do recommend that you be very careful
14 about Blessing's numbers and that they -- I've not
15 seen a hospital change numbers three times in
16 a year -- or have three sets of numbers, the
17 original and then two changes. That's very
18 unusual.
19 So in closing, I will say we meet 21 out
20 of -- 28 out of 31 criteria -- 28 out of 31 -- and
21 the unnecessary duplication and service
22 accessibility are very often not met by other
23 permits for ASTCs that are approved. And if we
24 don't meet them, I think we come very, very close.

1 The volumes support -- I want you to know
2 that the volumes support the project, and that
3 helped us get 3 positive votes last month.
4 The additional facility capacity is needed
5 to meet the forecasted growth in surgical volumes.
6 The current six-room ASTC is not enough. A
7 QMG Surgery Center provides the community with a
8 choice of provider that is otherwise not available.
9 Thank you for your time.
10 DR. RAFI: Good afternoon.
11 My name is Dr. Adam Rafi, R-a-f-i. I will
12 serve as the group's interventional cardiologist,
13 and I will work very, very closely with
14 Dr. Derian, who has been working with QMG since
15 2008, and he's been doing cardiac cath there, as
16 well.
17 I understand that the project's in full
18 compliance in terms of the cardiac cath
19 requirements, receiving positive findings on all
20 the cardiac cath criteria. I would like to
21 briefly address the safety concerns that were
22 brought about today as well as at the previous
23 Board meeting.
24 First, we intend to perform diagnostic

1 cardiac catheterization in the proposed surgery
2 center. These procedures will not require general
3 anesthesia or hospitalization.
4 At the last meeting Dr. Schlepphorst, our
5 chief medical officer and our compliance officer,
6 provided specific details as to the safety of
7 performing these types of cardiac cath procedures
8 in an ambulatory setting.
9 It was also mentioned in QMG's application
10 and during the last Board meeting that CMS has
11 recently approved 12 cardiac cath procedures to be
12 performed in the ambulatory setting.
13 This approval was not done on a pilot
14 basis or a limited basis. It was the result of
15 CMS' very stringent process and exhaustive review
16 of the safety and efficacy of performing cardiac
17 cath and such procedures in an ambulatory surgery
18 center.
19 Second, the successful performance of
20 cardiac cath in a freestanding facility not
21 located to, on, or adjacent to a hospital is not a
22 new concept, including my current state of
23 Florida. Caths are increasingly performed in
24 facilities without in-house surgical backup,

1 including hospitals, freestanding cath centers,
2 and ambulatory surgery centers.
3 In 2014 the Society of Cardiovascular
4 Angiography and Interventions, the American
5 College of Cardiology, and the American Heart
6 Association put out a consensus document of -- to
7 describe the efficacy of percutaneous
8 interventions and offered in this range of sites
9 without surgery backup, on-site surgery backup.
10 Outcomes have supported the growth of such
11 facilities, and in 2007 there were 28 states that
12 approved this. As of 2013 this number has grown
13 to almost 45 states. Those facilities are
14 well-established, including my current state of
15 Florida, and continue to provide efficient and
16 timely services in their communities with the goal
17 of optimizing patient satisfaction, high-quality
18 care, and continue to maintain patient safety in a
19 cost-effective environment.
20 Ultimately, it is the physician's
21 responsibility to do no harm and to provide care
22 for their patients in the appropriate site of
23 service, and this applies for any type of
24 procedure or provision of health care service

1 provided, including cardiac cath services.
2 Both Dr. Derian and I strongly support and
3 will provide appropriate patient selection. Just
4 because an ambulatory setting is available does
5 not necessarily mean that it is necessary for a
6 particular patient. As a physician, I would only
7 perform a cardiac cath procedure in an ambulatory
8 setting if it is medically appropriate and the
9 patient meets an appropriate selection and patient
10 selection criteria for that particular patient.
11 If a procedure requires hospital backup
12 on-site, which was also addressed in the consensus
13 document with the three big interventional
14 societies, it will continue to be performed at the
15 local hospital.
16 Last week I discussed continued
17 collaboration and backup support and planned
18 development of protocols with Dr. John Arnold,
19 who's Blessing's cardiovascular surgeon, and
20 Dr. Tim Smith, who's a vascular surgeon with QMG.
21 And we continue and will continue to concur and
22 look forward to working collaboratively together
23 when I will be joining QMG in late June.
24 In our session today I'm happy to answer

1 any questions this Board may have regarding the
2 cardiac cath procedures portion of this. I really
3 appreciate it and thank you for your attention.
4 MS. KLEIN: Good evening. My name is
5 Tracey Klein, K-l-e-i-n. I represent Quincy
6 Medical Group.
7 There's been a lot said today about
8 collaboration, and I feel the need to just set the
9 record straight.
10 Blessing Hospital today presented this
11 Board with a false choice, block competition for
12 Blessing or risk disharmony in the community. Had
13 Blessing Hospital not mounted this level of
14 opposition, there would be no disharmony in the
15 community. We would have received approval in
16 March and no -- and everyone would have been on
17 their way.
18 Nonetheless, I would note for the record
19 that QMG did hear the concerns raised by the Board
20 regarding the tone in the community, and we
21 followed Chairman Sewell's advice and involved the
22 community in our deliberations.
23 I want to say emphatically that Dr. Petty
24 picked up the phone and called the Blessing board

1 chair on March 13th, not vice versa. Dr. Petty
2 called. And Dr. Petty, in his quiet, dignified
3 way, suggested that Blessing and QMG board members
4 sit together and discuss how the two organizations
5 could work together. Specifically Dr. Petty
6 suggested a collaborative alignment initiative
7 could be a good way to begin, to walk before
8 you run.
9 This was a sincere and gracious offer on
10 his part, and he memorialized it in a letter that
11 he sent to Mr. Tim Kunz, the board chair, on 3/20.
12 I will say no response was received. None.
13 I don't believe there was a return letter on that
14 request.
15 Now, QMG had put some of these concepts on
16 the table in June of 2018, and there was no uptake
17 on that at that time, either. It was too big, too
18 broad.
19 If you think about it -- and some of the
20 new Board members have talked about their
21 experience in health care transformation, which
22 I thought was very helpful and inspirational.
23 Clinical alignments can do a lot of stuff
24 in the industry right now. You have a contractual

1 arrangement. You work on high-cost structures or
2 high-cost areas together. You can standardize
3 care delivery; you can do care the right way the
4 first time in the appropriate site of service.
5 It's huge for health care.
6 And that's the kind of collaboration our
7 doctors do day in and day out with Blessing, and
8 we were seeking -- Dr. Petty was seeking to expand
9 that initiative for the benefit of patients and
10 patient safety and for the benefits of patients in
11 terms of reduction of costs. There was no
12 response.
13 Against my advice he went further. On the
14 night of 4/17, when the -- they -- the two boards
15 did meet, he placed -- or he said to them -- said
16 to the Blessing board members and
17 administration -- "Are you sure you're not
18 interested in participating in our proposed
19 venture?" the one that's before you today.
20 And, you know, I was reluctant because --
21 if you all know, you know, 50/50 partnerships are
22 harder to get out of than marriages, so a 50/50
23 seemed hard to me -- and there are some legal
24 limitations in the antikickback statute regarding

1 how doctors that have primary care employees can
2 actually participate in a joint venture.
3 But anyway -- nonetheless, Dr. Petty made
4 the executive decision he was going to put that on
5 the table. And he said, "Do you, Blessing, have
6 any interest in partnership on our proposed
7 project?"
8 Blessing responded by saying, "We have no
9 interest and we will continue to oppose your
10 project."
11 I think that speaks volumes about the
12 motives that were on display today. There was no
13 mention of the letter to collaborate; there were
14 really no alternatives put forward. It's kind of
15 "You need to acquiesce on our proposed joint
16 venture for the existing surgery center or there's
17 no other collaboration that could be envisioned."
18 We, unfortunately, were put in an
19 uncomfortable position of looking uncooperative
20 unless we acquiesced in a joint venture for an
21 antiquated facility that the CEO has said is
22 slated for discontinuance in three years, that has
23 limitations of space and equipment, that is
24 already at capacity and cannot accommodate future

1 growth.
2 As Board Member Murphy noted, Blessing
3 Hospital's opposition is an outgrowth of their
4 resistance to competition. The truth is no
5 organization welcomes competition. Implicit in
6 the hospital's arguments today is that the
7 status quo is just fine, and the corollary to that
8 concept is that Blessing believes there's
9 sufficient ambulatory surgical capacity in Quincy.
10 What I think they're really saying, in
11 effect, is, "If there's additional surgical
12 outpatient volume that would, in our world, be
13 appropriately done in an ambulatory surgery
14 center, we" -- they think it should be done in a
15 hospital.
16 Now, what does that mean for patients? It
17 means HOPD rates that we know are approximately
18 30 to 50 percent higher than ambulatory rates.
19 And we all also know -- and I don't know
20 how this impacts exactly but -- their charges are
21 17 to 43 percent higher in the hospital than other
22 similarly situated providers.
23 Why am I saying this? Because your duty,
24 your charge -- and I know you know this -- is

1 about patients. It's about affordability of care.
2 It's about accessibility of care. It's not about
3 protecting a provider, especially one that's
4 operating in a high-cost, high-price universe
5 where there's been no competition. Your job is
6 about the patients.
7 And in this case we believe we've designed
8 something -- and our community partners have
9 said -- we've designed something that will help
10 the community, that would be good for patients,
11 and we request to have the opportunity to move
12 forward with this project in Illinois, in Quincy,
13 where our physicians have served their neighbors
14 and their friends and the hospital.
15 Thank you.
16 CHAIRMAN MURPHY: Does that conclude your
17 remarks?
18 MS. BROCKMILLER: Just a brief closing.
19 Sorry. I was listening intently.
20 In closing, we are passionate and
21 extremely proud of our project. It was carefully
22 designed to meet the needs of our patients in the
23 community.
24 And while at the same time meeting the

1 Board's technical requirements, not adversely
2 impacting nearby providers, it has the
3 overwhelming support of our community, and we
4 believe it's in the best interest of the people of
5 Quincy. Quincy wants this project. Quincy needs
6 this competition and choice. Quincy will benefit
7 from this. Our patients need competition and
8 choice.
9 You have our word that we will continue to
10 be in a collaborative relationship with our local
11 hospital to ensure the two organizations provide
12 the very best level of care for the benefit of our
13 patients.
14 I hope that we have successfully addressed
15 and resolved questions from the last meeting. If
16 there's hesitancy or concerns or follow-up
17 questions today, I respectfully ask that you raise
18 those and allow us to answer them so that we have
19 an opportunity to do so before the project goes to
20 vote.
21 And if no questions, then I thank you for
22 your time, and we respectfully ask for your
23 approval of our project.
24 CHAIRMAN MURPHY: Thank you.

1 Let's focus on the application for a
2 minute. I know there's been a lot -- there seems
3 to be more talk about things that aren't having
4 anything to do with the application, like
5 collaboration and buddy agreements and all that
6 kind of stuff. And I appreciate that but let's
7 talk about the application because that's why
8 we're here.
9 Mike, I'd like a clarification from you.
10 In the State Board staff report on this
11 new hearing, you said that there were originally
12 four deficiencies and those four remain. Is that
13 correct?
14 MR. CONSTANTINO: There were four
15 deficiencies in the original staff report and then
16 we -- on the one on the movable equipment cost,
17 that was removed from the original report because
18 it shouldn't have been movable equipment.
19 CHAIRMAN MURPHY: Okay.
20 MR. CONSTANTINO: It's permanent,
21 stationary. Sorry.
22 CHAIRMAN MURPHY: So does that bring us to
23 three?
24 MR. CONSTANTINO: Three. That's correct,

1 yes.
2 CHAIRMAN MURPHY: All right. Because
3 I heard over here -- I heard three, I heard two,
4 I heard one. I just want to make sure we're all
5 in agreement.
6 So you addressed three finally.
7 MR. WEBER: I addressed two and Patty
8 addressed one, yeah.
9 CHAIRMAN MURPHY: Okay. So three and
10 three -- perfect. Thank you.
11 Are there any other questions, comments --
12 MR. CONSTANTINO: I would like to make a
13 clarification.
14 CHAIRMAN MURPHY: Absolutely.
15 MR. CONSTANTINO: Blessing -- we did not
16 approve Blessing hospital for another ASTC in
17 Quincy.
18 We haven't done that. The Board has not
19 done that. I think I -- I think there was a
20 mention in the testimony here that there was
21 another ASTC.
22 CHAIRMAN MURPHY: Right. But we haven't
23 seen any application?
24 MR. CONSTANTINO: No. No.

1 CHAIRMAN MURPHY: Thank you.
2 MEMBER HAMOS: Can you explain that?
3 MS. BROCKMILLER: Sure.
4 MEMBER HAMOS: Can they explain that?
5 I was confused about your reference to another
6 ASTC, as well.
7 MS. KLEIN: I think what our consultant,
8 Mr. Ralph Weber, was saying is he couldn't figure
9 out why the numbers were changing.
10 And the only motive we can, you know,
11 ascribe to it is that they were maybe trying to
12 justify a bigger volume so that they could come in
13 with an ASTC application.
14 When we brought our application forward,
15 the numbers dropped repeatedly.
16 CHAIRMAN MURPHY: Are there any other --
17 Mr. Gelder.
18 MEMBER GELDER: So as you were presenting
19 the demand --
20 MS. AVERY: Mr. Gelder, bring the mic
21 closer.
22 MEMBER GELDER: As you were describing the
23 demand for services and the increased demand that
24 you anticipate shortly, that would bring -- that

1 would leave Blessing, I guess, with -- I'm trying
2 to think of the lessons you were trying to teach
3 us with that but -- partly it was that Blessing
4 would still have an adequate business with its
5 ASTC.
6 MR. WEBER: Yes.
7 MEMBER GELDER: Is that right? Is that
8 what you were saying?
9 MR. WEBER: That's correct, that --
10 MEMBER GELDER: So -- I don't need to --
11 I just wanted to make sure I was on the same page.
12 MR. WEBER: Yes.
13 MEMBER GELDER: And my question is -- and
14 you can address whatever you want in response to
15 it -- is about pricing.
16 So the pricing now -- and that's a big
17 concern to me. I know it's not an issue per se,
18 I think, with the Health Facilities and Services
19 Review Board, but health care costs so much in
20 America because we have very high price -- we have
21 very high prices.
22 You're addressing one of the challenges --
23 you're addressing one of the issues that
24 contribute to the high prices, which is, in some

1 communities -- many -- the lack of competition.
2 And so you're trying to create competition that
3 would then help -- as you've already said --
4 already pushed Blessing's costs -- prices down
5 that they were anticipating charging, which
6 I guess is good.
7 But as the demand increases, what's the --
8 what's the decision-making process within the
9 medical group to not increase prices to match what
10 your competitor is able to charge?
11 MS. KLEIN: I think the real thing that
12 we're saying here is that they did move their
13 pricing down -- or they said they will. They've
14 put in for -- to this date I don't know that it's
15 been achieved -- to ambulatory surgery center
16 rates in the existing ASTC.
17 If you don't have sufficient capacity,
18 then where do the other cases go? And their own
19 numbers projected a growth rate that's not
20 dissimilar to what Ralph projected for you.
21 So they're recruiting doctors; we're
22 recruiting doctors. Where do those -- and there's
23 outmigration that's quite significant, in large
24 part because of high costs.

1 So where did these patients go? They go
2 to the hospital. In the hospital setting you're
3 not reducing your cost -- you know, your prices --
4 to ambulatory rates. You're charging hospital
5 outpatient department rates. Those rates are
6 higher, 30 to 50 percent, than in the ambulatory
7 surgery center.
8 And then we don't know -- what we don't
9 know is how much their already high rates play
10 into that. I'm not an expert on hospital, you
11 know, rate structure. But that's the concern, is
12 you put it in the world of extended care.
13 MEMBER GELDER: What about the Quincy --
14 how does Quincy make its pricing decisions?
15 MS. KLEIN: It would have to be on a
16 freestanding ambulatory surgery center rate.
17 DR. PETTY: Part of that is the
18 reputation. So we've got all these businesses and
19 community leaders in town that are on board with
20 us having a low-cost center. We'd obviously lose
21 that if we became a high-cost center.
22 But just as importantly, we're part of a
23 next-gen ACO, one of only about a dozen in the
24 country. We're at risk. We need to have our

1 patients at low cost and right now we don't.
2 So that's our incentive, as well, is to
3 help keep our patients' cost low because we're at
4 risk if they're not.
5 MEMBER GELDER: How many providers -- how
6 many doctors are in your group?
7 DR. PETTY: 115.
8 MEMBER GELDER: Okay. Thank you.
9 CHAIRMAN MURPHY: Do we have any other
10 Board comments or questions?
11 MEMBER MC GLASSON: Yeah. I feel
12 compelled to make a statement.
13 I feel compelled to make somewhat of a
14 statement.
15 Dr. Petty -- have I got that correct?
16 DR. PETTY: Yes.
17 MEMBER MC GLASSON: He made mention of the
18 fact that -- not to put words in your mouth --
19 you, frankly, doubted the sincerity of Blessing in
20 some of their statements of making price
21 improvements. And I, frankly, came away with that
22 impression from the public participation.
23 I don't think there has been any reason
24 that they couldn't have begun to charge

1 freestanding ASTC rates long before now. And I,
2 frankly, am left with a doubt that, if this
3 petition is denied, many of the statements and
4 price improvements made today will actually
5 happen.
6 CHAIRMAN MURPHY: Thank you.
7 All right. George, will you please call
8 the roll.
9 MR. ROATE: Thank you, Madam Chair.
10 Motion made by McNeil; seconded by
11 McGlasson.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Well, it's been a long
14 day, and we have now come to our final vote,
15 I believe.
16 It's been two sessions of hearing both QMC
17 and Blessing Hospital, and it's very, very
18 difficult to look out in the crowd and see that,
19 you know, everyone has their own agenda and wants
20 to basically work together -- I hope.
21 When we left last time, we asked that you
22 work together, collaborate. Unfortunately,
23 I didn't hear that all across the board today.
24 I've heard it some but not completely.

1 And so, therefore, I'm going to be voting
2 no on the QMC.
3 MS. AVERY: QMG.
4 MR. ROATE: Thank you.
5 Mr. Gelder.
6 MEMBER GELDER: I vote yes based on both
7 the analysis and the testimony earlier today as
8 well as the -- from the Applicants.
9 This is a complicated area, but I feel
10 that the -- overall -- the benefits of the people
11 of Illinois weigh in on the side of granting this.
12 MR. ROATE: Thank you.
13 Ms. Hamos.
14 MEMBER HAMOS: Oh, man. I didn't think
15 that at eight o'clock I could listen so closely,
16 but I have all day, 40 witnesses, I think, on
17 behalf of Blessing.
18 So I am persuaded by those numbers, that
19 there is a continuing demand for service in that
20 part of Illinois, and I am worried that if the one
21 ASTC doesn't have capacity, that it's going to be
22 the hospital beds that are filled for surgery, and
23 that is not a good result.
24 I think that there has been a lot of talk

1 about collaboration, and, quite honestly,
2 I came -- before we heard from all of you,
3 I thought that you were the bad guys because you
4 refused to collaborate, but I'm now convinced that
5 actually goes both ways.
6 And it's unfortunate that there's so much
7 vitriol in one small community, and, hopefully,
8 you'll deal with it and you'll work together when
9 you have two ASTCs.
10 So I'm voting yes.
11 MR. ROATE: Thank you.
12 Ms. Hemme.
13 MEMBER HEMME: I'm voting yes.
14 My biggest concern coming in was your
15 financial viability, and I think you successfully
16 answered exactly how you're going to meet your
17 costs, which is important for moving forward.
18 MR. ROATE: Thank you.
19 Mr. McGlasson.
20 MEMBER MC GLASSON: Yes.
21 I'd like to extend a little bit what
22 Mr. Gelder just said.
23 We're here to grant or deny a certificate
24 of need, and I do think that there's -- a need

1 greater than maybe all the rest is to change
2 health care and the cost of health care in the
3 United States.
4 So I think the people of Quincy and the
5 state of Illinois and the United States in general
6 are -- the enemy is the status quo, and we need to
7 change the status quo. And if we don't, woe is us.
8 MR. ROATE: Thank you.
9 Dr. McNeil.
10 MEMBER MC NEIL: Based on the testimony
11 and the report, I vote no.
12 MR. ROATE: I'm sorry?
13 MEMBER MC NEIL: No.
14 MR. ROATE: Thank you.
15 MS. MITCHELL: Can we go back to
16 Mr. McGlasson?
17 Can we get a yes or no?
18 MEMBER MC GLASSON: I'm sorry.
19 Yes.
20 I apologize.
21 MEMBER GELDER: We didn't hear that word.
22 MR. ROATE: Madam Chair.
23 CHAIRMAN MURPHY: Thank you.
24 I voted yes last time, and I'm going to

vote yes again tonight.

We're concerned with the application. We're not concerned -- we can be concerned with the collaboration and everything else we've heard. It's unfortunate that the situation is what it is, but our job as the Board is to look at the application you've presented, the findings that our staff has presented to us, and then your explanations of those.

And I'm more than satisfied that we should approve this application so I vote yes.

MR. ROATE: Thank you.

That's 5 votes in the affirmative, 2 votes in the negative.

CHAIRMAN MURPHY: The motion passes.

Your application is approved.

DR. PETTY: Thanks.

CHAIRMAN MURPHY: Congratulations.

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1 CHAIRMAN MURPHY: All righty. We're
2 almost done.
3 Okay. There's no rules development.
4 There is no unfinished business.
5 Under other business we have a financial
6 report and a legislative update.
7 MS. AVERY: Okay. As far as the financial
8 report is concerned, it is in your packet. If you
9 have any questions, feel free to give me a call or
10 email and we will review it.
11 Thank you.
12 CHAIRMAN MURPHY: Thank you.
13 MS. MITCHELL: Legislative update, Ann.
14 CHAIRMAN MURPHY: Legislative update.
15 MS. GUILD: You have a one-pager. I think
16 it --
17 MS. MITCHELL: Use your microphone.
18 MS. GUILD: You have a one-pager. I think
19 it's self-explanatory. You don't want to hear
20 from me tonight.
21 And if you do have questions, pick up the
22 phone, give me a call, and I'm happy to talk to
23 you about it.
24 CHAIRMAN MURPHY: Thank you. We're always

1 happy to hear from you, Ann, but -- thank you.
2 MEMBER GELDER: Just a quick question
3 here.
4 What would be the process -- I found that
5 issue on the Medicaid utilization that we talked
6 about during the -- we got earlier today --
7 MS. AVERY: We'll look back at
8 the minutes.
9 MEMBER GELDER: -- just to make sure our
10 questions are -- that we're asking for the
11 information --
12 THE COURT REPORTER: I'm sorry. I can't
13 hear you.
14 MS. MITCHELL: That we're asking for the
15 questions that we -- the information that we
16 really want.
17 MEMBER GELDER: Yeah. I'm just asking for
18 some clarification from the staff about what
19 questions we ask the applicants about their -- in
20 this case -- the Medicaid utilization.
21 You said they were reporting a different
22 number and we saw in our documents a 20 percent
23 number, and I think that just needs to be some --
24 the process might need to be clarified -- the

1 question might need to be --
2 CHAIRMAN MURPHY: No --
3 MS. AVERY: No, it's not about this
4 application. I'm sorry.
5 CHAIRMAN MURPHY: It was about a previous
6 application with the ophthalmology center?
7 MEMBER GELDER: Right.
8 CHAIRMAN MURPHY: So we'll --
9 MS. AVERY: We'll look back.
10 MR. CONSTANTINO: Mr. Gelder, that's
11 one --
12 MS. AVERY: Mike, use your mic.
13 MR. CONSTANTINO: I'm sorry.
14 That 20 percent figure that was in the
15 application, I don't know where that came from.
16 The only thing I have to provide you was
17 five years of historical data for all ASTCs in the
18 state of Illinois. And that's what I was trying
19 to tell you, that's what it provides, 2 percent.
20 MEMBER GELDER: Okay. I have my -- we can
21 talk about this off-line. We don't --
22 CHAIRMAN MURPHY: Can I get -- I'm sorry.
23 Go ahead, Mike.
24 MR. CONSTANTINO: What has happened is the

1 ASTCs come before the Board to say they're going
2 to provide Medicaid, and then, after they're up
3 and running, that doesn't turn out to be the case.
4 MEMBER GELDER: Okay.
5 CHAIRMAN MURPHY: Can I have a motion to
6 adjourn?
7 MEMBER HEMME: So moved.
8 MEMBER MC NEIL: So moved -- second,
9 third.
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN MURPHY: All those in favor?
12 (No response.)
13 CHAIRMAN MURPHY: The meeting is
14 adjourned.
15 Thank you. Our next meeting is June 4th.
16 (Off the record at 8:04 p.m.)
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CERTIFICATE OF SHORTHAND REPORTER

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 22nd day of May, 2019.
My commission expires July 3, 2021.

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

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