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Transcript of Open Session Meeting

Date: December 10, 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, December 10, 2019

9:05 a.m.

BOARD MEMBERS PRESENT:

DEBRA SAVAGE, Chairman

SENATOR DEANNA DEMUZIO

(present via telephone)

SANDRA MARTELL

LINDA RAY MURRAY

KENT SLATER

Job No. 223752A

Pages: 1 - 204

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CRC, FAPR

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1 EX OFFICIO MEMBERS PRESENT:

2 DAN JENKINS, Department of Healthcare and
3 Family Services

4 DEBRA BRYARS, Department of Public Health

5 DULCE QUINTERO, Department of Human Services

6

7 ALSO PRESENT:

8 COURTNEY AVERY, Administrator

9 RUKHAYA ALIKHAN, General Counsel

10 MICHAEL CONSTANTINO, IDPH Staff

11 ANN GUILD, Compliance Manager

12 GEORGE ROATE, IDPH Staff

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1 P R O C E E D I N G S

2 CHAIRWOMAN SAVAGE: Good morning, everyone.

3 AUDIENCE MEMBERS: Good morning.

4 CHAIRWOMAN SAVAGE: We have a full agenda
5 today, and I appreciate everybody being here. As
6 noted on the agenda, today's meeting is being held
7 in two different locations. So our Senator
8 Demuzio is joining us from Carlinville, and we ask
9 that you exercise your patience with our
10 technology.

11 I would like to welcome the Board's
12 general counsel, Ms. Rukhaya Alikhan, and Debra
13 Bryars, and I want to wish each of you a very
14 happy holiday and a very healthy, happy,
15 prosperous new year.

16 So, Mr. Roate, please call the roll.

17 MR. ROATE: Thank you, Madam Chair.

18 Senator Demuzio.

19 MEMBER DEMUZIO: Present.

20 MR. ROATE: Dr. Martell.

21 MEMBER MARTELL: Present.

22 MR. ROATE: Dr. Murray.

23 MEMBER MURRAY: Present.

24 MR. ROATE: Mr. Slater.

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1 MEMBER SLATER: Present.

2 MR. ROATE: Chairwoman Savage.

3 CHAIRWOMAN SAVAGE: Present.

4 MR. ROATE: That's five in attendance.

5 CHAIRWOMAN SAVAGE: Thank you.

6 May I have a motion to amend the Tuesday,
7 December 8th [sic], meeting agenda to consider
8 D-01, Memorial Hospital East medical clinics
9 building alteration request, immediately following
10 Item A-01, Memorial Hospital East medical clinics
11 building 12-month renewal request.

12 May I have a second.

13 MEMBER MARTELL: Second.

14 MS. AVERY: You need a motion.

15 CHAIRWOMAN SAVAGE: All right. Is there
16 any discussion?

17 (No response.)

18 CHAIRWOMAN SAVAGE: Okay. All in favor,
19 aye.

20 (Ayes heard.)

21 CHAIRWOMAN SAVAGE: Okay. The ayes have
22 it and our motion is approved.

23 May I have now a motion to approve the
24 Tuesday, December 6th [sic], meeting agenda?

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1 MEMBER MARTELL: I so move.

2 CHAIRWOMAN SAVAGE: A second?

3 MEMBER MURRAY: Second.

4 CHAIRWOMAN SAVAGE: All in favor?

5 (Ayes heard.)

6 CHAIRWOMAN SAVAGE: The ayes have it.

7 Motion approved.

8 May I have a motion now to approve the
9 Tuesday, October 22nd, meeting transcript.

10 MEMBER MURRAY: So moved.

11 CHAIRWOMAN SAVAGE: A second?

12 MEMBER SLATER: I second.

13 CHAIRWOMAN SAVAGE: Okay. Discussion
14 about that?

15 (No response.)

16 CHAIRWOMAN SAVAGE: Okay. All in favor
17 say aye.

18 (Ayes heard.)

19 CHAIRWOMAN SAVAGE: And the ayes have it.

20 The meeting transcript is approved.

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1 CHAIRWOMAN SAVAGE: I ask the speakers
2 please adhere to our two-minute rule and conclude
3 comments when Mr. Roate signals.

4 Ms. Guild, please proceed.

5 Thank you.

6 MS. GUILD: The first group for public
7 participation is Project 19-049, CGH Medical
8 Center in Sterling.

9 I'm going to call up the first five.
10 There are eight total. You can testify in any
11 order that you choose. And keep it to
12 two minutes, and you're reminded to both say and
13 spell your name for the court reporter.

14 Sheriff John Booker. Skip Dettman. Beth
15 Fiorini. Mayor Skip Lee. And Chief Tim Morgan.

16 CHAIRWOMAN SAVAGE: May I have a motion to
17 approve Project 19-049 --

18 MS. AVERY: No.

19 CHAIRWOMAN SAVAGE: Oh, this first? Okay.

20 MS. GUILD: You can start anytime.

21 MR. BOOKER: Good morning. My name is
22 John Booker, B-o-o-k-e-r. I am the sheriff of
23 Whiteside County.

24 Ensuring the safety of our residents is my

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1 number one priority, and the consistent increase
2 in mental illness in our community and our county
3 jail is a cause for major concern.

4 Whether it's answering a 911 call,
5 handling inmates in the jail system, the growth of
6 acute mental illness is far above the access to
7 inpatient units to serve those in greatest needs.

8 It is frustrating for my deputies to
9 continue to handle incidents related to mental
10 illness over and over because these individuals
11 are waiting 24 hours or several days for an
12 inpatient bed to appear.

13 We are not meeting the needs of our
14 residents when they must travel one to two hours
15 from home or, worse, be discharged without the
16 opportunity for full behavioral health treatment
17 and care. Having behavioral health treatment and
18 care is a must for my county.

19 It is amazing to me that I can effectively
20 coordinate mental health services in my county
21 jail but our general population must wait in
22 line for acute mental health services.

23 From what I understand, opening a
24 behavioral health unit is a huge undertaking,

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1 highly regulated, and generally not a source of
2 revenue. Some would say CGH is crazy for taking
3 this on, but I simply see this as CGH
4 demonstrating their mission to serve the needs of
5 our community. They are taking responsibility to
6 be an effective partner in our region to meet the
7 needs of a population that is underserved and many
8 ignored.

9 I respectfully request that you approve
10 this application. Thank you for your time.

11 MS. DETTMAN: Good morning. My name is
12 Skip Dettman, S-k-i-p D-e-t-t-m-a-n, and I also
13 ask that you please approve that Project 19-049,
14 CGH Medical Center's request to open an inpatient
15 behavioral health unit.

16 I'm a licensed clinical social worker and
17 also a certified advanced alcohol and drug
18 counselor. I work as a program director with
19 Lutheran Social Services in Sterling, Illinois.
20 We specialize in the outpatient treatment of
21 mental health, mental illness, and substance
22 abuse. Many of our programs are specifically
23 designed to support recovery after a patient is
24 discharged from a hospital setting, an inpatient

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1 hospital setting.

2 We provide services throughout the region
3 served by CGH Medical Center, including the County
4 jail and school systems. We are part of a
5 regional network of intensive outpatient and
6 recovery services and see firsthand the challenges
7 of sustainable recovery from mental illness and
8 substance abuse. Our network of providers work
9 extremely well and have the ability to work as a
10 team for community case management of our clients.

11 The largest gap in our region is a lack of
12 access to inpatient mental health services.

13 I work with individuals who regularly require
14 hospitalizations, yet many of our clients have
15 never seen the inside of the Dixon or Rockford
16 hospitals. Because of limited admissions to the
17 programs in those communities, well over
18 50 percent of our clients requiring inpatient
19 services are transferred to the Chicagoland area
20 for inpatient crisis stabilization services.

21 We know that case managers work
22 persistently to get clients in crisis
23 hospitalizations, but Chicago-area facilities are
24 far too often the accepting hospital. Once

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1 transferred to these distant programs, we lose our
2 clients for follow-up, which is a desperately --
3 which -- for treatment is desperately needed for
4 ongoing recovery.

5 CGH Medical Center understands this need
6 and is taking responsibility to address the crisis
7 in our community.

8 I respectfully request that you approve
9 their application. Thank you.

10 MS. FIORINI: Good morning. My name is
11 Beth Fiorini, B-e-t-h F-i-o-r-i-n-i.

12 I recently retired as the public health
13 administrator and chief executive officer of the
14 Whiteside County Health Department/Whiteside
15 County Community Health Clinic. The Whiteside
16 County Community Health Clinic is a Federally
17 qualified health clinic that provides medical,
18 dental, as well as behavioral health and substance
19 abuse services in the HRSA 1 region. We have
20 11 licensed therapists and a medication-assisted
21 treatment program for opioid and alcohol abusers.

22 Finding the County's -- findings from the
23 County's most recent needs assessment identified
24 depression and anxiety as the number one health

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1 concern.

2 Through local partnerships, we have
3 increased access for outpatient services; however,
4 we continue to lack acute inpatient services to
5 support continuity of care. When there is an
6 acute care need, our patients present to
7 CGH Medical Center for screening and transfer to
8 an AMI mental illness unit. Not only are our
9 patients waiting many times over 24 hours for an
10 AMI bed, they are rarely, if ever, accepted to the
11 local hospitals in Dixon or the Rockford region.

12 This poses a challenge for us as
13 outpatient providers. This results in rebounding
14 of patients back into the cycle of ED and transfer
15 when we could simply keep many of these
16 individuals locally at CGH.

17 Often when our behavioral health patients
18 should self-admit to the KSB mental health
19 inpatient unit, they refuse because it's too far
20 away. 15 miles might as well be 300 miles in
21 rural Illinois where there's limited public
22 transportation.

23 The addition of a behavioral health unit
24 will appropriately address the challenges of

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1 access in our community and allow us to
2 effectively care for this highly complex, yet
3 underserved population.

4 Thank you.

5 MAYOR LEE: Good morning. My name is
6 Skip Lee, S-k-i-p L-e-e. I have been the mayor of
7 Sterling, Illinois, since 2011. I am here to ask
8 that you approve CGH Medical Center's request to
9 open an inpatient behavioral health services
10 program.

11 Our hospital is a municipal hospital, and
12 it has been an honor to work with this exceptional
13 team of health care leaders. Additionally, as you
14 can or will see from the other support testimony,
15 our team of community leaders and organizations
16 share my commitment to creating a community where
17 residents can successfully live and work.

18 As a mayor, I have a unique opportunity to
19 understand both sides of the behavioral health
20 crisis facing our community. From the City
21 perspective, I see the impact of chronic and acute
22 mental illness on crime, homelessness,
23 unemployment, and simply how citizens struggle to
24 be productive members of our community. I see how

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1 the lack of mental health treatment options
2 negatively impacts our fire, police, and EMS'
3 ability to provide for the citizens of Sterling.

4 From a health care perspective, the lack
5 of available mental health inpatient beds creates
6 a continuous dilemma for CGH Medical Center.
7 While our outpatient resources have flourished
8 over the last decade -- and, of course, that's
9 what we want to see, the vast majority of the
10 service provided -- our community's lack of access
11 to inpatient behavioral health services is
12 indefensible.

13 Addressing the acute behavioral needs of
14 our community has been a topic at the annual board
15 retreat for CGH over the past few years. Until
16 recently, however, CGH did not have the available
17 space in the hospital for a dedicated unit. It
18 now has the ability to address this critical need
19 based on a reorganization of its space plan and
20 its board of directors approving the undertaking.

21 As mayor, I'm committed to our citizens
22 being able to receive care and treatment at a
23 local level. Mental illness is a disease that
24 does not require tertiary care hours away in an

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1 academic medical center. Our community deserves
2 better.

3 MR. ROATE: Two minutes.

4 MAYOR LEE: I'm sorry?

5 MR. ROATE: Two minutes.

6 MAYOR LEE: Okay.

7 Thank you very much.

8 MR. MORGAN: Good morning. My name is
9 Tim Morgan, T-i-m M-o-r-g-a-n. I'm the chief of
10 police for the City of Sterling Illinois.

11 I'm here to ask that you approve CGH
12 Medical Center's request to open a 10-bed unit for
13 patients suffering from mental illness,
14 Project 19-049.

15 As police chief, I'm responsible for
16 promoting and preserving the security and safety
17 of residents in the Sterling community. We
18 collaborate with CGH Medical Center directly
19 through the Whiteside County Healthier Communities
20 Partnership, as well as the Crisis Intervention
21 Team. These partnerships support continuity and
22 communication of services and resources, which, in
23 turn, create a safer environment for our citizens.

24 CGH calls upon our officers regularly when

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1 assistance is needed to protect staff and patients
2 from violent individuals who need acute mental
3 health services. Officers report back that these
4 patients are many times waiting for placement for
5 several days. When they inquire why transfer
6 hasn't occurred, the consistent response is that
7 while 35 hospitals are called each time and then
8 every day once a patient leaves admissions, none
9 of those hospitals will accept the patient.

10 This is their right. They're not under
11 legal obligation to do so, and without insurance
12 from any of these patients or with Medicaid as the
13 insurance, these other hospitals do not readily
14 accept patients needing intensive behavioral
15 health services.

16 When patients get this treatment in
17 Chicago or any other hospital, our officers run
18 into these individuals postdischarge after they've
19 gone several days without medications or an
20 outpatient treatment plan. These individuals end
21 up back in the ED, and the cycle starts again.
22 It's frustrating and upsetting to my officers to
23 try to support these patients as they experience
24 the trauma of receiving inadequate care.

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1 This isn't a criticism of other hospitals;
2 it's simply obvious that there aren't enough
3 resources to serve these patients. The solution
4 that prevents this ongoing poor use of resources
5 and tax dollars is the project before you. Please
6 allow CGH to open a behavioral health unit.
7 Everyone in my community will benefit from this
8 critical resource being offered in our own
9 community.

10 Thank you.

11 MR. ROATE: Two minutes.

12 MS. GUILD: Thank you.

13 THE COURT REPORTER: Please leave your
14 remarks with Mike.

15 MS. GUILD: There are three more people
16 registered to speak on Project 19-049, so please
17 come up to the table.

18 Chief Tammy Nelson, Patrick Phelan, and
19 Diana Verhulst.

20 We have one person who is speaking on
21 behalf of Associated Surgical Center, so Julie
22 Yarosh, can you come up to the table, too, but
23 speak last?

24 You can begin at any time.

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1 MS. AVERY: Senator Demuzio, can you mute
2 your phone? We're picking up your papers.

3 MEMBER DEMUZIO: I'm sorry.

4 MS. AVERY: Thank you.

5 MEMBER DEMUZIO: Okay.

6 CHAIRWOMAN SAVAGE: She didn't hear you.

7 MS. AVERY: It looked like it's muted.

8 (An off-the-record discussion was held.)

9 MS. GUILD: You can begin.

10 MS. NELSON: Good morning. My name is
11 Tammy Nelson, T-a-m-m-y N-e-l-s-o-n. I am the
12 chief of police for Rock Falls, Illinois. Our
13 community is directly across the river from
14 Sterling, Illinois.

15 MS. AVERY: Can you speak directly into
16 the mic so that we can make sure the Senator
17 hears?

18 MS. NELSON: My officers and I are
19 committed to the safety and well-being of the
20 9,000 residents of Rock Falls. Through proactive
21 community engagement and partnerships in the areas
22 of homelessness, mental illness, and substance
23 abuse, we work every day to improve the lives of
24 the residents we serve.

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1 Like the Sterling PD, our officers are
2 members of the Crisis Intervention Team, which
3 partners with community agencies to identify and
4 case-manage citizens struggling with mental
5 health, homelessness, substance abuse by linking
6 them to needed services.

7 Because CGH does not have a dedicated
8 behavioral health unit, the citizens we work with
9 are usually transported over two hours away when
10 acute inpatient mental health services are needed.
11 As a primary health care service, sending these
12 patients away for behavioral health services is
13 unacceptable.

14 This poses an extremely difficult
15 situation for the families left behind, and our
16 officers experience firsthand the difficulties and
17 nightmare scenarios associated with these
18 transfers, including the challenges of finding a
19 way home after discharge and then sometimes a home
20 after that.

21 Chicago hospitals like Hartgrove and
22 Chicago Behavioral Hospital do not have discharge
23 functions that can effectively help with Whiteside
24 County patients' transition to outpatient setting.

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1 In Whiteside County alone, one out of five
2 adults suffer from mental illness. Suicide is the
3 leading cause of death for ages 15 to 43. The
4 vast majority limit seeking out care because of
5 the stigma of mental illness, transportation
6 problems, lack of access, and fear of being
7 transferred outside of the community, away from
8 their families.

9 Lack of care continually negatively
10 impacts the ability for our City to successfully
11 help these citizens become productive members of
12 the community. The demand here and the lack of
13 access to beds close to home hurts everyone in our
14 community and most particularly this marginalized
15 and vulnerable group.

16 Please approve this application. My city
17 is in desperate need of access to these services
18 closer to home.

19 Thank you.

20 MS. VERHULST: Thank you. My name is
21 Diana Verhulst. I'm the CEO of United Way of
22 Whiteside County. Please approve CGH Medical
23 Center's request to open an acute mental illness
24 program, Project 19-49.

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1 For 74 years in Whiteside County, our
2 United Way has raised money to provide services to
3 enhance the dignity of all people and strengthen
4 our communities. I am here to advocate for the
5 vulnerable members of our community.

6 We have to advocate for them because
7 individuals with mental illness are some of the
8 most marginalized people in our state. Our
9 community needs an inpatient behavioral health
10 service center at CGH. As it stands, CGH can only
11 offer basic stabilization through medication
12 administration in its emergency department, and
13 they are usually required to transfer these
14 patients over 100 miles to get the patient
15 comprehensive inpatient psych services.

16 As I serve on several local task forces,
17 I am aware of our community's behavioral health
18 needs. Since 2017 more than 215 of our residents
19 were unable to obtain transfer after waiting for
20 up to four days and sometimes longer to have
21 another hospital accept them. Often it is the
22 uninsured patients who cannot be transferred.
23 This is unconscionable. These patients never
24 receive the proper treatment that they deserve.

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1 Similarly, 30 percent are not accepted for
2 transfer until at least 24 hours after
3 presentation, and 57 percent of these patients are
4 transferred more than 50 miles away.

5 People who have what are considered to be
6 medical diseases are treated far better by the
7 health care system. Mental illness is real and
8 treatable, but these patients live in the shadow
9 of our society. Our local PADS homeless shelter
10 sees that. Many of those who appear at their
11 door, sometimes in the middle of the night and in
12 the dead of winter, are mentally ill.

13 MR. ROATE: Two minutes.

14 MS. VERHULST: Thank you very much for
15 allowing me to speak. Please approve this
16 project.

17 MR. PHELAN: Good morning. My name is
18 Patrick Phelan, P-a-t-r-i-c-k P-h-e-l-a-n, and I'm
19 the president and CEO of Sinnissippi Centers,
20 Incorporated, which is the primary provider of
21 outpatient behavioral health care in Northwest
22 Illinois.

23 At Sinnissippi we provide quality,
24 coordinated, and responsive health care services

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1 to a broad segment of the communities that we
2 serve. It's with this mission in mind that I'm
3 here to support CGH Medical Center's request to
4 open an inpatient behavioral health unit.

5 As an organization serving the needs of
6 the community, CGH has identified a noticeable
7 disparity in the availability of access to
8 inpatient behavioral health services. Sinnissippi
9 shares this concern and believes the addition of a
10 behavioral health unit at CGH will close that gap.

11 Sinnissippi currently provides crisis
12 intervention services and inpatient placement for
13 CGH. Our team is challenged daily with finding
14 inpatient beds for patients presenting to CGH with
15 behavioral health needs. We know firsthand the
16 number of patients who are referred away from our
17 community.

18 In many cases these people are placed at
19 hospitals that are easily one to two hours from
20 home. This impacts continuity of care and our
21 ability to effectively follow up with outpatient
22 care. Unfortunately, this cannot -- this can
23 result in individuals returning to the emergency
24 department due to a continued cycle of acute

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1 episodes of mental health crisis.

2 As an independent organization serving
3 both CGH Medical Center and KSB Hospital, we do
4 not believe that the addition of behavioral health
5 beds in this area will duplicate services provided
6 at KSB Hospital. Rather, the addition of beds
7 will serve to augment further access.

8 On behalf of Sinnissippi, I urge you to
9 approve this proposal so that we can effectively
10 and successfully provide behavioral health
11 services to our community at a local level.

12 MS. GUILD: Thank you.

13 And the last project is Associated
14 Surgical Center, Project No. 19-054.

15 MS. YAROSH: Can you hear me?

16 My name is Julie Yarosh, J-u-l-i-e
17 Y-a-r-o-s-h, and I'm here to ask for approval for
18 Associated Surgical Center.

19 I am a very active member of the
20 northwestern suburban community as well as a very
21 active member of Eastern European community in the
22 northwest suburbs. I'm also a board member of the
23 children's organization who serves Eastern
24 European community and other immigrant

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1 communities.

2 Also, I'm a patient of Dr. Levitin, as
3 well as my entire family.

4 THE COURT REPORTER: I'm sorry. Say that
5 again.

6 MS. YAROSH: I'm a patient of the center
7 as well as my entire family, my husband, my
8 father, even my 11-year-old daughter.

9 I can also say that most of the kids that
10 we work with and those -- again, kids from other
11 immigrant families, their parents and their
12 grandparents and their families are also patients.

13 Everyone in our community knows that
14 center. This is the center that provides great,
15 great health care. It also serves -- it also
16 serves a purpose of getting access -- getting
17 access to that quality health care to the
18 underprivileged community in northwest suburbs.

19 Having an orthopedic arm of it is
20 absolutely paramount to our community. At this
21 point it's a huge void, and providing those
22 services in the setting that is comfortable to
23 people who are, in a lot of cases, not familiar
24 with the medical practices in this country is

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1 absolutely essential.

2 And, again, I respectfully ask for
3 approval.

4 MS. GUILD: Thank you.

5 Is there anyone else in the audience who
6 wishes to speak who didn't give me a registration
7 form?

8 (No response.)

9 MS. GUILD: Doesn't look like it.

10 THE COURT REPORTER: Please leave your
11 remarks with Mike.

12 - - -

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1 MS. AVERY: Good morning. I wanted to
2 give you-all an idea of what we're -- how the day
3 is going to proceed.

4 So we will take a break for lunch about
5 1:30, quarter to 2:00, depending on where we are
6 in the agenda, and the break will be anywhere
7 between an hour to an hour and 15 minutes.

8 So we'll do as much as possible to try to
9 give you exact times and updates as we go
10 throughout the morning.

11 Thank you.

12 CHAIRWOMAN SAVAGE: Mr. Constantino,
13 please read into record these items approved by
14 the Chair in accordance with the Illinois Health
15 Facilities Planning Act.

16 Thank you.

17 MR. CONSTANTINO: The following items have
18 been approved by the Chair: An 18-month permit
19 renewal for DaVita Hickory Creek Dialysis, Permit
20 No. 17-063; a permit renewal for FKC New Lenox,
21 Permit No. 17-065; a 12-month permit renewal for
22 Illinois Spine Institute, Permit No. 18-044;
23 relinquishment of a permit, FMC West Belmont,
24 Permit No. 18-045; a one-year extension of a

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1 financial commitment period, Permit No. 18-034,
2 for Edward Hospital; and a discontinuation of
3 intensive care services at HSHS St. Joseph's
4 Hospital in Breese, Illinois, Exemption
5 No. E-050-19.

6 Thank you, Madam Chair.

7 CHAIRWOMAN SAVAGE: Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item A-01, Project 17-069, Memorial Hospital East
3 medical clinics building in Shiloh.

4 May I have a motion to approve a 12-month
5 permit renewal for Project 17-069, Memorial
6 Hospital East medical clinics building, Shiloh.

7 MEMBER MARTELL: I so move.

8 CHAIRWOMAN SAVAGE: A second?

9 MEMBER SLATER: Second.

10 CHAIRWOMAN SAVAGE: Please be sworn in and
11 identify yourselves.

12 (An off-the-record discussion was held.)

13 CHAIRWOMAN SAVAGE: Senator Demuzio --

14 MEMBER DEMUZIO: Yes?

15 CHAIRWOMAN SAVAGE: -- can you put
16 yourself back on mute, please?

17 THE COURT REPORTER: Would you raise your
18 right hands, please.

19 (Two witnesses sworn.)

20 THE COURT REPORTER: Thank you.

21 CHAIRWOMAN SAVAGE: Mike, please give the
22 State Board staff report.

23 MR. CONSTANTINO: Thank you, Madam Chair.

24 The permit holders are asking the

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1 State Board to approve a 12-month permit renewal
2 for Permit No. 17-069, from December of 2019 to
3 December 2020.

4 In February of 2018, the State Board
5 approved the permit holders for a three-story
6 addition to a medical clinic building, approved as
7 Permit No. 16-018, that is located on the campus
8 of Memorial Hospital East in Shiloh, Illinois.

9 The permit holders state the reason for
10 the permit renewal is to accommodate the
11 installation of a second linear accelerator in
12 space originally designated as physician office
13 space.

14 Approximately 45 percent of the project
15 has been expended, and the permit has been
16 financially committed. This is the first permit
17 renewal request for this project.

18 Thank you, Madam Chair.

19 CHAIRWOMAN SAVAGE: Thank you.

20 Please proceed with your statement to the
21 Board.

22 MR. BRATCHER: Hi. My name is Greg
23 Bratcher with BJC HealthCare. The basic impulse
24 behind this project was to bring a comprehensive

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1 cancer center to Southern Illinois. Comprehensive
2 cancer centers are designated by the National
3 Institute of Health with a rigorous set of
4 criteria. There are 51 in the country. And that
5 may first sound like there's one per state plus
6 the District of Columbia, but, instead, it is only
7 36 states that have them.

8 Illinois is lucky. It has two. They're
9 in Chicago, both of them, Northwestern and the
10 University of Chicago. This project would bring a
11 comprehensive cancer center -- the second cancer
12 center -- to Southern Illinois.

13 We had estimated 8,000 treatment
14 procedures in the first year on the linear
15 accelerator and 9200 in the second. Last year we
16 were at 9900. We think we'll be at 10,000
17 this year. It seems prudent, while we're still
18 there, to go ahead and bump out a second vault and
19 add this linear accelerator.

20 Thank you very much for your time. I'll
21 answer any of your questions.

22 CHAIRWOMAN SAVAGE: Are there any
23 questions by the Board members?

24 (No response.)

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1 CHAIRWOMAN SAVAGE: Okay. George, will
2 you please call the roll.

3 MR. ROATE: Thank you, Madam Chair.

4 Motion made by Dr. Martell; seconded by
5 Mr. Slater.

6 Senator Demuzio.

7 MEMBER DEMUZIO: Yes, based upon the -- on
8 the State report.

9 MR. ROATE: Thank you.

10 Dr. Martell.

11 MEMBER MARTELL: Yes, approve based on
12 conformance with standards.

13 MR. ROATE: Thank you.

14 Dr. Murray.

15 MEMBER MURRAY: Yes, based on the report
16 we've heard.

17 MR. ROATE: Thank you.

18 Mr. Slater.

19 MEMBER SLATER: Yes, based on the report
20 and the testimony.

21 MR. ROATE: Thank you.

22 Chairwoman Savage.

23 CHAIRWOMAN SAVAGE: Yes, based on the
24 report and his testimony.

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1 CHAIRWOMAN SAVAGE: All right. So next on
2 the agenda is Item D-01, Project 17-069, Memorial
3 Hospital East medical clinics building in Shiloh.

4 May I have a motion to approve an
5 alteration to Project 17-069 to increase project
6 cost by \$2,446,980 or 5.34 percent.

7 MEMBER MARTELL: I so move.

8 CHAIRWOMAN SAVAGE: And a second?

9 MEMBER MURRAY: Second.

10 (An off-the-record discussion was held.)

11 CHAIRWOMAN SAVAGE: Mike, please present
12 our staff Board report.

13 MR. CONSTANTINO: Thank you, Madam Chair.

14 The permit holders are asking the Board to
15 approve an alteration to Permit No. 17-069 that
16 would increase the cost of the project from
17 approximately \$38.3 million to \$40.7 million or
18 approximately 5.3 percent.

19 There is no increase in the total gross
20 square footage. As mentioned previously, this is
21 a result of the addition of a linear
22 accelerator -- second linear accelerator at this
23 medical clinics building.

24 Thank you, Madam Chair.

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1 CHAIRWOMAN SAVAGE: And please proceed
2 with your statement to the Board.

3 MR. AXEL: Thank you, Madam Chairman.

4 The alteration does relate directly to the
5 addition of the second linear accelerator, and
6 I would just like to note that the increased
7 project cost is consistent with your alteration
8 guidelines.

9 We'd be happy to answer your questions.

10 CHAIRWOMAN SAVAGE: Do we have any
11 questions?

12 (No response.)

13 CHAIRWOMAN SAVAGE: Okay. George, please
14 call the roll.

15 MR. ROATE: Thank you, Madam Chair.

16 Motion made by Dr. Martell; seconded by
17 Dr. Murray.

18 Senator Demuzio.

19 MEMBER DEMUZIO: Yes, based upon the
20 report.

21 MR. ROATE: Thank you.

22 Dr. Martell.

23 MEMBER MARTELL: Yes, based on staff
24 report.

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1 MR. ROATE: Thank you.

2 Dr. Murray.

3 MEMBER MURRAY: Yes, based on the reports.

4 MR. ROATE: Thank you.

5 Mr. Slater.

6 MEMBER SLATER: Yes, based on the report.

7 MR. ROATE: Thank you.

8 Chairwoman Savage.

9 CHAIRWOMAN SAVAGE: Yes, based on report
10 and staff -- or testimony.

11 MR. ROATE: Thank you.

12 That's 5 votes in the affirmative.

13 CHAIRWOMAN SAVAGE: The permit alteration
14 is approved. Thank you.

15 MR. BRATCHER: Thank you.

16 MR. AXEL: Thank you.

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1 CHAIRWOMAN SAVAGE: So next on the agenda
2 is Item A-03, Project 14-057, Advocate Christ
3 Medical Center in Oak Lawn.

4 May I have a motion to approve a 32-month
5 permit renewal for Project 14-057, Advocate Christ
6 Medical Center in Oak Lawn.

7 MEMBER MURRAY: So moved.

8 CHAIRWOMAN SAVAGE: A second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Please identify
11 yourselves and please be sworn in.

12 MS. SWEIS: Good morning. Rolla Sweis,
13 R-o-l-l-a S-w-e-i-s.

14 MR. LYONS: Patrick Lyons, L-y-o-n-s.

15 THE COURT REPORTER: Would you both raise
16 your right hands, please.

17 (Two witnesses sworn.)

18 THE COURT REPORTER: Thank you. Please
19 print your names, as well.

20 CHAIRWOMAN SAVAGE: Mike, please give the
21 staff Board staff report.

22 MR. CONSTANTINO: Thank you, Madam Chair.

23 The permit holders are asking the Board to
24 approve a 32-month permit renewal for Permit

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1 No. 14-057, to August 31, 2023.

2 In January of 2015, the permit holders
3 were approved to expand and modernize its Level I
4 trauma center and its adult and pediatric
5 emergency departments, relocate three inpatient
6 endoscopic rooms, and expand its Phase I and
7 Phase II recovery units.

8 The permit holders state the reason for
9 the permit renewal was the unanticipated
10 deficiencies with the existing building ramp
11 infrastructure that was to be used as part of the
12 modernization/expansion project approved as Permit
13 No. 14-057.

14 The permit is financially committed. This
15 is the first permit renewal request for this
16 project.

17 Thank you, Madam Chair.

18 CHAIRWOMAN SAVAGE: Please proceed with
19 your statement to the Board.

20 MS. SWEIS: Good morning.

21 Our emergency department is a Level I
22 trauma center. We're a part of Advocate Aurora
23 Health system. We have over a hundred thousand
24 patient visits. And as stated, we're here for a

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1 renewal request regarding the project.

2 I will turn it over to Pat to give a
3 little bit more detail as to the reasons behind
4 that.

5 MR. LYONS: Good morning. I am the
6 director of design and construction --

7 MS. AVERY: Can you speak closer to the
8 mic so she can hear?

9 MR. LYONS: Good morning. My name is
10 Patrick Lyons. I am the director of design and
11 construction with Advocate Aurora.

12 And with regards to this project, we
13 certainly understood, going into it, the
14 complexity of this project, and we also knew some
15 of the challenges. We encountered a number of
16 challenges along the way that was a little bit
17 more than we had foreseen, and that's where we're
18 at at this particular point now, asking for an
19 extension.

20 The main item that really caused the delay
21 was the ambulance ramp. The ambulance ramp sits
22 on the west side of the campus. And at that
23 particular point, that's where all the ambulances
24 enter and drive up this ramp to deliver the

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1 patients into the emergency department.

2 The reason the ramp is there is over a few
3 decades of expansion the multiple expansions of
4 buildings onto that emergency department
5 propagated west. And when it finished at the end,
6 right before Kilbourn Street, there's an 8-foot
7 difference in height between the west side of the
8 campus and the east side of the campus, so the
9 difference was made up with a ramp, and we utilize
10 that ramp to escort the ambulances up and deliver
11 the patients into the emergency department.

12 Part of the emergency department planning
13 took into account that that ramp looked physically
14 in good shape. It was renovated about two years
15 prior to that, and we did not foresee any issues
16 with utilizing that in place.

17 All of our work plans that we had put in
18 place when we came to this Board back then had
19 numerous amounts of work that were going to be
20 done together. And when the ramp was discovered
21 that it had deficiencies in the steel structure,
22 we had to then move to a sequential amount of work
23 planned because we had to replace the entire ramp.

24 What we found was underneath the ramp it's

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1 supported by major beam structures, and they were
2 all fireproofed with a fireproofing material.

3 What that did was that kind of masked the
4 integrity of the steel structure.

5 We had scraped off early on to do some
6 clip points for some mechanical ductwork and some
7 lighting, and what we noticed, that the webbing in
8 between the beams had deteriorated by almost
9 50 percent. There was holes sizeable enough to
10 put your hand through, and all that was masked by
11 the fireproofing.

12 We then understood that we were going to
13 have to replace this ramp in kind, and it is about
14 a 200-foot-long ramp section. That really slowed
15 us to bring power into the building and finish
16 some of the subsequent items that would be
17 underneath that area and some of the expansion
18 until that ramp was done.

19 Our request is really broken into two
20 parts for you to understand it a little bit
21 better. We really need 24 months to finish all of
22 the work that's needed to renovate and maintain
23 the scope and the intent of the permit. The other
24 seven to eight months is really the closeout piece

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1 and final reporting to the State.

2 So the 24 months is -- we're going to be
3 focusing on completing the work and, with a safe
4 and integral manner, to upgrade the emergency
5 department at Grace Medical Center on its intent
6 of completing all that full scope. That's -- if
7 we can get that extension, that is really our
8 focus at this time.

9 And if you have any questions, I'll be
10 happy to answer those.

11 CHAIRWOMAN SAVAGE: Questions?

12 (No response.)

13 CHAIRWOMAN SAVAGE: My question to the
14 members would be, do we think a yearly annual
15 report might be helpful in this situation?

16 (An off-the-record discussion was held.)

17 CHAIRWOMAN SAVAGE: An additional
18 reporting every six months.

19 Or do we think what they're proposing now
20 is sufficient?

21 MS. AVERY: Right now annual reports are
22 due once a year, and the next report is due in
23 February.

24 MR. LYONS: Correct.

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1 MS. AVERY: So we're asking this Board if
2 they think, based on the testimony, if we can have
3 an abbreviated report that's due every six months
4 and still the full report due annually.

5 And we will work with the Applicant to
6 gather any information to make sure it's not an
7 undue burden on them and that the staff is getting
8 the information as needed, if you think that the
9 32 months has been explained.

10 That was the question, was the 32-month
11 extension too long.

12 So do you just continue to want the annual
13 report? Or would you like an abbreviated report
14 every six months and then a full report on
15 the year mark?

16 MEMBER MURRAY: So, again, let me be clear
17 about our strange rules.

18 So we -- what I hear you saying --

19 MS. AVERY: A little closer to the mic.

20 MEMBER MURRAY: What I hear you saying is
21 that in a few months, in February, they'll have to
22 make a report, and then they don't have to make
23 another report for another 12 months.

24 MS. AVERY: Correct.

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1 MEMBER MURRAY: And this is -- this can't
2 be shifted? Like if we renew it today.

3 MS. AVERY: No.

4 MEMBER MURRAY: All right. In that case,
5 then, 32 months does seem a little long and maybe
6 the 6-month report would make sense.

7 MS. AVERY: Okay. And from the
8 Applicant's point, do you think that will be an
9 undue burden?

10 We will work with you on the abbreviated;
11 it doesn't have to be as much detail as in the
12 annual report.

13 MR. LYONS: If that satisfies the Board,
14 we'd be happy to do that.

15 MS. AVERY: Great.

16 Mike, any feedback?

17 MR. CONSTANTINO: That will work.

18 MS. AVERY: Okay. Thank you.

19 CHAIRWOMAN SAVAGE: Thank you.

20 Do we have any other questions?

21 (No response.)

22 CHAIRWOMAN SAVAGE: Okay. George, please
23 call the roll.

24 MR. ROATE: Thank you, Madam Chair.

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1 Motion made by Dr. Murray; seconded by
2 Dr. Martell.

3 Senator Demuzio.

4 MEMBER DEMUZIO: Yes, based upon the
5 comment and testimony and the report that I've
6 heard today.

7 MR. ROATE: Thank you.

8 Dr. Martell.

9 MEMBER MARTELL: Yes, based on the staff
10 report, testimony, and then the six-month report.

11 MR. ROATE: Thank you.

12 Dr. Murray.

13 MEMBER MURRAY: Yes, based on the
14 agreement we've come to.

15 MR. ROATE: Thank you.

16 Mr. Slater.

17 MEMBER SLATER: Yes, based on the report
18 and the testimony.

19 MR. ROATE: Chairwoman Savage.

20 CHAIRWOMAN SAVAGE: Yes, based on the
21 report and the revised six-month report.

22 MR. ROATE: Thank you.

23 That's 5 votes in the affirmative.

24 CHAIRWOMAN SAVAGE: The permit renewal is

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1 approved. Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item A-06, Project 16-006, Alden Estates of
3 Bartlett.

4 (An off-the-record discussion was held.)

5 CHAIRWOMAN SAVAGE: May I have a motion to
6 approve a 24-month permit renewal for the
7 Project 16-006, Alden Estates of Bartlett.

8 MEMBER SLATER: Move to approve.

9 CHAIRWOMAN SAVAGE: A second?

10 MEMBER MURRAY: Second.

11 CHAIRWOMAN SAVAGE: Please be sworn in and
12 identify yourselves.

13 THE COURT REPORTER: Would you raise your
14 right hands.

15 (Three witnesses sworn.)

16 THE COURT REPORTER: Thank you. And
17 please print your names.

18 MR. KNIERY: My name is John Kniery. I'm
19 the CON counsel -- I'm sorry -- CON consultant for
20 the project.

21 And with me to my left is Alan Gaffner.
22 He is government affairs and business development
23 for Alden. And to his left is Joe Ourth, the
24 CON counsel.

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1 Thank you.

2 CHAIRWOMAN SAVAGE: Mike, please present
3 the staff Board re- -- staff report.

4 MR. CONSTANTINO: Thank you, Madam Chair.

5 I'd first like to ask -- remind the Board
6 members this was emailed to you after we got the
7 permit renewal a little later than we usually do.
8 So, hopefully, all of you have read the comment --
9 read the report.

10 The permit holders are asking the Board to
11 approve a permit renewal of 24 months from -- to
12 December 31st, 2021.

13 In May of 2016, the State Board approved
14 Project 16-006. The permit authorized the
15 establishment of a 68-bed long-term care facility
16 in Bartlett, Illinois. The project is obligated
17 and the current project completion date is
18 December 31st, 2019.

19 The project is approximately 5 percent
20 complete. Architectural drawings to IDPH have not
21 been submitted, and the project cost is
22 approximately \$19.1 million.

23 This is the first permit renewal for this
24 project.

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1 Thank you, Madam Chair.

2 CHAIRWOMAN SAVAGE: Please proceed with
3 your statement to the Board.

4 MR. GAFFNER: Thank you.

5 Good morning, Madam Chair, Planning Board
6 members, including Senator Demuzio in
7 Carlinville --

8 MEMBER DEMUZIO: Hello. Hi there.

9 MR. GAFFNER: -- and Planning Board staff.

10 Thank you very much for the opportunity to
11 be included on the agenda today.

12 We originally had an ambitious plan that
13 would build our newest nursing home behind an
14 unrelated assisted-living memory care facility
15 that was being planned.

16 This area is growing and when the project
17 was approved, the assisted-living facility was
18 ahead of our project in the development process
19 and just completed their project this year. That
20 inherently delayed our project and created a
21 domino effect of delays on other components to
22 complete before our construction could commence.

23 Please know that this unique location,
24 behind an existing, unrelated memory care

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1 facility, has proven to be much more difficult
2 than originally anticipated.

3 Today we are respectfully requesting a
4 renewal of our permit that would, in essence,
5 restart our development time line. Final working
6 drawings are in place but cannot be completed
7 until final approval of a planned unit development
8 by the Village of Bartlett. We can then finalize
9 our working drawings and submit for review to the
10 Illinois Department of Public Health.

11 Upon approval, we can begin construction,
12 and with a 14-month construction time line, we
13 project to break ground in the fall of this
14 coming year so that we are in the ground and,
15 hopefully, enveloped and enclosed before winter
16 sets in and gives us a little time after
17 construction is complete to obtain licensure.

18 MR. KNIERY: I'd just like to add that,
19 first and foremost, we have tried to keep the
20 Board and staff abreast of the project status, the
21 project's -- including the project's annual
22 progress report.

23 And in addition, I'd like to assure the
24 Board of the Applicant's commitment to the

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1 project, as Alden has invested nearly \$1 million
2 in this project.

3 And I'd love to have any questions you may
4 have. Thank you.

5 CHAIRWOMAN SAVAGE: Any questions?

6 (No response.)

7 CHAIRWOMAN SAVAGE: One question I have:
8 Would you be able to do the -- or would you do the
9 abbreviated staff report every six months to keep
10 us up to date and the annual report?

11 MR. GAFFNER: Madam Chair, we would
12 certainly provide those time line reports.

13 CHAIRWOMAN SAVAGE: And that would be an
14 abbreviated report, as Courtney had mentioned
15 before, that the staff could work with you on the
16 details.

17 MR. GAFFNER: Yes. We would be happy to
18 do that.

19 MS. GUILD: Question over here.

20 CHAIRWOMAN SAVAGE: Yes. Go ahead.

21 MEMBER MARTELL: Can you give me a little
22 more updated information on how the discussion
23 with the Village of Bartlett and their plan review
24 is going?

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1 MR. GAFFNER: As mentioned, the completion
2 just recently of the construction of that
3 assisted-living facility now brings us back to
4 where we can take some of those initial
5 discussions and make them more detailed and then
6 get into the queue for that.

7 Some preliminary work has been done, but
8 that final planned unit development approval has
9 really been on hold while this was occurring as it
10 relates to roadways and some other aspects.

11 I hope that provides some additional
12 information.

13 MR. KNIERY: And if I may, all the
14 conversations to date with The Alden Group --
15 they've represented -- are very positive with the
16 Village. What's moved forward is just the
17 technical issues, getting down -- we received
18 initial approval. The change that has to come is
19 from changing the ingress and egress to the
20 property -- to the site -- and that is requiring
21 this -- the new change.

22 But so far everything has been positive.
23 They've approved everything to date. We just need
24 to -- it's more of a technical issue at this point

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1 that's holding us up.

2 MEMBER MARTELL: And I would like to see
3 that addressed in the updated reports, where the
4 Village is on their approvals.

5 CHAIRWOMAN SAVAGE: Any other questions?

6 (No response.)

7 CHAIRWOMAN SAVAGE: George, can you please
8 call the roll.

9 MR. ROATE: Thank you, Madam Chair.

10 Motion made by Mr. Slater; seconded by
11 Dr. Murray.

12 Senator Demuzio.

13 MEMBER DEMUZIO: Yes, based upon the
14 comments I've heard and the report, staff report.

15 MR. ROATE: Thank you.

16 Dr. Martell.

17 MEMBER MARTELL: Yes, based on staff
18 report and the more frequent reporting.

19 MR. ROATE: Thank you.

20 Dr. Murray.

21 MEMBER MURRAY: Yes, based on more
22 frequent reporting and the staff report.

23 MR. ROATE: Thank you.

24 Mr. Slater.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item C-03, Project E-048-19, Anderson Hospital,
3 Maryville.

4 May I have a motion to approve
5 Exemption E-048-19, Anderson Hospital, for a
6 change of ownership.

7 MEMBER DEMUZZIO: I motion.

8 CHAIRWOMAN SAVAGE: Second?

9 MEMBER SLATER: Second.

10 CHAIRWOMAN SAVAGE: Please identify
11 yourself and be sworn in.

12 MR. PAGE: Keith Page, president of
13 Anderson Hospital.

14 THE COURT REPORTER: Would you raise your
15 right hand, please.

16 (One witness sworn.)

17 THE COURT REPORTER: Thank you. And
18 please print your name, as well.

19 CHAIRWOMAN SAVAGE: Mike, please present
20 the staff Board report.

21 MR. CONSTANTINO: Thank you, Madam Chair.

22 There are two exemptions associated with
23 this corporate restructuring, E-048-19, Anderson
24 Hospital in Maryville, and E-049-19, Community

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1 Hospital of Staunton.

2 They're asking the Board to approve this
3 corporate restructuring in order to establish
4 Anderson Healthcare to oversee and control two
5 licensed hospitals. At the conclusion of the
6 transaction, Anderson Healthcare will become the
7 sole corporate member of Southwestern Illinois
8 Health Facilities, Inc., therefore having ultimate
9 control of both hospitals.

10 There is no cost to the transaction, and
11 there is no change in the licensee or owner of the
12 site.

13 No public hearing was requested, and no
14 comments were received by the Board.

15 Thank you very much, Madam Chair.

16 CHAIRWOMAN SAVAGE: Thank you.

17 Please proceed with your statement to the
18 Board.

19 MR. PAGE: Good morning, Madam Chair and
20 members of the Health Facilities Services Review
21 Board. Thank you for the opportunity to speak on
22 behalf of the COEs submitted by Anderson Hospital
23 and Community Hospital of Staunton.

24 I am Keith Page. I'm president of

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1 Anderson Hospital.

2 Historically, since Southwestern Illinois
3 Health Facilities, Inc., an Illinois not-for-
4 profit corporation, d/b/a Anderson Hospital, first
5 opened its doors in 1977, the corporation has had
6 no corporate member. Over the past few decades,
7 Anderson Hospital has been an integral health care
8 provider to residents of Madison County, Illinois,
9 and has expanded its operations to include not
10 only Anderson Hospital but Community Hospital of
11 Staunton, Anderson Medical Group, Maryville
12 Imaging, and other entities depicted in the
13 organizational chart provided with the COE
14 application.

15 As the organization has grown and
16 expanded, the board of trustees determined that it
17 would be appropriate to restructure the corporate
18 organization by creating a new not-for-profit
19 entity called Anderson Healthcare to oversee all
20 the organizations now under the Anderson Hospital
21 umbrella.

22 To implement the reorganization, Anderson
23 Healthcare has been incorporated, and it will be
24 designated as the sole member of Anderson

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1 Hospital, Community Hospital of Staunton, and the
2 other entities as noted in the posttransaction
3 organizational chart.

4 The purpose of this reorganization is to
5 structure Anderson Healthcare and its affiliates
6 in a manner which will allow for more streamlined
7 governance structure, more uniform oversight of
8 organizational operations and compliance matters,
9 greater operational flexibility, and improved
10 overall organizational efficiency.

11 I'm happy to answer any additional
12 questions at this time.

13 CHAIRWOMAN SAVAGE: Any questions?

14 (An off-the-record discussion was held.)

15 CHAIRWOMAN SAVAGE: Mike, do you have any
16 questions about the corporate restructuring?

17 MR. CONSTANTINO: Could you explain why
18 this is being done, Mr. Page?

19 MR. PAGE: Yes.

20 So currently our hospital board -- which,
21 as you recall, was formed when we just had a
22 single hospital as part of the organization. We
23 now have two hospitals, an imaging center, a
24 medical group, a real estate company, and a

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1 surgery center which will be opening in the summer
2 and then a rehab hospital coming. All of that is
3 reporting to the Anderson Hospital board.

4 This is a structure that will allow the
5 Anderson Hospital board to continue to focus on
6 the operations of that hospital, quality care
7 initiatives. And the overall governance of all
8 those entities will then fall under the Anderson
9 Healthcare board, so that is the purpose of this
10 restructuring.

11 CHAIRWOMAN SAVAGE: Any other questions,
12 Mike?

13 MR. CONSTANTINO: Are you going to be the
14 CEO of Anderson Healthcare?

15 MR. PAGE: I will be the -- I will be the
16 CEO. There's actually -- the CFO of Anderson
17 Hospital will be the CFO of Anderson Healthcare.
18 The nine members that are being appointed to the
19 Anderson Healthcare board are all coming from our
20 Anderson Hospital board and will continue to serve
21 on the Anderson Hospital board at this point, as
22 well.

23 So there's actually no changes in the
24 personnel involved in this organization at this

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1 time.

2 CHAIRWOMAN SAVAGE: Any other questions?

3 (No response.)

4 CHAIRWOMAN SAVAGE: Okay. George, please
5 call the roll.

6 MR. ROATE: Thank you, Madam Chair.

7 Motion made by Senator Demuzio; seconded
8 by Mr. Slater.

9 Senator Demuzio.

10 MEMBER DEMUZIO: Yes, based upon the
11 comments I've heard today and, also, the staff
12 report.

13 MR. ROATE: Thank you.

14 Dr. Martell.

15 MEMBER MARTELL: Yes, based on the staff
16 report and the testimony heard today.

17 MR. ROATE: Thank you.

18 Dr. Murray.

19 MEMBER MURRAY: Yes, based on the
20 application and staff report.

21 MR. ROATE: Thank you.

22 Mr. Slater.

23 MEMBER SLATER: Yes, based on the report
24 and the testimony.

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1 MR. ROATE: Thank you.

2 Chairwoman Savage.

3 CHAIRWOMAN SAVAGE: Yes, based on the
4 staff Board staff report and the testimony today.

5 MR. ROATE: Thank you.

6 That's 5 votes in the affirmative.

7 MR. PAGE: Thank you very much.

8 CHAIRWOMAN SAVAGE: The exemption is
9 approved. Thank you.

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1 MS. AVERY: Members, although we combined
2 the two exemptions, C-03 and C-04, I've been
3 advised that we need separate votes on that but
4 not another testimony.

5 So there will be a motion for this same
6 gentleman but we'll vote -- unless you have
7 questions for him.

8 One second, sir.

9 Any questions for him on the Community
10 Memorial health change of ownership?

11 (No response.)

12 MS. AVERY: Okay. We'll make the motion
13 and approve it.

14 Although it's combined on the State Board
15 staff report, we need separate motions for it.
16 Sorry.

17 CHAIRWOMAN SAVAGE: So may I have a motion
18 to approve Exemption E-049-19, Community Hospital
19 of Staunton, for a change of ownership.

20 MEMBER SLATER: I move to approve.

21 CHAIRWOMAN SAVAGE: A second?

22 MEMBER MARTELL: I second.

23 CHAIRWOMAN SAVAGE: Roll call, please,
24 George.

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1 MR. ROATE: Thank you, Madam Chair.

2 Motion made by Mr. Slater; seconded by
3 Dr. Martell.

4 Senator Demuzio.

5 MEMBER DEMUZIO: Yes, based upon the
6 report.

7 MR. ROATE: Thank you.

8 Dr. Martell.

9 MEMBER MARTELL: Yes, based on the staff
10 report and testimony.

11 MR. ROATE: Thank you.

12 Dr. Murray.

13 MEMBER MURRAY: Yes, based on the previous
14 vote.

15 MR. ROATE: Thank you.

16 Mr. Slater.

17 MEMBER SLATER: Yes, based on the previous
18 votes.

19 MR. ROATE: Thank you.

20 Chairwoman Savage.

21 CHAIRWOMAN SAVAGE: Yes, based on staff
22 report and testimony.

23 MR. ROATE: That's 5 votes in the
24 affirmative.

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1 CHAIRWOMAN SAVAGE: So next on the agenda
2 is C-06, Project E-051-19, Little Company of Mary
3 Hospital in Evergreen Park.

4 May I have a motion to approve
5 Exemption E-051-19, Little Company of Mary
6 Hospital.

7 MEMBER SLATER: I move to approve.

8 CHAIRWOMAN SAVAGE: A second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Please identify
11 yourselves and then be sworn in.

12 MR. HOHULIN: Mark Hohulin, senior vice
13 president with OSF HealthCare system.

14 MR. QUERCIAGROSSA: A. J. Querciagrossa,
15 executive sponsor, OSF HealthCare system, for
16 integration of Little Company of Mary.

17 DR. HANLON: John Hanlon, J-o-h-n
18 H-a-n-l-o-n, president and CEO of Little Company
19 of Mary Hospital.

20 THE COURT REPORTER: Would you raise your
21 right hands, please.

22 (Three witnesses sworn.)

23 THE COURT REPORTER: Thank you. Please
24 print your names, as well.

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1 CHAIRWOMAN SAVAGE: Mike, please present
2 the State Board staff report.

3 MR. CONSTANTINO: Thank you, Madam Chair.

4 The Applicants are asking the State Board
5 to approve a change of ownership of a 298-bed
6 acute care hospital known as Little Company of
7 Mary Hospital and Health Care Centers in Evergreen
8 Park. OSF HealthCare system will become a hundred
9 percent owner of the hospital upon completion of
10 the transaction in February of 2020.

11 The hospital will be known as
12 OSF HealthCare Little Company of Mary Medical
13 Center. The licensee and owner of the site will
14 be OSF HealthCare system.

15 There is no cost to the transaction. No
16 public hearing was requested, and letters of
17 support were received. No oppositions were
18 received by the State Board.

19 Thank you, Madam Chair.

20 CHAIRWOMAN SAVAGE: Okay. Please proceed
21 with your statement to the Board.

22 MR. HOHULIN: Good morning.

23 We'd just like to thank the State staff
24 for the review and support of the change of

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1 ownership application for Little Company of Mary
2 to become part of the OSF HealthCare system as
3 well as the CON Board for your review this
4 morning.

5 We really don't have any additional
6 comments but are happy to answer any questions you
7 have.

8 CHAIRWOMAN SAVAGE: Does anyone have any
9 questions?

10 (No response.)

11 CHAIRWOMAN SAVAGE: I do have one
12 statement.

13 There were several attempts to merge and
14 purchase Little Company of Mary Hospital. Could
15 you provide us with more insight into your
16 decision about this purchase?

17 DR. HANLON: Little Company of Mary
18 Hospital is a stand-alone hospital in Evergreen
19 Park, and we've been seeking an affiliation
20 partner for about three years now. And we have
21 been doing that because we've had some operational
22 challenges, and we've realized that in this
23 hospital and medical environment it really is
24 impossible to succeed as a stand-alone hospital.

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1 This is evidenced most recently by the
2 closure of MetroSouth Hospital, which is 4 miles
3 away from Little Company of Mary Hospital.

4 So we think we have found in
5 OSF HealthCare a health care system that is
6 aligned with our philosophy and our mission and is
7 going to allow us access to capital, access to
8 innovation, access to personnel to help us to
9 develop our -- our ability to deliver health care
10 to the community.

11 CHAIRWOMAN SAVAGE: Thank you.

12 Mike, do you have any questions?

13 George?

14 MR. ROATE: No.

15 MR. CONSTANTINO: Is there any intent to
16 discontinue any services at the hospital?

17 DR. HANLON: No, there is not. In fact,
18 we think this will help us to grow our services
19 because of the ability to innovate and to
20 institute best practices, which OSF has instituted
21 on the system level.

22 MR. CONSTANTINO: Is OSF HealthCare
23 committed to spending capital for the hospital?

24 DR. HANLON: Absolutely. That's part of

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1 the affiliation agreement.

2 MR. CONSTANTINO: How much? Do you have a
3 figure you could give the Board?

4 DR. HANLON: 300 million over 10 years.

5 MR. CONSTANTINO: Thank you.

6 CHAIRWOMAN SAVAGE: Any other questions?

7 (No response.)

8 (An off-the-record discussion was held.)

9 CHAIRWOMAN SAVAGE: George, please call
10 the roll.

11 MR. ROATE: Thank you, Madam Chair.

12 Motion made by Mr. Slater; seconded by
13 Dr. Martell.

14 Senator Demuzio.

15 MEMBER DEMUZIO: Yes, based upon the staff
16 report.

17 MR. ROATE: Thank you.

18 Dr. Martell.

19 MEMBER MARTELL: Yes, based on the staff
20 report.

21 MR. ROATE: Thank you.

22 Dr. Murray.

23 MEMBER MURRAY: Yes, based on the report
24 and testimony.

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1 MR. ROATE: Thank you.

2 Mr. Slater.

3 MEMBER SLATER: Yes, based on the report
4 and the testimony and the commitment that
5 St. Francis has made to future capital.

6 MR. ROATE: Thank you.

7 Chairwoman Savage.

8 CHAIRWOMAN SAVAGE: Yes, based on the
9 State staff Board report as well as the testimony.

10 MR. ROATE: Thank you.

11 That's 5 votes in the affirmative.

12 CHAIRWOMAN SAVAGE: The exemption is
13 approved. Thank you.

14 DR. HANLON: Thank you.

15 MR. QUERCIAGROSSA: Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item C-07, Project E-052-19, Schwab Rehabilitation
3 Hospital in Chicago.

4 May I have a motion to approve
5 Exemption E-052-19, Schwab Rehabilitation
6 Hospital, to discontinue a 21-bed long-term care
7 category of service.

8 (No response.)

9 CHAIRWOMAN SAVAGE: A motion to approve?

10 MEMBER SLATER: I move to approve.

11 CHAIRWOMAN SAVAGE: A second?

12 MEMBER MARTELL: Second.

13 CHAIRWOMAN SAVAGE: Please identify
14 yourself and then be sworn in.

15 MS. GOLLINGER: Good morning. My name is
16 Mary Gollinger, and I'm the vice president of
17 Schwab Rehabilitation Hospital.

18 THE COURT REPORTER: Would you raise your
19 right hand, please.

20 (One witness sworn.)

21 THE COURT REPORTER: Thank you.

22 CHAIRWOMAN SAVAGE: Mike, please present
23 the State staff Board report.

24 MR. CONSTANTINO: Thank you, Madam Chair.

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1 The Applicants are asking the State Board
2 to approve the discontinuation of a 21-bed
3 long-term care category of service at Schwab
4 Rehabilitation Hospital in Chicago, Illinois.

5 There were no letters -- excuse me. No
6 public hearing was requested, and no letters of
7 opposition were received. We did receive letters
8 of support for this application.

9 Thank you, Madam Chair.

10 CHAIRWOMAN SAVAGE: Thank you.

11 Please proceed with your statement to the
12 Board.

13 MS. GOLLINGER: I have no other things to
14 add other than what were in the report or to
15 answer any questions you may have.

16 CHAIRWOMAN SAVAGE: Do members have
17 questions?

18 (No response.)

19 (An off-the-record discussion was held.)

20 CHAIRWOMAN SAVAGE: Are you able to
21 educate the Board on the CMS reimbursement change
22 and the possible effect on similar institutions?

23 MS. GOLLINGER: So the CMS reimbursement
24 change, there has been a model that's called PDPM,

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1 which is --

2 MS. AVERY: Hold the microphone closer.

3 MS. GOLLINGER: I'm sorry?

4 MS. AVERY: Hold the mic closer so we can
5 hear.

6 MS. GOLLINGER: Okay.

7 -- PDPM, patient-driven payment model,
8 which is under the guidelines for nursing homes.
9 And so what it does is it pays for patients in
10 nursing homes or long-term care facilities --
11 which this was licensed under -- for acute nursing
12 care, and Schwab provided intense therapy
13 services. So those patients that we took who
14 needed intense therapy services were not a
15 category that we would be reimbursed for.

16 My understanding is the nursing home
17 industry, in general, has already changed their
18 model. And it is unlikely that, you know, their
19 census will decrease, but those patients who need
20 intense rehab services but don't qualify for an
21 inpatient level of rehab care, an LTACH, or home
22 health care outpatient are going to be without
23 someplace to go, but I believe that will be a
24 small number. I believe they'll be able to figure

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1 that out.

2 CHAIRWOMAN SAVAGE: Any other questions?

3 (No response.)

4 CHAIRWOMAN SAVAGE: Okay. George, please
5 call the roll.

6 MR. ROATE: Thank you, Madam Chair.

7 Motion made by Mr. Slater; seconded by
8 Dr. Martell.

9 Senator Demuzio.

10 MEMBER DEMUZIO: Yes, based upon the staff
11 report.

12 MR. ROATE: Thank you.

13 Dr. Martell.

14 MEMBER MARTELL: Yes, based on staff
15 report.

16 MR. ROATE: Thank you.

17 Dr. Murray.

18 MEMBER MURRAY: Yes, based on the staff
19 report.

20 MR. ROATE: Thank you.

21 Mr. Slater.

22 MEMBER SLATER: Yes, based on the report.

23 MR. ROATE: Thank you.

24 Chairwoman Savage.

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1 CHAIRWOMAN SAVAGE: Yes, based on the
2 staff report.

3 MR. ROATE: Thank you.

4 That's 5 votes in the affirmative.

5 CHAIRWOMAN SAVAGE: The exemption is
6 approved. Thank you.

7 MS. GOLLINGER: Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item H-01, Project 19-030, Coulterville
3 Rehabilitation and Health Care Center in
4 Coulterville.

5 May I have a motion to approve
6 Project 19-030, Coulterville Rehabilitation and
7 Health Care Center, to add 25 long-term care beds
8 to its existing long-term care facility.

9 MEMBER MURRAY: So moved.

10 CHAIRWOMAN SAVAGE: A second?

11 MEMBER MARTELL: Second.

12 CHAIRWOMAN SAVAGE: Please identify
13 yourselves and then be sworn in.

14 MR. OBERLINK: Whitney Oberlink.

15 MR. HYLAK-REINHOLTZ: Joe Hylak-Reinholtz,
16 counsel for the Applicant.

17 MR. LEVITT: Michael Levitt, vice
18 president, Tutera Senior Living & Healthcare.

19 THE COURT REPORTER: Would you raise your
20 right hands, please.

21 (Three witnesses sworn.)

22 THE COURT REPORTER: Thank you.

23 CHAIRWOMAN SAVAGE: Mike, please present
24 the State Board staff report.

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1 MR. CONSTANTINO: Thank you, Madam Chair.

2 The Applicants are asking the Board to
3 approve the addition of 25 long-term care beds to
4 a 75-bed long-term care facility for a total of
5 100 long-term care beds at a cost of approximately
6 \$2.4 million. The expected completion date is
7 December 31st, 2020.

8 A public hearing was offered regarding the
9 proposed project but none was requested. Letters
10 of support were received. No opposition were
11 received by the State Board.

12 Board staff found one criterion out of
13 compliance with Board rules regarding -- it was
14 regarding the reasonableness of project cost, site
15 preparation fees.

16 Thank you, Madam Chair.

17 CHAIRWOMAN SAVAGE: Thank you.

18 Please proceed with your statements to the
19 Board.

20 MR. OBERLINK: Good morning, Chairperson
21 Savage, other distinguished members of the
22 State Board, Administrator Courtney Avery, and
23 ex officio agency reps.

24 My name is Whitney Oberlink. I'm the

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1 administrator of Coulterville Rehab and Health
2 Care facility, a long-term care facility in
3 Coulterville, Illinois, located in Randolph County
4 and Health Service Area 5. I am here representing
5 the Co-Applicants.

6 Today I respectfully ask you to grant a
7 CON permit for this important project, which
8 proposes a 25-bed expansion to our existing 75-bed
9 long-term care facility.

10 At the table to my left is our CON
11 attorney and consultant, Joe Hylak-Reinholtz. I'm
12 also joined by Mike Levitt, vice president from
13 the Tutera Group, who oversees business
14 development for all Tutera-affiliated facilities.

15 If the Board desires to proceed to a vote
16 now, that's fine. Alternatively, we are happy to
17 provide a very brief summary of the project and
18 answer all questions you might have.

19 CHAIRWOMAN SAVAGE: Do we have any
20 questions?

21 (No response.)

22 CHAIRWOMAN SAVAGE: Mike and George, any
23 questions?

24 MR. CONSTANTINO: How does the change in

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1 reimbursement affect the long-term care facilities
2 that we just heard?

3 MR. OBERLINK: Well, the new PDP rate so
4 far has been not a negative effect at all for our
5 facility. We've actually seen an increase in our
6 average daily reimbursement for our skilled
7 referrals.

8 CHAIRWOMAN SAVAGE: Okay. Thank you so
9 much.

10 George, will you please call the roll.

11 MR. ROATE: Thank you, Madam Chair.

12 Motion --

13 CHAIRWOMAN SAVAGE: I'm sorry. We have
14 one more question.

15 MEMBER MARTELL: And, again, there was --
16 one of the areas that was found was the
17 reasonableness of cost expenses, the survey and
18 site prep.

19 Can you speak to that?

20 MR. LEVITT: Yes. I -- Mike Levitt, vice
21 president, Tuter Senior Living.

22 Yes, it's separate areas of cost
23 allocation in the project that's over \$2 million,
24 and in our site prep we exceeded the State check

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1 on that at 5 percent.

2 So in the process of actually developing
3 the project once we get going, we'll bring that
4 back down to that amount. It's -- I think,
5 Mike -- I don't have the number in front of me --

6 MR. HYLAK-REINHOLTZ: It's 1.67 percent.

7 MR. LEVITT: It's 1.67 percent over the
8 5 percent, so we'll manage back down to that
9 5 percent. It should not be an issue at all
10 for us.

11 CHAIRWOMAN SAVAGE: Other questions?

12 (No response.)

13 CHAIRWOMAN SAVAGE: Okay. Now, George,
14 please call the roll.

15 MR. ROATE: Thank you, Madam Chair.

16 Motion made by Dr. Murray; seconded by
17 Mr. Martell.

18 Senator Demuzio.

19 MEMBER DEMUZIO: Yes, based upon the staff
20 report.

21 MR. ROATE: Thank you.

22 Dr. Martell.

23 MEMBER MARTELL: Yes, based on staff
24 report and testimony.

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1 MR. ROATE: Thank you.

2 Dr. Murray.

3 MEMBER MURRAY: Yes, based on the staff
4 report and testimony.

5 MR. ROATE: Thank you.

6 Mr. Slater.

7 MEMBER SLATER: Yes, based on staff
8 report.

9 MR. ROATE: Thank you.

10 Chairwoman Savage.

11 CHAIRWOMAN SAVAGE: Yes, based on staff
12 report and testimony.

13 MR. ROATE: Thank you.

14 That's 5 votes in the affirmative.

15 CHAIRWOMAN SAVAGE: The permit is
16 approved. Thank you.

17 MR. LEVITT: Thank you very much.

18 MR. HYLAK-REINHOLTZ: Thank you.

19 MR. CONSTANTINO: Dr. Martell, that
20 commitment will be noted in the permit letter when
21 they receive the permit letter.

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1 CHAIRWOMAN SAVAGE: Okay. Next on the
2 agenda is H-03, Project 19-032, Greater Chicago
3 Center for Advanced Surgery in Des Plaines.

4 May I have a motion to approve
5 Project 19-032, Greater Chicago Center for
6 Advanced Surgery, to establish a limited-specialty
7 ASTC.

8 MEMBER MARTELL: I so move.

9 CHAIRWOMAN SAVAGE: Do we have a second?

10 MEMBER MURRAY: Second.

11 MR. AXEL: Madam Chairman, the Applicant
12 just stepped out to make a phone call, if we could
13 drop back a project.

14 CHAIRWOMAN SAVAGE: Sure.

15 (An off-the-record discussion was held.)

16 MS. AVERY: Sorry.

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1 CHAIRWOMAN SAVAGE: Okay. So now, next on
2 the agenda, instead, Item H-02, Project 19-031,
3 Advanced Surgical Institute, Evergreen Park.

4 Senator Demuzio, if you could try to mute
5 your line again, please.

6 May I have a motion to approve
7 Project 19-031, Advanced Surgical Institute, to
8 establish a single-specialty ASTC.

9 MEMBER MARTELL: I so move.

10 CHAIRWOMAN SAVAGE: A second?

11 MEMBER MURRAY: Second.

12 CHAIRWOMAN SAVAGE: Please identify
13 yourselves and then be sworn in.

14 MR. NIEHAUS: Bryan Niehaus, B-r-y-a-n
15 N-i-e-h-a-u-s. I'm a consultant representing the
16 Applicants.

17 DR. AL-KHALED: Dr. Nouri Al-Khaled,
18 N-o-u-r-i. Al-Khaled, A-l, hyphen, K-h-a-l-e-d.

19 DR. SPEAR: Dr. William Spear, S-p-e-a-r.

20 THE COURT REPORTER: Would you raise your
21 right hands, please.

22 (Three witnesses sworn.)

23 THE COURT REPORTER: Thank you. And
24 please print your names, as well.

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1 CHAIRWOMAN SAVAGE: Mike, please present
2 the State Board staff report.

3 MR. CONSTANTINO: Thank you, Madam Chair.

4 The Applicants are asking the State Board
5 to approve the establishment of a single-specialty
6 ASTC performing cardiovascular surgical services
7 in Evergreen Park, Illinois. The cost of the
8 project is approximately \$6.1 million, and the
9 completion date is April 22nd, 2021.

10 No public hearing was requested, and one
11 letter of support was received. No letters of
12 opposition were received by the State Board.

13 Board staff found three criteria out of
14 compliance with the Board rules.

15 Thank you, Madam Chair.

16 CHAIRWOMAN SAVAGE: Thank you.

17 Please proceed with your statements to the
18 Board.

19 MR. NIEHAUS: Thank you. I'd just like to
20 briefly thank the Board staff for their review of
21 the project and the Board for your time today.

22 Before I turn it over to the two
23 representatives for the Applicant, I just wanted
24 to briefly provide some comment about the three

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1 deficiencies that were found in the Board staff
2 report.

3 The first two are very familiar to this
4 Board for ASTC filings in Chicagoland regarding
5 service accessibility and duplication of services.
6 These are standards that are based on the current
7 utilization levels of other facilities in the
8 market and do not reflect always a like-to-like
9 about the need for this facility.

10 As the two doctors will cover in more
11 detail, there is a need for this facility. There
12 is only one operating room approved for
13 cardiovascular procedures within the market today.
14 That project is not in opposition -- and is
15 located at the edge of the 10-mile radius --
16 because they cannot handle the volume of this
17 project and they are servicing their own patient
18 base that is different from this application.

19 Finally, the third deficiency regarding
20 standards on the project cost, the main finding
21 here is the equipment funding is in excess of the
22 State standards. This is because there's a nearly
23 \$1 million piece of equipment -- we have an
24 estimate of 900,000 -- for cardiovascular imaging

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1 equipment, which is not a standard piece of
2 equipment for equipment in operating rooms, so it
3 is not commonly considered as part of these ASTC
4 standards. Without that, we are in compliance
5 with the State standards.

6 The hope is that the Applicant will be
7 able to obtain the equipment below that \$900,000
8 cost estimate with the closure of many hospital
9 facilities and obtaining refurbished equipment on
10 the open market, but we wanted to provide the
11 higher estimate for new equipment in the event
12 that is required. We're happy to answer any more
13 questions on that front as requested by the Board.

14 And I would just like to note that the
15 project did have no opposition and MetroSouth
16 Hospital, located 6 miles away, has one operating
17 room for cardiac procedures and three cath labs
18 that are going to be closing, so there's only
19 going to be a heightened need for this facility to
20 provide outpatient surgery options for outpatient
21 cardiovascular services.

22 DR. AL KHALED: Thank you very much for
23 allowing me the time. I'm here today to ask this
24 Board to support my group's goal to create a new

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1 option for our patients to receive cardiovascular
2 health care to be performed on an outpatient
3 basis.

4 As Bryan had covered the technical
5 component of our filing to the Board, I would like
6 to summarize the reasons which we are here today.

7 I am currently Dr. Nouri Al-Khaled, the
8 managing partner of an 11-man single-specialty
9 cardiology group that's Consultants in Cardiology
10 & Electrophysiology. Our group operates out of
11 three locations, including our main office in
12 Evergreen Park, which is currently located next to
13 the proposed ambulatory surgical center.

14 This project was borne out of the need to
15 deliver best care for our patients at the most
16 cost-effective way. As the Board is well aware,
17 for a number of years the surgical landscape in
18 the United States has been evolving at a very
19 rapid pace.

20 This evolution of health care is the
21 result of significant advancement in technology
22 and improvement in the size and the precision of
23 the equipment we use during surgical procedures
24 and intervention. Adding to that is the pricing

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1 awareness and the importance of cost-effectiveness.

2 All that had led Medicare, Medicaid, and
3 commercial insurance carriers to approve more
4 procedures to be performed in an ambulatory
5 surgical center.

6 Over the past two decades, in the last
7 20 years, cardiologists in general and our
8 practice in particular have been -- have seen the
9 well-reported benefits of the ambulatory surgical
10 center setting realized by other medical
11 specialties, such as orthopedic surgery,
12 gastroenterology, pain management, podiatry,
13 ophthalmology, and others.

14 This Board had approved numerous such
15 projects and is very much familiar with the
16 benefits our patients would gain in an ambulatory
17 surgical center setting, including reduced risks
18 of infection, reduced length of stay, decreased
19 costs, improved outcome, increased patient
20 satisfaction and comfort, and so on. It is now
21 the right time to offer our patients these exact
22 same benefits.

23 I'd like to note that the final 2019 CMS
24 rule revised the definition of "surgery," which

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1 resulted in the addition of 12 cardiac
2 catheterization procedures to Medicare ambulatory
3 surgical center payable list, specifically for
4 vascular, electrophysiology, and diagnostic
5 cardiocatheterization procedures.

6 Now, the final 2020 CMS statement to --

7 CHAIRWOMAN SAVAGE: Doctor, excuse me
8 one second. Can we ask you to hold on one second
9 while we fix our technical difficulties?

10 I just noticed she's not there anymore.

11 DR. AL-KHALED: Oh, well --

12 CHAIRWOMAN SAVAGE: One second.

13 Dr. Demuzio, do you hear us?

14 (An off-the-record discussion was held.)

15 MR. ROATE: There we go.

16 CHAIRWOMAN SAVAGE: Can you hear us now,
17 Dr. Demuzio -- or Senator Demuzio?

18 (An off-the-record discussion was held.)

19 CHAIRWOMAN SAVAGE: Can you hear us?

20 MEMBER DEMUZIO: I can hear you, yes.

21 CHAIRWOMAN SAVAGE: Oh, good. We can't
22 see you but we can hear you. Can you hear the
23 testimony already or do you need it repeated?

24 MEMBER DEMUZIO: Yes -- no, I can hear it.

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1 CHAIRWOMAN SAVAGE: Okay. Great.

2 Thank you.

3 Okay. Please.

4 DR. AL-KHALED: Should I repeat or --

5 MS. AVERY: No.

6 CHAIRWOMAN SAVAGE: No. She said she
7 could hear you.

8 DR. AL-KHALED: So I'm going to say --
9 yeah, I was at the Medicare note.

10 The final 2019 CMS payment rule revised
11 the definition of "surgery," and this revision
12 resulted in the addition of 12 cardiac
13 catheterization procedures to the Medicare
14 ambulatory surgical center payable list,
15 specifically for vascular, electrophysiology, and
16 diagnostic cardiocatheterization.

17 Now, just recently, the final 2020 CMS
18 payment rule, approved in November, added six
19 angioplasty and stenting procedures to the
20 ambulatory surgical center covered procedure list
21 starting with the calendar year 2020. Please
22 note, due to the timing, our filing does not even
23 consider the additional volume of patients for the
24 six new procedures added in 2020.

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1 Both recent updates are the result of
2 impressive advances in technology, allowing health
3 care providers to deliver best care to patients
4 safely, effectively, and comfortably; for example,
5 the evolution of the radial access for
6 cardiocatheterization where, actually, a full
7 cardiac catheterization and angioplasty and a
8 stent of the carotid artery could be done through
9 the wrist, through the radial artery.

10 Evolution of vascular closure devices.
11 These are like little devices, little stitches,
12 little holes, plug holes that -- you literally
13 could plug the femoral artery.

14 Those advances have led to the adoption of
15 same-day discharge programs. Those advances allow
16 patients to ambulate early, discharge early, and
17 decrease the risk of bleeding almost to zero.

18 These advances and these -- the adoption
19 of the same-day discharge programs was not only a
20 safe option for our patients, not only made the
21 addition of the cardiac catheterization and the
22 angioplasty to the ambulatory surgical center
23 procedure list safe but also a necessary option to
24 decrease the cost of our patients and our

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1 community. We set our priority right.

2 So I would like to reiterate that patient
3 safety comes first and we know that not every
4 single patient will be done in the ambulatory
5 surgical center, but the expertise of our
6 cardiologists could exactly identify which are the
7 best patients to be taken care of in those
8 ambulatory surgical centers.

9 Looking at Medicare alone, we think our
10 patients would be able to save somewhere between
11 10 to -- 10 percent to over 50 percent compared to
12 hospital outpatient settings for the same if not
13 even better quality of care.

14 Having specialized, trained staff
15 available for our procedures only enhances quality
16 and safety. Locating the surgery center next door
17 to our Evergreen Park office will allow for our
18 patients to be treated in a familiar, comforting,
19 and low-stress environment.

20 I hope I was able to convey that the
21 advances in technology and payment recognition are
22 driving this project. My group is excited to
23 offer our patients the same options offered to
24 patients of other specialties for decades.

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1 I believe this single-specialty center
2 opening will allow access to improved care for our
3 community, including our Medicaid and our indigent
4 patients. I firmly believe this ambulatory
5 surgical center is a clear choice to approve.

6 I respectfully request that the Board
7 approve this project, and I ask that you please
8 provide us a chance to address any doubts or
9 concerns you have before your vote.

10 Thank you.

11 DR. SPEAR: Thank you.

12 My name is Dr. William Spear. I'm a
13 cardiac electrophysiologist and a partner in
14 Consultants in Cardiology & Electrophysiology.
15 Thank you for your time today.

16 I'd like to briefly build upon the
17 comments of Bryan and Dr. Al-Khaled, and I would
18 like to reiterate why this venture is absolutely
19 necessary.

20 To start, although the staff Board report
21 notes that there is sufficient volume of ASC
22 surgical options in the market, I would like to
23 note that there are not any viable options for our
24 practice or for our patients in reality.

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1 Currently, of the nine licensed ASCs
2 within the market area, none of these ASCs offer
3 cardiovascular services. And an additional two
4 ASCs are located within the market area, but they
5 are not yet licensed or operational. Both the
6 Vascular Access Centers of Illinois and Premier
7 Cardiac Surgery Center are designed and intended
8 to service an existing patient base which is other
9 than ours.

10 Neither the Vascular Access Centers or
11 Premier is intended to or capable of servicing our
12 volumes. In fact, Premier is intended to operate
13 as a hybrid OBL-ASC with only one operating room.
14 This clearly restricts the ability of the facility
15 to shoulder our proposed volumes.

16 Likewise, the Vascular Access Center is
17 designed for dialysis patients and end stage renal
18 disease patients and not cardiac patients. It is
19 not designed for PCI, pacemaker, cardiac
20 catheterization procedures, which our project is
21 designed for. Clearly, these two facilities could
22 not equip, staff, and service the complex cases
23 and volumes that we intend by our project.

24 Given this reality, there's no current ASC

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1 setting option for our patients and none on the
2 near horizon. This deprives them of the
3 associated patient satisfaction, access to care,
4 quality, and decreased costs associated with an
5 ASC setting. Given the complexity of the
6 operations we perform, we believe it is also very
7 important for the facility and the staff to be
8 dedicated and specialized for our procedures.

9 Let's see.

10 Owning and operating the ASC will allow us
11 to control the cost and satisfaction in a way that
12 is not possible by trying to add PCI or cath
13 intervention capabilities to another facility in
14 the market.

15 Lastly, I want to note that we appreciate
16 and will continue to partner and utilize our
17 hospital partners in the neighborhood for
18 medically appropriate patients. We believe our
19 doctors and patients deserve the option of a
20 nonhospital surgical setting approved by Medicare,
21 Medicaid, and commercial insurers to offer more
22 price effective and quality care.

23 In addition, due to the paucity of current
24 cath labs and capable operating suites in our

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1 area, our patients often have to wait up to
2 six weeks for elective procedures which otherwise
3 could have been done in a more cost-effective and
4 expedient way. The current cath labs in our
5 hospitals are often running at about 150 percent
6 capacity, performing cases late in the evenings
7 and have high turnover of staff due to high
8 burnout rates from the staff working in the
9 hospitals.

10 By approving our ASC, we will be able to
11 off-load the appropriate cases from the hospitals
12 to allow them to perform the more complex cases on
13 the sicker patients at the appropriate time.

14 I hope the Board understands the need for
15 our surgical center, and I respectfully request
16 the Board approve this project and I ask that you
17 please provide us a chance to answer any questions
18 you may have.

19 Thank you.

20 MR. NIEHAUS: Before I turn it over,
21 I just wanted to quickly note my error in updating
22 the doctor.

23 Premier, it has been opened. He said that
24 there were two not-yet-licensed facilities.

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1 Premier has been approved and is operational that
2 we're aware of.

3 CHAIRWOMAN SAVAGE: Does the Board have
4 any questions?

5 (No response.)

6 CHAIRWOMAN SAVAGE: One question I would
7 have, do you have an agreement with MetroSouth for
8 their equipment yet? Or a promise to sell it
9 to you?

10 DR. AL-KHALED: No. We have no agreement
11 with MetroSouth to buy it from them. The
12 equipment -- the highest-cap dollar equipment,
13 which is the cardiocatheterization lab, it's
14 priced at -- brand-new -- at 900,000. But the
15 current changes in health care with closure of
16 hospitals may allow us to be able to get a good
17 piece of equipment for probably half that price,
18 but this is something to be found and negotiated.

19 We know that MetroSouth -- there's a
20 contractor that practically bought everything to
21 the best of our knowledge. So we don't know who
22 that is yet, but we will look into lowering the
23 cost if we can.

24 MR. CONSTANTINO: Madam Chair, I just want

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1 to make sure that these folks understand this is
2 not cardiac cath. You'd have to address the
3 cardiac cath requirements already -- do we
4 understand?

5 MR. NIEHAUS: They were only performing
6 the same procedures this Board has approved in the
7 ASC setting that Premier is approved to operate
8 under, as reflected in the report in our
9 outpatient.

10 MR. CONSTANTINO: Okay. We have to stop
11 comparing previously approved projects. This has
12 been going on too long. We have --

13 MR. NIEHAUS: I'm not trying to --
14 understood.

15 MR. CONSTANTINO: Okay.

16 MR. NIEHAUS: I'm just speaking of -- what
17 we're doing is just ASC-approved procedures.
18 I understand there's a separate cardiac cath
19 category.

20 MR. CONSTANTINO: I think -- I think the
21 permit letter ought to make it clear that no
22 cardiac cath lab is being established at this
23 facility.

24 MR. NIEHAUS: How do you define the

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1 cardiac cath lab versus the Medicare CPT codes?

2 MR. CONSTANTINO: You have to tell me if a
3 cardiac cath is going -- lab -- is going to be
4 established here at this facility.

5 If you do -- if you are, then we have to
6 defer this project and come back before the Board
7 and you address those criteria.

8 If we made a mistake understanding what
9 you --

10 MR. NIEHAUS: So I just want to understand
11 clearly so that we understand.

12 We're only performing things that are --
13 the way we're speaking about this is how the
14 facility is licensed and reimbursed, and the
15 ASC payment schedule is the ASC payment schedule.
16 And any ASC that is approved to operate a
17 specialty in Illinois can perform those procedures
18 that are listed on an ASC payment schedule. Those
19 are the only ones we would perform if we were
20 approved for cardiovascular.

21 Not all cardiac cath procedures are
22 approved under the Medicare payment schedule.
23 I think it's a difficult discussion because the
24 definition on Illinois standards is not entirely

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1 clear about what is included in a cardiac cath
2 from a reimbursement standpoint.

3 We're only sticking to those procedures
4 that are in the ASC setting that sometimes include
5 a catheterization terminology but are not
6 inclusive of all cardiac cath lab procedures.

7 MR. CONSTANTINO: I still think there
8 needs to be a condition on the permit that no
9 cardiac cath lab is going to be established at
10 this facility.

11 MR. NIEHAUS: I think that we're open to
12 accepting that as long as we can also define what
13 "cardiac cath lab" includes.

14 MR. CONSTANTINO: Or we can extend the
15 review period and bring it back until we've had an
16 opportunity to discuss with the Applicants what
17 exactly is going to be occurring here, if that's
18 the wishes of the Board.

19 DR. AL-KHALED: Can I comment on
20 something, please?

21 CHAIRWOMAN SAVAGE: Certainly.

22 DR. AL-KHALED: The ambulatory surgical
23 center is currently the -- approved in Illinois.
24 This is something very new that's going on.

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1 I mean, the -- since Medicare had come up with the
2 new criteria to be able to perform cardiovascular
3 procedures in ambulatory surgical centers.

4 The definition of a cath lab versus an
5 operating room -- first, it's called a hybrid
6 suite -- is practically the same for us as
7 physicians.

8 For us, it means that you are going to
9 perform cardiovascular procedures and those are --
10 either you're going to do percutaneous work --
11 percutaneous work would require an X-ray machine
12 and just like when the end stage renal disease
13 patients require access for dialysis -- so you
14 practically go in and work on their vascular
15 systems under X-ray and under fluoroscopy.

16 So if you define a cardiac cath procedure
17 just because it is a procedure that is done with
18 the utilization of fluoroscopy and percutaneous
19 approach, it's just a -- we are talking about
20 different wordings, but it's practically the same
21 thing.

22 A cardiovascular procedure is almost
23 always -- in the ambulatory surgical center -- is
24 percutaneous for the carotid arteries. And for

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1 the -- for the pacemaker technology, it is
2 requiring a fluoroscopy room.

3 So I don't understand how you could define
4 it from our perspectives as physicians. You
5 cannot do any of these procedures without having
6 fluoroscopy. So you could call it a cath lab or
7 an ambulatory surgical center operating room,
8 which is practically a lot more sophisticated than
9 even a cardiac cath lab.

10 CHAIRWOMAN SAVAGE: Okay.

11 MR. CONSTANTINO: The cardiac --

12 CHAIRWOMAN SAVAGE: One second.

13 Dr. -- Senator Demuzio, are you still
14 there?

15 MS. AVERY: It keeps going in and out.

16 MEMBER DEMUZIO: I'm here.

17 CHAIRWOMAN SAVAGE: She can hear.

18 MS. AVERY: He said as long as it doesn't
19 go off, we're fine.

20 CHAIRWOMAN SAVAGE: Okay.

21 MR. CONSTANTINO: We have -- the Board has
22 a specific category of service for cardiac cath.
23 That's my concern with this, why I think they need
24 to address that.

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1 And they haven't so far.

2 MR. NIEHAUS: Respectfully, we're only
3 applying for an ASC approval. If the State is
4 going to come out with clear standards that are
5 going to restrict ASCs from performing certain
6 cardiac catheterization procedures, including
7 currently approved ASCs, we will, of course, abide
8 by that.

9 All we're asking for is to be treated as
10 an ambulatory surgical center, as we are under the
11 rules today, as with other applicants have been
12 historically under State rules.

13 I would request that we have a vote from
14 the Board so we can at least have clarity on this.
15 And we will, of course -- as the State clarifies
16 its rules, we will comply with whatever is
17 required by the State.

18 (An off-the-record discussion was held.)

19 MEMBER MURRAY: Is there a reason that
20 this wasn't done before this meeting?

21 MR. NIEHAUS: Not -- it was not raised, to
22 my knowledge. All of the procedure codes that we
23 have been performing were reported in our
24 application and are clearly transparent in the

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1 public documents.

2 MEMBER MURRAY: I think what staff may be
3 asking you -- you will not perform any procedures
4 that are not already covered in your application?

5 Is that what you're asking?

6 MR. NIEHAUS: Abso- -- we will not perform
7 anything that is not approved by both the State
8 and the Federal government for conducting
9 procedures in an ambulatory surgical center.

10 I don't know how else any applicant can
11 come before the Board and make a different
12 guarantee.

13 MEMBER MURRAY: So let me ask the question
14 again. I feel like I might --

15 MR. NIEHAUS: I'm sorry.

16 MEMBER MURRAY: Okay.

17 What I heard, staff concern is to make
18 sure that, in your application, you appropriately
19 covered what you're actually going to do.

20 MR. NIEHAUS: That is correct.

21 MEMBER MURRAY: And he is concerned, with
22 this equipment, that you may slip into some
23 procedures that are not covered in the application
24 you applied under but may be covered in a cath

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1 application.

2 Is that -- is that right?

3 MR. CONSTANTINO: Yes.

4 MEMBER MURRAY: Okay.

5 MR. CONSTANTINO: And we have specific
6 rules for cardiac cath labs.

7 MEMBER MURRAY: Okay. So now --

8 MR. CONSTANTINO: This Board does.

9 MEMBER MURRAY: So, now, that seems to me
10 to be a simple question. So let me ask it again.

11 In your application you listed a bunch of
12 procedures with the codes.

13 MR. NIEHAUS: Uh-huh.

14 MEMBER MURRAY: Is there any intention on
15 doing any procedures that are not in that specific
16 list of your application codes?

17 MR. NIEHAUS: There is not unless CMS
18 would, in the future, add additional codes that
19 are appropriate to the ASC setting. Everything
20 that we've reported --

21 MEMBER MURRAY: Okay. So -- and, again --
22 so just because something is in CMS -- the State
23 would have to change its little rules for you to
24 be in compliance with the State; is that correct?

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1 MR. NIEHAUS: If that were to occur, yes.
2 We would not do anything that is not included in
3 the State rules.

4 MEMBER MURRAY: In the State rules?

5 MR. NIEHAUS: That's correct. Of course.

6 MEMBER MURRAY: I'm just working here for
7 the State. Okay?

8 MR. NIEHAUS: Yeah. Absolutely.

9 MEMBER MURRAY: All right.

10 All right. So as long as that's clear,
11 then I can -- I can understand it.

12 MR. NIEHAUS: We're happy to report the
13 procedures -- as this Board can require -- that
14 this facility performs moving forward.

15 MEMBER MARTELL: As a follow-up, given all
16 the testimony that we heard about cardiac cath --
17 and that was said by both physicians there --
18 were -- the procedures that were used for the
19 calculation, did that include cardiac cath?

20 MR. NIEHAUS: Again, some of the procedure
21 codes included catheterization nomenclature in the
22 CPT coding. I am not aware of any defined list of
23 procedures that the State has enumerated for how
24 they distinguish between cardiac cath lab and

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1 what's on an ASC procedural approval list, whether
2 State or CMS.

3 So all we can commit to without further
4 information is that we're going to conduct
5 procedures that are allowable by the Federal and
6 State government.

7 MEMBER MURRAY: Let me ask the question a
8 different way.

9 MR. NIEHAUS: Yeah.

10 MEMBER MURRAY: Would it perhaps be more
11 prudent to have your application include the
12 State's process for catheterization labs?

13 MR. NIEHAUS: That will be a decision for
14 the State. I -- it's hard for me to project on
15 that, given my ill understanding of how this is
16 interplaying and was not raised for our attention
17 previously.

18 My only concern is the amount of time we
19 may delay the project and the Applicants, as
20 they're tied up with resources financially for the
21 building they're looking to seek approval on. But
22 if that's what the Board feels is appropriate,
23 we'll go with what the Board believes is the best
24 process.

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1 As I said earlier, if we seek approval and
2 should the Board graciously approve our filing as
3 an ASC, we, of course, will comply with any
4 decisions and guidance and regulatory requirements
5 this Board or the State comes out with subsequent
6 to our approval.

7 There's already ASCs approved for
8 cardiovascular services in this state. We're
9 going to not -- we are not going to operate out of
10 compliance, just as they will not.

11 MEMBER MURRAY: So I have a question for
12 staff.

13 Theoretically -- hypothetically -- if we
14 were to approve what they applied for, the codes
15 that they put in, could they then -- could we
16 request that they come back and finish whatever
17 gaps might exist between this present application
18 and between the State's cardiocatheterization lab
19 application?

20 MR. CONSTANTINO: Yes, you could do that.

21 MEMBER MURRAY: Does that seem reasonable
22 to you gentlemen?

23 MR. NIEHAUS: That does seem reasonable.

24 DR. AL-KHALED: Yeah.

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1 (An off-the-record discussion was held.)

2 CHAIRWOMAN SAVAGE: Melanie, would you be
3 able to read back Dr. Murray's testimony?

4 THE COURT REPORTER: Dr. Murray's
5 testimony?

6 (An off-the-record discussion was held.)

7 MEMBER MURRAY: I can restate the
8 motion -- I didn't make a motion, but I could make
9 it if you want.

10 CHAIRWOMAN SAVAGE: Yes, please, if you
11 could read it.

12 MS. AVERY: Just the last -- last little
13 bit that she was talking about.

14 THE COURT REPORTER: See if this is what
15 you want.

16 "So I have a question for staff.

17 "Theoretically -- hypothetically -- if we
18 were to approve what they applied for, the codes
19 that they put in, could they then -- could we
20 request that they come back and finish whatever
21 gaps might exist between this present application
22 and between the State's cardiocatheterization lab
23 application?"

24 Mr. Constantino said, "Yes, you could do

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1 that."

2 Member Murray said, "Does that seem
3 reasonable to you gentlemen?"

4 Mr. Niehaus and the doctor both said,
5 "That does seem reasonable."

6 Is that the part you wanted?

7 (An off-the-record discussion was held.)

8 MEMBER MURRAY: Let me vote out of order.
9 I vote yes.

10 MS. AVERY: We didn't vote yet. We'll
11 take a break.

12 I'm sorry. There's only five of us --
13 five of you.

14 MEMBER MURRAY: Sorry.

15 CHAIRWOMAN SAVAGE: George, did you have a
16 question?

17 MR. ROATE: No, ma'am. We discussed it
18 among staff.

19 MS. AVERY: Mike, any other?

20 MR. CONSTANTINO: No, ma'am.

21 MS. AVERY: All right. Thank you.

22 CHAIRWOMAN SAVAGE: George, please call
23 the roll.

24 MR. ROATE: Thank you, Madam Chair.

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1 Motion made by Dr. Martell; seconded by
2 Dr. Murray.

3 Senator Demuzio.

4 MEMBER DEMUZIO: I am -- I'm going to go
5 ahead and vote yes, but I'm very reluctant to
6 doing so.

7 MR. ROATE: Thank you.

8 Dr. Martell.

9 MEMBER MARTELL: I'm going to say the
10 intent to deny with the concerns that were
11 expressed in the testimony related to cardiac
12 cath.

13 MR. ROATE: Thank you.

14 MS. AVERY: Wait, George.

15 I think you have to clarify. You have to
16 vote yea or nay.

17 MEMBER MARTELL: No.

18 MR. NIEHAUS: Can we request that the
19 Board defer rather than vote no if the concern's
20 going to be about interpretation of Board rules
21 and not the substance of our application?

22 MS. AVERY: Yes, but we don't have a
23 January meeting scheduled. Our next meeting is
24 scheduled for February --

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1 MR. NIEHAUS: I understand.

2 MS. AVERY: Okay.

3 THE COURT REPORTER: Excuse me. Excuse me.

4 The next meeting is scheduled when?

5 MS. AVERY: February.

6 THE COURT REPORTER: And you said what?

7 MR. NIEHAUS: "I understand."

8 THE COURT REPORTER: Thank you. Sorry.

9 MS. AVERY: Okay. Do you want to defer?

10 MR. NIEHAUS: I would request a deferral.

11 MS. AVERY: Okay. Thank you.

12 MR. NIEHAUS: Thank you.

13 MS. AVERY: We're taking a break,

14 10 minutes.

15 CHAIRWOMAN SAVAGE: We're going to take a

16 10-minute break.

17 (A recess was taken from 10:53 a.m. to

18 11:16 a.m.)

19 MS. ALIKHAN: After our brief recess --

20 here we go. Can you hear me now?

21 Okay. After a brief recess, I've advised

22 the Board to consider withdrawing the initial --

23 the earlier motion on Project 19-031.

24 (An off-the-record discussion was held.)

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1 CHAIRWOMAN SAVAGE: George, who made the
2 motion to approve 19-031?

3 MR. ROATE: Motion made by Dr. Martell;
4 seconded by Dr. Murray.

5 MEMBER DEMUZIO: I cannot hear what's --

6 MR. ROATE: I'm sorry. My apologies.

7 Motion made by Dr. Martell; seconded by
8 Dr. Murray.

9 MEMBER DEMUZIO: And what item are we on?

10 MR. ROATE: That was --

11 CHAIRWOMAN SAVAGE: 19-031, the Advanced
12 Surgical Institute in Evergreen Park.

13 MEMBER DEMUZIO: Got it. Okay.

14 CHAIRWOMAN SAVAGE: Dr. Martell, would you
15 make a motion to withdraw your motion to approve?

16 MEMBER MARTELL: I withdraw my motion to
17 approve.

18 CHAIRWOMAN SAVAGE: Thank you.

19 (An off-the-record discussion was held.)

20 MS. AVERY: Okay.

21 - - -

22

23

24

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1 CHAIRWOMAN SAVAGE: All right. So next on
2 our agenda is H-03, Project 19-032, Greater
3 Chicago Center for Advanced Surgery in
4 Des Plaines.

5 May I have a motion to approve
6 Project 19-032, Greater Chicago Center for
7 Advanced Surgery, to establish a limited-specialty
8 ASTC.

9 MEMBER MURRAY: So moved.

10 CHAIRWOMAN SAVAGE: May I have a second.

11 (No response.)

12 MS. AVERY: Second? Somebody?

13 MEMBER SLATER: Second.

14 CHAIRWOMAN SAVAGE: Okay. Would you
15 please identify yourselves and be sworn in.

16 DR. DOMB: Dr. Benjamin Domb.

17 MR. AXEL: Jack Axel.

18 THE COURT REPORTER: Would you raise your
19 right hands, please.

20 (Two witnesses sworn.)

21 THE COURT REPORTER: Thank you. And
22 please print your name, as well.

23 CHAIRWOMAN SAVAGE: Mike, would you please
24 present the State Board staff report.

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1 MR. CONSTANTINO: Thank you, Madam Chair.

2 The Applicants are asking the Board to
3 approve the establishment of a limited-specialty
4 ASTC to perform orthopedic and pain management
5 services in Des Plaines, Illinois.

6 The cost of the project is approximately
7 \$8.1 million, and the expected completion date is
8 March 31st, 2021.

9 No public hearing was requested, and
10 letters of support were received. No letters of
11 opposition were received by the Board.

12 Board staff found five criteria out of
13 compliance with Board rules.

14 Thank you, Madam Chair.

15 CHAIRWOMAN SAVAGE: Okay. If you would
16 please proceed with your statement to the Board.

17 DR. DOMB: Good morning. Thank you very
18 much for the opportunity to speak with you this
19 morning.

20 MS. AVERY: Closer.

21 DR. DOMB: My name is Dr. Benjamin Domb.
22 I'm a double-board-certified orthopedic surgeon.
23 I'm medical director of The American Hip Institute
24 and chair of the nonprofit The American Hip

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1 Institute Research Foundation.

2 I have a very specific specialty in
3 robotic and arthroscopic surgery for hip injuries.
4 As one of just a handful of surgeons in the
5 country with this particular specialty, I treat
6 patients from all over the country and throughout
7 Illinois, including professional athletes and
8 active individuals who want to be treated like
9 professional athletes.

10 Over a decade ago I founded the nonprofit
11 The American Hip Institute Research Foundation,
12 dedicated to research and education. I spend at
13 least 40 days per year lecturing at national and
14 international meetings for other orthopedic
15 surgeons, teaching orthopedic surgeons, and
16 performing research to advance the field.

17 I recently left a large group practice in
18 order to devote more time to research and
19 education and created The American Hip Institute's
20 new facility in Des Plaines.

21 For many years we have done procedures at
22 two out-of-state surgery centers, one in Indiana
23 and one in Wisconsin, because of the availability
24 of robotic technology and specialized operating

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1 rooms and equipment dedicated to the unique
2 procedures we perform. Presently there are no
3 surgery centers in our area with the robotic
4 system or the other specialized equipment required
5 for our procedures, and the needed equipment is
6 very costly.

7 We're also doing outpatient procedures in
8 hospitals, which will be moved to the proposed
9 surgery center, as well as the over 300 procedures
10 that were performed last year between myself and
11 my associates at the two out-of-state surgery
12 centers. Virtually all of those will be moved to
13 the proposed surgery center in Des Plaines.

14 By way of introduction to The American Hip
15 Institute, it is the first and only clinic of its
16 kind in the nation dedicated specifically to
17 cutting-edge treatment of hip injuries. The three
18 pillars of the mission of The American Hip
19 Institute are unique surgical expertise,
20 charitable work, and research and education.

21 The core mission of patient service is to
22 provide comprehensive evaluation and treatment for
23 patients with athletic hip injuries or early
24 arthritis who often have great difficulty in

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1 obtaining a correct diagnosis and finding the
2 right specialist. 60 percent of our patients are
3 initially misdiagnosed. They have seen an average
4 of three to four doctors before getting the right
5 treatment plan.

6 The American Hip Institute aims to get
7 patients the right diagnosis, the correct
8 treatment plan, and the best specialist for their
9 problem, all in a single day.

10 The charitable pillar includes care for
11 uninsured patients and includes specifically care
12 for uninsured active duty or retired military
13 servicepeople through a program that we created
14 called "Hips for Heroes."

15 The third pillar is research and teaching.
16 In this mission we aim to advance the field,
17 creating innovative new procedures with proven
18 patient outcomes. We've published over
19 250 articles in peer-reviewed medical journals to
20 fulfill this mission. We also serve as a teaching
21 resource to surgeons from around the world,
22 spreading knowledge of how to correctly diagnose
23 complex hip injuries.

24 A very specialized surgery center is

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1 currently The American Hip Institute's missing
2 link in providing continuity of care to our
3 patients and bringing that care to the patients in
4 our specific community. The unique procedures we
5 perform cannot be done in other surgery centers
6 due to the costly and highly specialized equipment
7 required, which other surgery centers are not
8 willing to acquire.

9 This project has the support of the local
10 hospitals where we practice, as represented in the
11 letter from the CEO of Lutheran General Hospital.
12 The implementation of robotics and other advanced
13 procedures at the proposed surgery center will
14 have tremendous benefit to Illinois patients.

15 We've proven that the precision of
16 robotics reduces errors by 94 percent, decreasing
17 risk of leg length discrepancies, hip
18 dislocations, and other complications. By
19 customizing the procedure to the individual
20 patient's anatomy, we can restore their hip to
21 feeling like and functioning like a normal hip.

22 The primary benefits to our patients
23 associated with moving cases to the surgery center
24 proposed and to this setting are a reduced risk of

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1 acquiring hospital-borne infections, the patients'
2 preference to recover at home, and a cost
3 reduction of over 35 percent relative to the
4 hospital setting.

5 Professional athletes come from around the
6 country for our procedures, and the proposed
7 surgery center will enable us to provide everyday
8 patients from our community and throughout
9 Illinois with the same elite level of care.

10 Jack will now address the findings of the
11 staff report.

12 I thank you very much.

13 MR. AXEL: Thank you, Dr. -- is this on?

14 MS. AVERY: Yes.

15 MR. AXEL: Thank you, Dr. Dome.

16 As noted in the staff report, this project
17 has been reviewed against 22 separate criteria and
18 has been found out of compliance with 5. I'll
19 focus my comments on those five criteria and the
20 reasons for the negative findings.

21 The first finding is that the projected
22 physician referrals did not justify the proposed
23 two operating rooms. This finding was made solely
24 because the Indiana and Wisconsin procedures of

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1 Dr. Domb and his associate Dr. Lall were not
2 incorporated into the staff calculation. As noted
3 by Dr. Domb, last year he and his associate
4 brought over 300 cases to the Wisconsin and
5 Indiana ASTCs having the robotic capabilities that
6 he referenced a few minutes ago. That was over a
7 third of the cases they performed last year.

8 These aren't cases going to California;
9 they're not cases going to New York. They are
10 being done literally within 3 miles of the
11 Illinois state line, and as Dr. Domb said, they
12 will be done in the proposed ASTC. Including
13 these cases in the calculation would easily have
14 resulted in a finding of noncompliance -- excuse
15 me -- in a finding of compliance.

16 The second criteria calls for 50 percent
17 or more of the patients to reside in the
18 geographic service area, that being within
19 10 miles of the proposed surgery center. Five of
20 the seven physicians providing historical patient
21 information, those being physicians other than
22 Dr. Dome and his associate Dr. Lall, each
23 documented that in excess of 50 percent of their
24 patients reside within that 10-mile area.

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1 Because of the nature of their practice,
2 Drs. Domb and Lall do not anticipate that
3 50 percent of their patients will likely be area
4 residents within two years. As a result, the
5 composite 50 percent level likely will not be
6 attained within the two years noted in the
7 criterion.

8 From a historic perspective, Drs. Domb and
9 Lall's 50 percent level was not reached for two
10 reasons: First, because of the specialty nature
11 of the procedures they perform, one would expect
12 patients to come from a broader area, and that has
13 been the historical case with their patients. For
14 example, during 2018 Dr. Domb performed outpatient
15 surgery on 622 patients. Those patients resided
16 in 276 different zip codes, in state, out of
17 state, and internationally.

18 Second, Dr. Domb and Dr. Lall moved their
19 practice from DuPage County to Des Plaines
20 last year. As a result, the nearby patients that
21 they performed cases on in the past now reside
22 more than 10 miles away from the proposed ASTC.

23 While the percentage of nearby patients
24 being operated on at the surgery center will

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1 likely increase over time, it would not be
2 reasonable to anticipate that the 50 percent
3 threshold will be reached within two years. We
4 are anticipating compliance, however, within
5 3, 3 1/2 years from the opening of the surgery
6 center as AHI becomes better known in the
7 northwest suburbs.

8 The remaining two criteria both deal with
9 the availability of orthopedic surgery in the
10 area. As has been noted with other projects
11 presented to the Board, it's doubtful that there
12 is a service area in the state of Illinois where
13 there is not access to orthopedic surgery;
14 however -- and particularly after Dr. Domb's
15 comments -- I think we can all agree that
16 orthopedic surgery is not orthopedic surgery is
17 not orthopedic surgery.

18 And based on Dr. Domb's description of his
19 practice and the procedures that he performs,
20 including his ASTC robotic procedures, this
21 project does not result in an unnecessary
22 duplication of services but, rather, provides
23 access to state-of-the-art services in Illinois.

24 In closing, this project was in compliance

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1 with all of the financial criteria. This project
2 has received no opposition. This is an
3 opportunity to do something to directly benefit
4 Illinois residents, and it will provide a cost
5 savings to the patients.

6 The Applicants are thankful for the
7 letters of support that have been received, and we
8 would be happy to answer any questions you may
9 have.

10 Thank you.

11 CHAIRWOMAN SAVAGE: Thank you.

12 Any questions?

13 (No response.)

14 CHAIRWOMAN SAVAGE: Comments?

15 (No response.)

16 CHAIRWOMAN SAVAGE: Mike, George, do you
17 have any comments?

18 MR. CONSTANTINO: No.

19 MR. ROATE: No.

20 MEMBER MURRAY: I have a question for you.

21 I'm only an internist, so I get lost on these
22 surgical issues.

23 CHAIRWOMAN SAVAGE: Please talk louder.

24 MS. AVERY: Closer to the mic.

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1 MEMBER MURRAY: And while I know you're
2 obviously a champion for this new robotic stuff,
3 could you give us a sense of how the field is
4 changing, how many procedures are moving into this
5 area of using robotics, how fast you think that's
6 going to increase? And, also, are there any
7 robotic surgery centers anywhere in the state?

8 DR. DOMB: Thanks for the question. First
9 of all, don't say "only an internist" because an
10 internist's job is much harder than mine, a lot of
11 area to cover.

12 In terms of the growth of robotics, I'll
13 give you a little historical perspective. So we
14 did the first outpatient robotic hip replacement
15 in the country now about six years ago, and that
16 was done at the out-of-state surgery center in
17 Indiana.

18 Over the last six, seven years, we have
19 done extensive research on the outcomes and the
20 accuracy of the robotics and published on that
21 research, so that has essentially brought
22 knowledge of the science around it and the
23 outcomes into the mainstream orthopedic
24 peer-reviewed literature. So I think today there

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1 is an acceptance in the orthopedic community that
2 the benefits we hoped for six or seven years ago
3 have actually come to reality and been borne out
4 in the science.

5 In terms of the actual catch-up of the
6 field in moving patients to this technology, there
7 are a couple hurdles.

8 One is it is not a simple procedure to
9 learn or to become expert in, so we have a
10 fellowship as part of The American Hip Institute
11 where we train surgeons who have completed their
12 orthopedic surgery residency for one to two years
13 in an apprenticeship-style fellowship. We started
14 that about 10 years ago. That's part of the
15 nonprofit work that we do.

16 And the goal of that fellowship is that
17 they come out of it trained as experts in robotic
18 and other advanced hip procedures. So we've now
19 trained 21 fellows who are around the country --
20 and a few actually around the world -- and who are
21 currently practicing with this technology.

22 In terms of the actual equipment, that's
23 the second hurdle.

24 So after a surgeon becomes an expert in

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1 it, they have to actually get a robot, a robotic
2 system, and it's a very expensive system. So
3 there are not a lot of facilities that have them,
4 and there is, to my knowledge, only one other
5 ambulatory surgery center in the state of Illinois
6 that has robotics, and that particular surgery
7 center has a closed medical staff, so it's not an
8 option for us in The American Hip Institute.

9 So this would be, to my knowledge, the
10 first center in the state and, certainly, in the
11 Chicago area to have open access to this
12 technology for myself, my associates, and the
13 others that we train.

14 MEMBER SLATER: Where is that other
15 facility?

16 DR. DOMB: That's located in Westmont.

17 CHAIRWOMAN SAVAGE: Mike and George, do
18 you have any comments?

19 MR. ROATE: No.

20 MR. CONSTANTINO: No.

21 CHAIRWOMAN SAVAGE: Any other comments,
22 questions?

23 (No response.)

24 CHAIRWOMAN SAVAGE: Okay.

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1 George, if you could call the roll vote.

2 MR. ROATE: Thank you, Madam Chair.

3 Motion made by Dr. Murray; seconded by

4 Mr. Slater.

5 Senator Demuzio.

6 MEMBER DEMUZIO: Yes, based upon

7 testimony.

8 MR. ROATE: Thank you.

9 Dr. Martell.

10 MEMBER MARTELL: Yes, based on testimony.

11 MR. ROATE: Thank you.

12 Dr. Murray.

13 MEMBER MURRAY: Yes, based on clarifying

14 testimony.

15 MR. ROATE: Thank you.

16 Mr. Slater.

17 MEMBER SLATER: Yes, based on the report

18 and the specialized services that are offered.

19 MR. ROATE: Thank you.

20 Chairwoman Savage.

21 CHAIRWOMAN SAVAGE: Yes, based on the

22 staff report and the testimony and the specialized

23 robotics that they're talking about.

24 MR. ROATE: Thank you.

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1 CHAIRWOMAN SAVAGE: Okay. Next on our
2 agenda is H-04, Project 19-040, Fresenius Kidney
3 Care Mount Prospect.

4 May I have a motion to approve
5 Project 19-040, Fresenius Kidney Care
6 Mount Prospect, to add eight stations.

7 MEMBER SLATER: I move to approve.

8 CHAIRWOMAN SAVAGE: A second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Please identify
11 yourselves and be sworn in.

12 MS. WRIGHT: Lori Wright.

13 MS. MORRISON: Abbie Morrison, A-b-b-i-e
14 M-o-r-r-i-s-o-n.

15 DR. HAN: Dr. Tina Han, H-a-n.

16 THE COURT REPORTER: Would you raise your
17 right hands, please.

18 (Three witnesses sworn.)

19 THE COURT REPORTER: Thank you. And
20 please print your names, as well.

21 CHAIRWOMAN SAVAGE: Mike, if you could
22 please present the State Board staff report.

23 MR. CONSTANTINO: Thank you, Madam Chair.
24 The Applicants are asking the State Board

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1 to approve the addition of eight ESRD stations to
2 its existing eight-station facility in
3 Mount Prospect, Illinois.

4 There was no request for a public hearing,
5 there was -- excuse me.

6 The approximate cost of the project is
7 approximately \$255,000. No letters of opposition
8 were received.

9 The Applicants have met all the
10 requirements of the State Board.

11 We have asked the Applicants to provide an
12 overview of what -- their intent to do here at
13 this facility. This is -- I can't recall if we --
14 if the Board has seen a project of this type, but
15 I think more will be coming.

16 Thank you.

17 CHAIRWOMAN SAVAGE: Thank you.

18 If you would please proceed with your
19 statement to the Board.

20 MS. WRIGHT: Good morning. Again, my name
21 is Lori Wright, CON specialist --

22 MS. AVERY: Closer.

23 MS. WRIGHT: -- CON specialist for
24 Fresenius Medical Care.

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1 To my right is Abbie Morrison, RN,
2 regional vice president with Fresenius; and to her
3 right is Dr. Tina Han, who is the medical director
4 at our Mount Prospect facility.

5 First of all, I want to thank the Board
6 staff for their positive review of this project,
7 and I also want to thank all of you here today for
8 your time.

9 Even though this project does meet all
10 your criteria, we do want to give a brief
11 presentation to introduce you to our transitional
12 care unit concept. And to start that off, I'm
13 going to hand this over to Abbie Morrison.

14 MS. MORRISON: Thank you.

15 I'm excited to be part of Fresenius' new
16 transitional care unit or TCU program that we've
17 just initiated in Illinois this past year at the
18 Mount Prospect facility. The TCU is designed to
19 encourage more patients to choose a home dialysis
20 option.

21 The urgency of this program's rollout has
22 really been heightened by the President's
23 executive order on American kidney health
24 requiring more patients to be on home dialysis, as

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1 well as our expanded use of the NxStage home
2 hemodialysis machine.

3 Traditionally, as you know, in-center
4 dialysis patients are receiving treatment at an
5 in-center station utilizing a full-size
6 conventional hemodialysis machine in a reclining
7 chair in that station, and they generally treat
8 three times a week, approximately four hours in
9 duration, on a Monday-Wednesday-Friday or Tuesday-
10 Thursday-Saturday schedule, and that translates to
11 six patient shifts per week, which is where the
12 Board gets their utilization calculation from.

13 The TCU station is a certified station on
14 the same treatment floor as the traditional
15 stations, although offering a more gentle and
16 frequent dialysis of four to five times a week for
17 approximately a three-hour duration. The patient
18 typically utilized the TCU for 30 days, dialyzing
19 on the NxStage home hemodialysis machine while
20 receiving individualized education and support
21 from the staff.

22 I'd like to turn this over to Dr. Han so
23 that she can -- since she's had the experience of
24 treating patients utilizing the TCU at the

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1 Mount Prospect facility.

2 DR. HAN: Hello. I'm Dr. Tina Han and I'm
3 a nephrologist, and I am excited to share with you
4 our experiences at Mount Prospect with the TCU and
5 explain more about it. I am very appreciative of
6 the fact that many of the Board members are
7 interested in what's going on here in our dialysis
8 world.

9 In the past patients really had very few
10 choices on dialysis. When they have kidney
11 failure, they end up at the dialysis unit, as
12 Abbie has mentioned, three times per week on a
13 conventional dialysis machine; however, over the
14 last year we have been really encouraging the use
15 of home dialysis, and this has made a big impact
16 in the health of the dialysis community.

17 There are two different ways patients
18 reach that point of end stage kidney disease. One
19 is a gradual way. When it's gradual, the patients
20 have the luxury of sitting with the nephrologist
21 over a period of time, discussing which is best
22 for them, in-center dialysis or home dialysis.

23 However, when somebody is suddenly
24 requiring dialysis, they end up in the hospital,

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1 let's say because they have sepsis or pneumonia,
2 and they unexpectedly have to be on dialysis.
3 Patients are often very overwhelmed, and they
4 don't know what to do. And for us to just ask
5 them what they want to do, they're not going to
6 know that.

7 And so that's where the transitional care
8 unit comes in, the TCU. They would go to our
9 unit, our Mount Prospect unit, and in the TCU they
10 would have 30 days to decide what they want to do.
11 And during that 30-days period, they would be
12 using a home dialysis machine four to five times
13 per week. And at the -- while they're doing their
14 dialysis in that month, they're receiving all the
15 education that is necessary for the different home
16 dialysis modalities.

17 And at the end of that period, they can
18 make an informed decision on whether they want to
19 go home with that type of machine, the NxStage
20 machine, which is very gentle and a little more
21 friendly for their use, or they could pick
22 peritoneal dialysis, which is a dialysis done with
23 the abdomen. And if neither is suitable, they'll
24 stay in-center for their dialysis, but we've seen

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1 a lot of people go from the transitional care unit
2 to -- and choosing home dialysis.

3 Now, I see both types of patients
4 regularly, in-center dialysis patients and the
5 home dialysis patients, and there is a remarkable
6 difference in the outcomes and how they feel, even
7 their attitudes.

8 So the in-center patients often say that
9 they are feeling drained after dialysis, and
10 somebody likened it to a flight from Chicago to
11 Los Angeles. I thought that was a very good
12 comparison.

13 If you know how tired you feel after
14 sitting in a plane for four hours, that's how
15 they're feeling on dialysis. And they go home to
16 recover, and they try to recover the next day.
17 The fatigue finally starts to go away, and then
18 they have to do dialysis again the next day. So
19 this becomes a cycle, and a lot of them don't feel
20 so well.

21 Now, the home patients I see on a regular
22 basis are telling me a different story. They're
23 not talking about feeling drained. They're
24 talking about saving a lot of time because they're

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1 not waiting for transportation and all the wait
2 times, and, also, because it's so gentle and
3 easier on their system, they're not feeling that
4 drained feeling. In fact, they take ownership of
5 their health better, and they can manipulate the
6 dialysis to what suits them on a daily basis.

7 So, for example, after a big Thanksgiving
8 meal, they're able to take off more fluid, or if
9 they haven't had an appetite in three days, they
10 won't take off as much fluid. So they almost
11 become experts in the way they treat their own
12 bodies, and they are, overall, much happier, and
13 they're just healthier in general, and I've seen
14 these outcomes as a reality.

15 The patients who are already on dialysis
16 and they've been on dialysis for years, we're
17 offering them the same kind of experience, called
18 "Experience the Difference" program. So over a
19 two-week period, they get to try using the home
20 dialysis machine. And if that makes them feel a
21 lot better and they want to switch over to home
22 dialysis, they can also go to the transitional
23 care unit to utilize this. So this is an
24 opportunity for existing dialysis patients and new

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1 dialysis patients, and we find that very exciting.

2 Currently I'm working with the community,
3 the hospital, the nursing homes, the home health
4 to try to make this more available and easier to
5 transition into for patients.

6 And I really appreciate this opportunity
7 to talk with y'all about this, and I'm hoping for
8 a future of healthier, happier dialysis patients.

9 Thank you.

10 CHAIRWOMAN SAVAGE: Thank you.

11 Do we have any questions?

12 MEMBER MURRAY: In your facility would you
13 give us an estimate percentage of patients that go
14 to this transitional unit end up choosing home
15 dialysis?

16 DR. HAN: Yes, ma'am.

17 Most -- in the transitional care unit,
18 about half the patients end up going on home
19 dialysis.

20 And in some cases, where they don't feel
21 that it is suitable for them and they're not able
22 to do it at home, they will stay in-center.

23 CHAIRWOMAN SAVAGE: Okay. Mike or George,
24 any comments or questions?

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1 MR. ROATE: No.

2 MR. CONSTANTINO: Why are you converting
3 to this model?

4 DR. HAN: The main reason to convert to
5 this model is that the home therapies are very
6 gentle on the system, and it's more of a frequent
7 therapy; it's more physiologic.

8 When you do three-times-per-week dialysis
9 at the dialysis center, you're taking off an
10 enormous amount of fluid at one time and putting
11 the blood flow through very high flows. And
12 because all of that is very hard on the body, we
13 were trying to find a way to have patients dialyze
14 more frequently when there was just a little less
15 time per session. And we have found that, doing
16 that, patients feel much better.

17 MR. CONSTANTINO: Is there a reimbursement
18 issue here with this transition?

19 DR. HAN: Do you know?

20 MS. MORRISON: There's no reimbursement
21 issue, per se. It's dependent on a physician's
22 prescription. And if the patient needs indicate
23 that they need more frequent dialysis, then the
24 physician simply writes the order and we treat the

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1 patient and bill accordingly. But there's no
2 particular reimbursement issue.

3 CHAIRWOMAN SAVAGE: So even if the
4 patients were to choose -- the traditional
5 patients -- to try the TCU and then do that, is
6 there a reimbursement issue with that?

7 MS. MORRISON: No. There's still -- we're
8 still billing for the treatments that we're
9 performing.

10 MEMBER MARTELL: As a follow-up, do you
11 anticipate the number of the traditional stations
12 declining with the advancement of the TCU?

13 MS. MORRISON: Well --

14 CHAIRWOMAN SAVAGE: Dr. Demuzio -- or
15 Senator Demuzio, could you please try to mute your
16 phone?

17 MEMBER DEMUZIO: Hello. Sorry.

18 MS. MORRISON: So to your question about
19 the need for stations decreasing over time, based
20 on the predicted numbers of patients in need of
21 dialysis in the coming years with the
22 population -- the expected ESRD population
23 growing, we don't really anticipate an extreme
24 change in the number of stations needed, although

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1 we do expect that we are going to see a shift of
2 more patients choosing a home therapy option as
3 there's an overall culture change given the
4 executive order and overall feedback from
5 physicians on improving outcomes for patients.

6 CHAIRWOMAN SAVAGE: Any other questions,
7 comments?

8 (No response.)

9 CHAIRWOMAN SAVAGE: Okay. George, if you
10 could please call the roll.

11 MR. ROATE: Thank you, Madam Chair.

12 Motion made by Mr. Slater; seconded by
13 Dr. Martell.

14 Senator Demuzio.

15 MEMBER DEMUZIO: Yes, based upon the
16 testimony I've heard and the State report.

17 MR. ROATE: Thank you.

18 Dr. Martell.

19 MEMBER MARTELL: Yes, based on the staff
20 report and the clarification and discussion on TCU.

21 MR. ROATE: Thank you.

22 Dr. Murray.

23 MEMBER MURRAY: Yes, based on the staff
24 report.

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1 MR. ROATE: Thank you.

2 Mr. Slater.

3 MEMBER SLATER: Yes, based on the report
4 and the testimony.

5 MR. ROATE: Thank you.

6 Chairwoman Savage.

7 CHAIRWOMAN SAVAGE: Yes, based on the
8 staff report and testimony.

9 MR. ROATE: Thank you.

10 That's 5 votes in the affirmative.

11 CHAIRWOMAN SAVAGE: So the permit is
12 approved. Thank you.

13 MS. WRIGHT: Thank you.

14 MS. MORRISON: Thank you.

15 DR. HAN: Thank you.

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1 CHAIRWOMAN SAVAGE: Okay. Next on the
2 agenda is Item H-05, Project 19-042, HSHS
3 St. John's Hospital, Springfield.

4 May I have a motion to approve
5 Project 19-042, HSHS St. John's Hospital, for a
6 major modernization and expansion project.

7 MEMBER SLATER: I move to approve.

8 CHAIRWOMAN SAVAGE: A second?

9 MEMBER MURRAY: Second.

10 CHAIRWOMAN SAVAGE: If you could please
11 identify yourselves and be sworn in.

12 MS. PAUL: Allison Paul, P-a-u-l.

13 MS. GOEBEL: Julie Goebel, G-o-e-b-e-l.

14 MR. LAWLER: Dan Lawler, L-a-w-l-e-r,
15 CON counsel.

16 THE COURT REPORTER: Would you raise your
17 right hands, please.

18 (Three witnesses sworn.)

19 THE COURT REPORTER: Thank you. Please
20 print your names, as well.

21 CHAIRWOMAN SAVAGE: Okay. Mike, would you
22 please present the State Board staff report.

23 MR. CONSTANTINO: Thank you, Madam Chair.

24 The Applicants are asking the State Board

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1 to approve the modernization of its 56-bed
2 intensive care service and increase the bed
3 complement from 56 to 64 ICU beds. In addition,
4 the Applicants propose to increase its
5 medical/surgical bed complement from 200 beds to
6 232 beds.

7 The cost of the project is approximately
8 \$17.3 million, and the expected completion date is
9 July 31st, 2023.

10 No letters of support or opposition were
11 received, and there's no request for a public
12 hearing.

13 The Applicants have met all the
14 requirements of the State Board.

15 Thank you, Madam Chair.

16 CHAIRWOMAN SAVAGE: Thank you.

17 If you would please proceed with your
18 statements.

19 MS. GOEBEL: Good morning. My name is
20 Julie Goebel. I'm vice president of strategy for
21 the Hospital Sisters Health System, Central
22 Illinois division. Seated with me today is
23 Allison Paul, our chief nursing officer.

24 We appreciate the staff's finding that our

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1 modernization and bed expansion project is in
2 conformance with all Board criteria, and there is
3 no opposition to this project.

4 St. John's Hospital is a regional medical
5 center that is designated as a Level I trauma
6 center. We have our own college of nursing, and
7 we are a teaching hospital for the Southern
8 Illinois University School of Medicine.

9 This project provides needed upgrades to
10 our ICU and bed increases for both the ICU and
11 medical/surgical services.

12 We'd be happy to answer any questions that
13 you have.

14 Thank you.

15 CHAIRWOMAN SAVAGE: Any questions?

16 (No response.)

17 CHAIRWOMAN SAVAGE: Mike or George, would
18 you have any questions, comments?

19 MR. CONSTANTINO: No.

20 MR. ROATE: No. Thank you, Madam Chair.

21 CHAIRWOMAN SAVAGE: Okay.

22 All right. George, if you could please
23 call the roll.

24 MR. ROATE: Thank you, Madam Chair.

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1 Motion made by Mr. Slater; seconded by
2 Dr. Murray.

3 Senator Demuzio.

4 MEMBER DEMUZIO: Yes, based upon the
5 testimony I just heard and the staff report.

6 MR. ROATE: Thank you.

7 Dr. Martell.

8 MEMBER MARTELL: Yes, based on the staff
9 report.

10 MR. ROATE: Thank you.

11 Dr. Murray.

12 MEMBER MURRAY: Yes, based on the staff
13 report.

14 MR. ROATE: Thank you.

15 Mr. Slater.

16 MEMBER SLATER: Based on the staff report,
17 yes.

18 MR. ROATE: Thank you.

19 Chairwoman Savage.

20 CHAIRWOMAN SAVAGE: Yes, based on the
21 staff report.

22 MR. ROATE: Thank you.

23 That's 5 votes in the affirmative.

24 CHAIRWOMAN SAVAGE: The permit is

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1 approved. Thank you.

2 MS. GOEBEL: Thank you.

3 MS. PAUL: Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Item H-07, Project 19-048, Palos Health Mokena
3 medical office building in Mokena.

4 May I have a motion to approve
5 Project 19-048, Palos Health Mokena, to establish
6 a medical office building.

7 MEMBER DEMUZIO: Motion.

8 CHAIRWOMAN SAVAGE: Do we have a second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Okay.

11 Please identify yourselves and be sworn in.

12 MR. BROSNAN: Tim Brosnan, B-r-o-s-n-a-n.

13 MS. FRIEDMAN: Hi. I'm Kara Friedman of
14 Polsinelli.

15 THE COURT REPORTER: Would you raise your
16 right hands, please.

17 (Two witnesses sworn.)

18 THE COURT REPORTER: Thank you.

19 CHAIRWOMAN SAVAGE: Mike, if you would
20 please present the State Board staff report.

21 MR. CONSTANTINO: Thank you, Madam Chair.

22 The Applicants are asking the Board to
23 approve the construction of a medical office
24 building in Mokena, Illinois, at a cost of

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1 approximately \$29.7 million. The expected
2 completion date is January 1, 2022.

3 No public hearing was requested, and no
4 letters of support or opposition were received by
5 the State Board.

6 The Applicants have met all the
7 requirements of the Board.

8 Thank you, Madam Chair.

9 CHAIRWOMAN SAVAGE: Thank you.

10 If you'd please proceed with your
11 statement to the Board.

12 MR. BROSANAN: Sure. Thank you.

13 I really have no formal comments other
14 than to thank the staff for their help
15 in completing this application -- in completing
16 the review of the project and, also, for all their
17 efforts that have taken place to make sure that
18 this meeting could take place today.

19 If you have any questions, I'd be happy to
20 answer them.

21 CHAIRWOMAN SAVAGE: Do we have any
22 questions?

23 (No response.)

24 CHAIRWOMAN SAVAGE: Okay. Mike or George,

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1 any questions?

2 MR. ROATE: No.

3 CHAIRWOMAN SAVAGE: Okay. George, if you
4 would please call the roll.

5 MR. ROATE: Thank you, Madam Chair.

6 Motion made by Senator Demuzio; seconded
7 by Dr. Martell.

8 Senator Demuzio.

9 MEMBER DEMUZIO: Yes, based upon the staff
10 report.

11 MR. ROATE: Thank you.

12 Dr. Martell.

13 MEMBER MARTELL: Yes, based on staff
14 report.

15 MR. ROATE: Thank you.

16 Dr. Murray.

17 MEMBER MURRAY: Yes, based on the staff
18 report.

19 MR. ROATE: Thank you.

20 Mr. Slater.

21 MEMBER SLATER: Based on the staff report,
22 yes.

23 MR. ROATE: Thank you.

24 Chairwoman Savage.

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1 CHAIRWOMAN SAVAGE: Yes, based on the
2 staff report.

3 MR. ROATE: Thank you.

4 That's 5 votes in the affirmative.

5 CHAIRWOMAN SAVAGE: The permit is
6 approved. Thank you.

7 MR. BROSNAN: Thank you very much.

8 MS. FRIEDMAN: Thank you.

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1 CHAIRWOMAN SAVAGE: So next on the agenda
2 is Item H-08, Project 19-049, CGH Medical Center
3 in Sterling.

4 May I have a motion to approve
5 Project 19-049, CGH Medical Center, to establish a
6 10-bed acute mental illness unit.

7 MEMBER MARTELL: So moved.

8 MEMBER SLATER: I second.

9 CHAIRWOMAN SAVAGE: A second -- thank you.
10 If you could please identify yourselves
11 and be sworn in.

12 DR. STEINKE: Paul Steinke, S-t-e-i-n-k-e.

13 MS. GEIL: Kristie Geil, K-r-i-s-t-i-e
14 G-e-i-l.

15 MR. KAVANAUGH: David Kavanaugh. It's
16 D-a-v-i-d K-a-v-a-n-a-u-g-h.

17 THE COURT REPORTER: Would you raise your
18 right hands, please.

19 (Four witnesses sworn.)

20 THE COURT REPORTER: Thank you. And
21 please print your name on the sheet, as well.

22 CHAIRWOMAN SAVAGE: Mike, would you
23 present the State Board staff report.

24 MR. CONSTANTINO: Thank you, Madam Chair.

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1 The Applicants are asking the Board to
2 approve the establishment of a 10-bed acute mental
3 illness category of service on the campus of
4 CGH Medical Center, a 98-bed acute care hospital
5 in Sterling, Illinois.

6 The cost of the project is approximately
7 3.3 million. The expected completion date is
8 November 30th, 2020.

9 The State Board has received a number of
10 letters of support from employees of the hospital
11 and the community. No opposition letters were
12 received, and there was no request for a public
13 hearing.

14 Thank you, Madam Chair.

15 (An off-the-record discussion was held.)

16 CHAIRWOMAN SAVAGE: Okay. If you would
17 please proceed with your statement to the Board.

18 DR. STEINKE: Thank you.

19 Today we're here requesting your approval
20 to open a 10-bed behavioral health unit for
21 intensive behavioral health intervention at our
22 community hospital.

23 Thanks to your staff for their work on the
24 Board staff report, which is fully positive to the

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1 extent the findings are under our control. Our
2 legal counsel will discuss the report in more
3 detail in a moment.

4 Let me begin by saying that this is an
5 essential endeavor for our community. It will
6 support the excellent community-based care that
7 these patients receive from our crucial partners,
8 the Whiteside County Health Department, Lutheran
9 Social Services, and Sinnissippi Centers. I am
10 honored to collaborate with so many community
11 organizations which are here with us today
12 describing this critical need. You heard from
13 them earlier.

14 This includes our City of Sterling Mayor
15 Skip Lee; Sterling and Rock Falls police chiefs,
16 Chief Morgan and Chief Nelson; and the Whiteside
17 County Sheriff, Sheriff Booker; Beth Fiorini, the
18 recently retired public health administrator for
19 the Whiteside County Health Department; Skip
20 Dettman from Lutheran Social Services; and Diana
21 Verhulst of the United Way of Whiteside County.
22 The CEO of Sinnissippi Centers, Patrick Phelan,
23 was also here.

24 Plainly stated, we are here today because

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1 our community hospital needs an inpatient
2 behavioral health unit for patients presenting to
3 our ED in an acute mental health crisis that
4 requires stabilization.

5 I've been CEO for the last seven years,
6 and we've struggled to manage these patients with
7 outside resources. The hospital in the next
8 county is only accepting one out of five of these
9 referrals, and the hospitals in Rockford, which
10 are over 50 miles away, are no more willing or
11 able to take these patients, either.

12 Our board is resolved that the option of
13 continuing to send these vulnerable patients out
14 of the community to even more distant programs is
15 not a reasonable approach. It creates an
16 avoidable break in care that is devastating for
17 these patients and their families.

18 While the mental health crisis is not
19 unique to our community, it is exacerbated by our
20 area's natural rural situation where
21 transportation gaps and other socioeconomic
22 disadvantages create an enormous burden for our
23 vulnerable patients.

24 Sinnissippi Centers is treating 4,500

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1 individuals with mental illness in its four-county
2 area at any given time and 6,000 patients
3 annually. LSSI carries 1,100 patients, Whiteside
4 County 2,500. They are actively intervening on an
5 outpatient basis with patients suffering from
6 mental health disorders. Many of these patients
7 are cycling in and out of the inpatient programs.

8 As a frame of reference here, we are
9 located in Northwest Illinois, primarily serving
10 the twin cities of Sterling and Rock Falls, with
11 the border -- with a broader four-county service
12 area with over 135,000 residents.

13 I was raised in Sterling, came back after
14 medical training to practice family medicine.
15 I still provide patient care when there are
16 coverage needs in our rural health clinics and
17 elsewhere. As a practicing physician,
18 I understand the importance of providing essential
19 primary care services to our underserved patients.
20 As the hospital CEO, I help guide our organization
21 to provide all the required services a community
22 our size can expect.

23 Sterling and Rock Falls sit along the
24 Rock River with a combined twin city population of

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1 25,000. We are in Whiteside County. As a frame
2 of reference, our county is 115 miles west of the
3 Chicago Loop, 55 miles southwest of Rockford, and
4 75 -- 70 miles north of Peoria. The Mississippi
5 River is our western boundary, about 55 miles
6 away. There is one small inpatient mental health
7 unit within the planning area.

8 We are an independent, municipally owned
9 hospital. In our role in the region, we serve as
10 the primary referral hospital for the smaller or
11 less-specialized community providers in the
12 region. Tertiary services are referred to distant
13 hospitals in Rockford, Peoria, or metro Chicago
14 areas.

15 This project is under the oversight of our
16 long-serving CNO and VP of patient services
17 Kristie Geil.

18 MS. GEIL: Good morning and thank you.

19 In my role as chief nursing officer, it's
20 my responsibility to ensure the hospital maintains
21 services in accordance to applicable law and
22 health care standards, and that includes patient
23 safety and access to appropriate level of care.

24 Our approach to behavioral health care has

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1 become a key priority for not only our community
2 but our hospital and, therefore, a crucial
3 responsibility for me in my role.

4 So why is this? I serve, actually, on the
5 Whiteside County Healthier Communities Partnership
6 Coalition, as well. In our Whiteside County
7 community needs assessment, which was developed
8 pursuant to the Illinois Project for Local
9 Assessment of Needs -- or the IPLAN -- identified
10 access to inpatient mental care as the number one
11 priority for our County's residents who are
12 currently unable to receive those services locally
13 within our region.

14 This need was further supported by the
15 Illinois State Health Improvement Plan where
16 mental health was one of nine priority health
17 concerns with a key goal being to increase
18 intervention and treatment statewide.

19 One in five of our residents currently is
20 affected by mental health. The CDC published a
21 study in June indicating suicide rates are at the
22 highest level since World War II and they are only
23 getting worse. We are experiencing the same
24 phenomenon in Whiteside County, which further

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1 highlights the importance of appropriate treatment
2 in our local area.

3 As we submitted, the bed supply
4 recommended by experts is 40 to 60 beds
5 per hundred thousand people. Our statewide
6 average is about 34 beds per hundred thousand. In
7 our planning area, which you can see is circled
8 there in red, you can see the access to care is a
9 significant problem.

10 As you can see, there's a fair number of
11 planning areas that fall in the range of the
12 recommended supply and a few that are heavily
13 supplied, and those are the ones that are located
14 in the metropolitan Chicago area. CGH is here on
15 the graph showing that we have less than 20 beds
16 per 100,000 residents.

17 Now, the other two on that graph are not
18 truly the outliers they appear because this
19 planning area also includes Elgin Mental Health
20 Center, which has 75 civil beds. So, technically
21 speaking, our patients have the poorest access to
22 inpatient behavioral health services in the state
23 of Illinois.

24 With the next closest hospital only

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1 being -- only accepting one in five of our
2 requests for transfer and the abysmal lack of care
3 continuity these patients have when they're sent
4 to 1 of 34 different facilities up to two hours
5 away, this outmigration situation has really
6 become untenable for us.

7 As many of you know, mental illness
8 episodes in the acute setting -- a person
9 cannot -- no longer work, they can't care for
10 their families, they can't function in society and
11 do regular activities. In these cases supervised
12 intensive inpatient treatment is necessary and
13 required to protect patients and others in our
14 community.

15 We need a program that is designed to
16 return patients to a supportive, safe, and
17 productive member of the family and our community
18 rather than having him or her condition
19 exacerbated by an inadequate patchwork of services
20 and then lack of us being able to follow up with
21 them once they're discharged from those
22 metropolitan hospitals.

23 Our emergency department are on the front
24 lines of this crisis, triaging and initiating

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1 admissions to multiple behavioral health patients
2 on any given day, including those in our HSA 1
3 region. We cannot continue to merely serve as an
4 intake point without admitting these patients to a
5 dedicated unit within our hospital. Our patients
6 wait too long and are transferred too far away to
7 tolerate this situation any longer. Our community
8 deserves for us to provide these services.

9 This diagram provides a heat map by the
10 density of AMI patients by residence in our
11 service area and depicts the long distance to the
12 various psychiatric programs we routinely transfer
13 to if a patient requires admission. As you can
14 see, they're clustered in and around the
15 Chicagoland area, making a large component of
16 these transfers easily two hours by ambulance.

17 Our inability to have these patients
18 timely and consistently admitted to nearby
19 hospitals is affecting not only these patients and
20 the outcomes that they have but also is disrupting
21 the other essential medical care we need to
22 provide here in our emergency department.

23 When these patients come to CGH, they
24 require direct visualization at all times with

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1 sitters who are actually pulled from other
2 departments, who provide other patient care
3 functions within the hospital, which actually
4 impacts negatively our staffing ratios in other
5 areas.

6 Without a program we are particularly
7 failing patients who cycle in and out of inpatient
8 treatment at distance programs, as you
9 heard earlier. As you all likely know, in any
10 circumstances managing a patient with mental
11 illness, especially ones living in a rural area
12 with socioeconomic challenges and disadvantages,
13 has its own challenges.

14 We have strong community service partners
15 with Sinnissippi Mental Health, LSSI, Whiteside
16 County Health Department, and our law enforcement.
17 Despite this, we are not giving our residents the
18 best chance for mental health illness recovery if
19 we don't provide inpatient services.

20 With this program and based on historical
21 admissions for our community residents outside of
22 our region, we expect between 500 and 600 patients
23 a year to be admitted through our emergency
24 department, which will fully justify the size of

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1 the program we are currently proposing.

2 As you've heard from the testimony, we
3 have partnerships with law enforcement to try and
4 improve the lives of our residents with mental
5 illness. We collaborate with police and the
6 community-based services -- sorry -- providers to
7 try to deescalate situations when an individual
8 with a mental health crisis is exhibiting unlawful
9 conduct or pose a risk to our community.

10 These programs are promising. And
11 historically law enforcement and behavioral health
12 systems haven't always gotten along. We are
13 uniquely -- we uniquely have an advantage in this
14 situation as our officers are well trained and
15 have gained an excellent awareness of the special
16 needs of people with mental illness. We have
17 developed alternatives to arrest and know how to
18 access our community-based crisis stabilization
19 services and mental health hotlines.

20 Even so, we don't have a full scope of
21 services, though, without this program. Our
22 officers and provider staff experience frustration
23 and distress as they encounter the same familiar
24 faces time and time again to see the health and

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1 well-being of these individuals deteriorate
2 because we cannot provide continuity of care.

3 Our emergency department director,
4 Dr. David Kavanaugh, is confronting this crisis
5 firsthand, and he will discuss our current
6 situation and how we handle these patients without
7 the benefit of an inpatient program.

8 Thank you for your time.

9 DR. KAVANAUGH: Thank you very much for
10 having us here.

11 You've heard the data and the demographics
12 that we are challenged with, but I just wanted to
13 speak plainly to you about what happens, what
14 these patients go through, what we see in the
15 emergency department.

16 When these folks present, we, as the
17 physicians, initially need to see them, determine
18 if they have a medical condition, and deal with
19 that initially.

20 Once that has been cleared and we have
21 seen them and determined that they need to be
22 admitted to an inpatient hospital, that is when we
23 have our partners from Sinnissippi help us find
24 the appropriate placement for these folks.

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1 This is the point where I interact with
2 patients, patients' families, their loved ones,
3 and they frequently ask -- they beg -- "Don't send
4 me away; don't send me to Chicago; don't send me
5 so far away. My family doesn't have a car; my
6 family can't visit me. How am I going to get
7 home?"

8 I frequently have the same response:
9 "I don't have another option."

10 And I think we have an opportunity for
11 another option. I think these patients deserve
12 something better than what they've been given, and
13 this, today, is our opportunity to give them
14 something better.

15 I appreciate your time, and I know our
16 patients appreciate your consideration for this
17 project.

18 Thank you. I'll give it back to Kara.

19 MS. FRIEDMAN: Thanks.

20 So as you saw in your Board staff report,
21 this project meets your Part 1120 requirements.
22 And to the extent any of the elements of the
23 application are within the control of this
24 hospital, it meets the other requirements, as

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1 well.

2 What we're confronted with is two
3 technical negative findings. This project, as you
4 read, is fully supported by the community. We
5 appreciate them being here today.

6 CGH needs to address its lack of access to
7 these services. In doing so, it will fulfill a
8 core tenet of your Act, which is to promote access
9 to safety net services. Patients with mental
10 health illness are some of the most marginalized
11 and vulnerable patient population that any health
12 care providers in the state serve.

13 I want to address their plan to operate
14 this unit relative to the need methodology for AMI
15 services --

16 THE COURT REPORTER: I'm sorry. "Relative
17 to the" --

18 MS. FRIEDMAN: -- "need" --

19 THE COURT REPORTER: Thank you.

20 MS. FRIEDMAN: -- methodology for these
21 services and the service accessibility
22 restrictions that CGH Hospital patients
23 consistently experience for this service.

24 As you heard, CGH is here today due to the

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1 extreme involuntary outmigration for behavioral
2 health services from this region along with the
3 only hospital in the GSA accepting only one out of
4 every five of their patients.

5 As you can see from the last illustration
6 that was circulated around -- and Anne has a
7 larger copy of it here -- this is the outmigration
8 that this planning area sees for patients that
9 require admission for mental illness. The
10 percentages that you see are those percentages
11 that have to leave the nine-county planning area
12 to get services, and this is based on statewide
13 comp data.

14 So our mission is -- in opening this
15 unit -- is primarily to serve Jo Daviess,
16 Stephenson, Carroll, and Whiteside Counties, and
17 you'll see those have the highest percentages of
18 outmigration, 80 percent leaving, 76 percent,
19 63 percent, and 54 percent. So we hope, with
20 admitting the 5- to 600 patients a year, that
21 we'll substantially address that outmigration.

22 In Lee County you can see that Dixon
23 Hospital is doing better with outmigration, and
24 our general understanding is those patients that

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1 present to their ED will generally be admitted if
2 the scope of care that they need is appropriate
3 for the level of service they provide. So if we
4 can get to 21 percent or even far better than
5 that, then I think we'll feel that we're
6 fulfilling the mission of this project.

7 In the larger planning area, the need
8 methodology does recognize a need for one bed, but
9 it doesn't account for the outmigration, and the
10 minimum beds of 100,000 people is only 11 beds.
11 We feel that's too low. It's too low compared to
12 what -- the access that other people in the state
13 get and according to the 40 to 60 per \$100,000
14 [sic] that we think is a better target.

15 And in the staff report there was a
16 notation that, as a whole, the State gets better
17 access with the State getting only one-third --
18 excuse me -- this area getting only one-third of
19 the beds that is seen on a statewide basis.
20 That's 1 for every 3,000 residents statewide and
21 1 for every 7,000 residents in this area.

22 AMI services are primary care services
23 that could be provided locally and should be
24 provided locally. We really do want to

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1 distinguish sometimes outmigration is appropriate
2 for patients if they're needing to access tertiary
3 cancer care, surgical services, neonatology
4 services but not acute mental illness services.

5 We really need to see this service provided in the
6 patient's community to ensure their continuity.

7 So we're proposing a small unit. We do
8 believe that we address the service accessibility
9 deficit and dramatically reduce outmigration. We
10 will significantly improve the overall health care
11 costs by reducing inefficiencies and eliminating
12 ambulance transport costs to provide these
13 services locally.

14 Thank you so much. We're happy to answer
15 questions.

16 CHAIRWOMAN SAVAGE: Anyone with questions?
17 Go ahead.

18 MEMBER JENKINS: You noted that the nearby
19 hospital, KSB, is only taking one of five
20 referrals. In the staff report it shows that it's
21 only at 39 percent occupancy rate.

22 Is there any reason that you know of that
23 KSB is not accepting more of the referrals that
24 come to them?

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1 MS. GEIL: Sure.

2 Actually, we were at KSB just last week.
3 I keep in touch with their CNO, who's in charge of
4 their program on a regular basis. And there have
5 been times when I've called her directly saying,
6 "Hey, we have this patient and we can't get in
7 anywhere. Do you have an opening?" and I'm always
8 told no.

9 When we met last week, I -- they know that
10 we were coming here to present, and we were just
11 talking through how we might be able to partner if
12 our project is approved. And I said, "You know,
13 help me understand this again because I want to
14 make sure -- I'm going to get asked this, so help
15 me understand what I -- how I need to express this
16 to you."

17 And, really, her challenge as an
18 organization is an acuity-versus-actual staffing
19 situation. So they actually purposefully will
20 keep their census at a five or a six because they
21 can only appropriately staff for the acuity at
22 that level. So it isn't necessarily that there
23 aren't patients trying to get in there. It's
24 really, truly, a staffing issue for them.

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1 They do their best to maintain admissions
2 for those patients that come in directly to their
3 emergency room. And outside of that, it is almost
4 impossible for them to take anyone from a referral
5 perspective.

6 Similar statement from Swedes when we went
7 up and met with them and saw their facility
8 because they -- I know -- yeah, throughout the HSA
9 area, that was a concern.

10 MEMBER JENKINS: Thank you. And your
11 intention would be to fully staff your facility to
12 handle occupancy?

13 MS. GEIL: Yes.

14 And we also would be hopeful that we could
15 provide resources for KSB as well as Swedes or
16 anyone in our region that would actually need
17 services that we could provide. That is our
18 commitment.

19 MEMBER JENKINS: Thank you.

20 MEMBER MARTELL: So a follow-up to this
21 diagram with the outmigration, you indicated that
22 you were going to serve as a catchment for
23 Jo Daviess, Carroll, Whiteside, Lee.

24 So, again, you are expecting clients and

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1 patients from those regions to come to CGH for
2 mental -- acute mental illness?

3 DR. KAVANAUGH: Yes. Some may. I mean,
4 our primary objective is to serve our own
5 communities and our own population first. But we
6 expect -- if we are able and -- able to take those
7 admissions from the surrounding area, I think
8 we'll get some from them, too.

9 MEMBER MARTELL: Did you look at a
10 smaller-size unit at any point beyond the 10 beds?

11 MS. GEIL: The minimum requirement is a
12 10-bed unit, so we went with the minimum
13 requirement.

14 Also, just so you -- for a general
15 awareness, when you look at rural community
16 primary care services, we actually do provide
17 primary care services up in the Carroll County
18 area, so we do see some drift with primary care
19 from some of those other areas as well as from
20 Stephenson and Freeport.

21 So -- we have satellite clinics in those
22 areas, so it would potentially -- we -- that would
23 be how we would capture some of that migration,
24 because we're known in that region. It's really

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1 kind of a scarce area for health care up there.

2 CHAIRWOMAN SAVAGE: Other questions?

3 (No response.)

4 CHAIRWOMAN SAVAGE: Mike or George, any
5 question or comment?

6 MR. CONSTANTINO: No. Thank you.

7 CHAIRWOMAN SAVAGE: Okay. George, if you
8 would call the roll.

9 MR. ROATE: Thank you, Madam Chair.

10 Motion made by Dr. Martell; seconded by
11 Mr. Slater.

12 Senator Demuzio.

13 MEMBER DEMUZIO: Yes, based upon the
14 testimony and the staff report.

15 MR. ROATE: Thank you.

16 Dr. Martell.

17 MEMBER MARTELL: Yes, based on rural
18 access.

19 MR. ROATE: Thank you.

20 Dr. Murray.

21 MEMBER MURRAY: Yes, based on the
22 application and staff report.

23 MR. ROATE: Thank you.

24 Mr. Slater.

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 H-09, Project 19-051, DaVita Driftwood Dialysis in
3 Freeport.

4 May I have a motion to approve
5 Project 19-051, DaVita Driftwood Dialysis, to add
6 one station to its existing ESRD facility.

7 MEMBER SLATER: I move to approve.

8 MEMBER DEMUZIO: Motion.

9 CHAIRWOMAN SAVAGE: Do we have a second?

10 MEMBER SLATER: Second.

11 CHAIRWOMAN SAVAGE: Okay. Mike, if you
12 would -- oh, sorry.

13 First, identify yourselves and then please
14 be sworn in -- but you were already sworn in. So
15 if you could identify yourselves.

16 MS. FRIEDMAN: Hi. Kara Friedman and
17 Anne Cooper, counsel for the Applicant.

18 CHAIRWOMAN SAVAGE: Okay. Mike, if you
19 now would please present the staff -- State Board
20 staff report.

21 MR. CONSTANTINO: Thank you, Madam Chair.

22 DaVita, Inc., is asking the Board to
23 approve the addition of 1 station to its existing
24 11-station facility in Freeport, Illinois.

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1 The cost of the project is approximately
2 \$631,000. The expected completion date is
3 January 31st, 2021.

4 No letters of support or opposition were
5 received, and no public hearing was requested.

6 The Applicants have met all the
7 requirements of the State Board.

8 Thank you, Madam Chair.

9 CHAIRWOMAN SAVAGE: Thank you.

10 Please proceed with your statement to the
11 Board.

12 MS. FRIEDMAN: Hi. Thank you.

13 Unless there are any questions, we're
14 ready to proceed with the vote.

15 Thank you.

16 CHAIRWOMAN SAVAGE: Any questions?

17 (No response.)

18 CHAIRWOMAN SAVAGE: Okay. George, please
19 call the roll -- oh, sorry. I didn't see you.

20 MEMBER MARTELL: Yeah.

21 I do have a question because it seems like
22 there's a consolidation or a closure of a unit and
23 then the addition of the one.

24 Can you talk more to that?

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1 MS. FRIEDMAN: Yeah. I think there's a
2 timing issue.

3 I think there's three different
4 applications pending right now, and there was some
5 expectation -- things have just been moved around
6 a little bit.

7 But in February we'll be proceeding with
8 an application to close the other clinic that's in
9 Freeport to consolidate the services.

10 MEMBER MARTELL: Thank you.

11 CHAIRWOMAN SAVAGE: Okay.

12 George, if we can please call the roll.

13 MR. ROATE: Thank you, Madam Chair.

14 Motion made by Demuzio; seconded by
15 Slater.

16 Senator Demuzio.

17 MEMBER DEMUZIO: Yes, based upon the staff
18 report and --

19 MR. ROATE: Thank you.

20 THE COURT REPORTER: I can't hear you.

21 "Based upon" -- what, please?

22 CHAIRWOMAN SAVAGE: Can you repeat that?

23 Senator Demuzio, can you please repeat
24 that?

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1 MEMBER DEMUZIO: Yes.

2 I vote yes, based upon the staff report
3 and the comments that were made regarding this
4 project.

5 CHAIRWOMAN SAVAGE: Okay.

6 MR. ROATE: Thank you.

7 Dr. Martell.

8 MEMBER MARTELL: Yes, based on the staff
9 report and the intent to submit on the closure of
10 the Freeport.

11 MR. ROATE: Thank you.

12 Dr. Murray.

13 MEMBER MURRAY: Yes, based on the staff
14 report.

15 MR. ROATE: Thank you.

16 Mr. Slater.

17 MEMBER SLATER: Based on staff report, yes.

18 MR. ROATE: Thank you.

19 Chairwoman Savage.

20 CHAIRWOMAN SAVAGE: Yes, based on staff
21 report and testimony.

22 MR. ROATE: Thank you.

23 That's 5 votes in the affirmative.

24 MS. COOPER: Thank you.

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1 MS. FRIEDMAN: Thank you.

2 CHAIRWOMAN SAVAGE: The permit is
3 approved. Thank you.

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1 CHAIRWOMAN SAVAGE: Okay. Up next is
2 Item H-10, Project 19-052, Riverside Medical
3 Center in Bourbonnais.

4 May I have a motion to approve
5 Project 19-052, Riverside Medical Center, to
6 establish a medical office building.

7 MEMBER SLATER: I move to approve.

8 CHAIRWOMAN SAVAGE: Second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: If you could please
11 identify yourselves and be sworn in.

12 THE COURT REPORTER: Would you raise your
13 right hands, please.

14 (Three witnesses sworn.)

15 THE COURT REPORTER: Thank you. And
16 please print your names, as well.

17 CHAIRWOMAN SAVAGE: Would you please
18 identify yourselves.

19 MS. JACOBI: Chairman Savage, members of
20 the Board --

21 CHAIRWOMAN SAVAGE: We can't hear you.

22 MS. JACOBI: Let me start over again.

23 Chairman Savage, members of the Board, I'm
24 Paula Jacobi. I'm the senior vice president and

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1 general counsel for Riverside Medical Center.

2 I am pleased to have with me today to my
3 left Kyle Benoit, who is a senior VP and chief
4 operating officer; and, also to my right, our CON
5 counsel, Joe Ourth.

6 We thank Mr. Constantino and Mr. Roate for
7 their work on your State Board report.

8 CHAIRWOMAN SAVAGE: One second.

9 Okay. Mike, if you would please present
10 the State staff Board report.

11 MR. CONSTANTINO: Thank you, Madam Chair.

12 The Applicants are asking the Board to
13 approve the establishment of a medical office
14 building in approximately 75,000 gross square feet
15 of space located in Bourbonnais, Illinois.

16 The project cost is approximately
17 \$27 million. The expected completion date is
18 October 31st, 2021.

19 No letters of support or opposition were
20 received, and there was no request for a public
21 hearing.

22 Thank you, Madam Chair.

23 CHAIRWOMAN SAVAGE: In the interest of
24 time, if you could just hit whatever major points

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1 you want to cover.

2 MS. JACOBI: Okay.

3 In the interest of time, we are proposing
4 the construction of a three-story medical office
5 building, which will include one floor of shell
6 space. We have had growth in our medical
7 office -- or excuse me, our medical group -- of a
8 quadruple in size, from 43 providers to now
9 174 providers. The physician office space is
10 necessary to accommodate the growth in our
11 medical group.

12 We are committed in our application to
13 return to the Board for the construction of the
14 shell space, at which time that would take place.

15 We have had positive findings on all
16 criteria with the exception of a small variance on
17 the cost of construction of 2.7 percent. We have
18 worked with our architect to minimize construction
19 cost as well as to identify those areas for a
20 premium from the State standard. There's a
21 summary chart which I believe the State staff have
22 included in your report that explains that.

23 Again, in the interest of time, we won't
24 repeat any of that information but are happy to

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1 answer any questions in regard to that variance or
2 any other aspect of the application.

3 Thank you.

4 CHAIRWOMAN SAVAGE: Does anyone have any
5 questions?

6 MEMBER MARTELL: I have a question for our
7 staff. It's to understand about the project
8 premiums.

9 Are we seeing these in other projects?

10 MR. CONSTANTINO: Yes, we are.

11 MEMBER MARTELL: In construction?

12 MR. CONSTANTINO: Yes, we are.

13 CHAIRWOMAN SAVAGE: Okay.

14 Any other comments or questions, Mike or
15 George?

16 MR. CONSTANTINO: No.

17 CHAIRWOMAN SAVAGE: Okay. George, if you
18 could please call the roll.

19 MR. ROATE: Thank you, Madam Chair.

20 Motion made by Mr. Slater; seconded by
21 Dr. Martell.

22 Senator Demuzio.

23 MEMBER DEMUZIO: Yes, based upon the
24 testimony and, also, the State report.

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1 MR. ROATE: Thank you.

2 Dr. Martell.

3 MEMBER MARTELL: Yes, based on the staff
4 report.

5 MR. ROATE: Thank you.

6 Dr. Murray.

7 MEMBER MURRAY: Yes, based on the staff
8 report.

9 MR. ROATE: Thank you.

10 Mr. Slater.

11 MEMBER SLATER: Yes, based on staff
12 report.

13 MR. ROATE: Thank you.

14 Chairwoman Savage.

15 CHAIRWOMAN SAVAGE: Yes, based on the
16 staff report.

17 MR. ROATE: Thank you.

18 That's 5 votes in the affirmative.

19 MS. AVERY: I apologize for rushing
20 you-all. I was thinking we were limited to 12:45.

21 It's actually 1:45 so I apologize for that.

22 MS. JACOBI: It's perfectly all right.

23 We're very happy with the outcome. Thank you.

24 MS. AVERY: I'm in a little paranoid

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1 state right now.

2 MS. JACOBI: Thank you.

3 MR. BENOIT: Thank you.

4 CHAIRWOMAN SAVAGE: The permit is
5 approved, then. Thank you.

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1 CHAIRWOMAN SAVAGE: So next on the agenda
2 is Item H-11, Project 19-054, Associated Surgical
3 Center in Arlington Heights.

4 May I have a motion to approve
5 Project 19-054, Associated Surgical Center, to add
6 a surgical specialty.

7 MEMBER DEMUZIO: I motion.

8 CHAIRWOMAN SAVAGE: Second?

9 MEMBER MURRAY: Second.

10 CHAIRWOMAN SAVAGE: If you could please
11 identify yourselves and be sworn in.

12 MR. AXEL: Madam Chairman, I'm Jack Axel
13 of Axel & Associates. Seated to my right is
14 Dr. Yelena Levitin --

15 MS. AVERY: The mic.

16 CHAIRWOMAN SAVAGE: The mic. The Senator
17 can't hear.

18 MR. AXEL: I'm sorry, Senator.

19 I'm Jack Axel of Axel & Associates.
20 Seated to my right is Dr. Yelena Levitin, medical
21 director of Associated Surgical Center; and to my
22 left is Mr. Mark Mayo, the administrator of the
23 surgery center.

24 CHAIRWOMAN SAVAGE: Thank you.

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1 THE COURT REPORTER: Would you raise your
2 right hands, please.

3 (Two witnesses sworn.)

4 THE COURT REPORTER: Thank you. And
5 please print your names.

6 CHAIRWOMAN SAVAGE: Mike, would you please
7 present the State Board staff report.

8 MR. CONSTANTINO: Thank you, Madam Chair.

9 The Applicants are asking the Board to add
10 orthopedic surgical specialty to a multispecialty
11 ASTC. The cost of the project is approximately
12 \$121,000, and the expected completion date is
13 February 2020.

14 No letters of opposition were received.
15 Letters of support were received by the State
16 Board, and there was no request for a public
17 hearing.

18 Thank you, Madam Chair.

19 CHAIRWOMAN SAVAGE: Thank you.

20 If you'll please proceed with your
21 statement to the Board.

22 MR. AXEL: Thank you.

23 Members of the Board, as Mike noted, this
24 project is limited to the addition of orthopedic

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1 surgery as an approved specialty to be provided at
2 an existing ASTC. Before I focus on the staff
3 findings, with your indulgence, I'd like to give
4 just a little bit of background.

5 This ASTC was originally approved in
6 December of 2012 but not opened until 2016. This
7 ASTC has two unique characteristics. First, this
8 ASTC has a very large patient base that can
9 perhaps best be described as the working poor. As
10 a result, this ASTC's provision of charity care
11 and services to Medicaid recipients far exceeds
12 that of any of the other three ASTCs in the
13 Board's defined service area.

14 Specifically and as documented on page 60
15 of the application, 5.8 percent of the ASTC's
16 patients are Medicaid recipients, compared to 4.2,
17 .02, and .8 percent at the other ASTCs.

18 Similarly and using the State's definition
19 of "charity care," that being no expectation of
20 any level of payment, 1.2 percent of this ASTC's
21 patients are treated without charge, compared to
22 0.3 percent at one of the area's other ASTCs and
23 no charity care being provided at the other area
24 ASTCs.

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1 Last, when an ASTC categorizes patients as
2 "private pay," it typically means that services
3 are being provided for an agreed-upon amount,
4 often including a discount plan. 10.6 percent of
5 this ASTC's patients fall into this category, with
6 the other ASTCs ranging from 2.1 percent to
7 0.4 percent. These patients are often the
8 patients that I referred to as the working poor.

9 The second unique characteristic of this
10 ASTC is that nearly 90 percent of the patients
11 treated at the ASTC are of Eastern European --
12 primarily Russian -- or Hispanic ethnicities.
13 And to address the needs of these patients, the
14 ASTC employs a staff that speaks 15 different
15 languages. Calls to other ASTCs in the area
16 confirmed that none of them can communicate to
17 patients using Eastern European languages.

18 By the way, there are nearly
19 20,000 Russian immigrants alone living within
20 10 miles of the ASTC.

21 In addition, the ASTC has developed a
22 relationship with a large primary care practice in
23 the northwest suburbs that provides services
24 primarily to a low-income Hispanic population,

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1 and, as a result, last year over a third of the
2 ASTC's patients spoke Spanish as their primary or
3 only language, and this primary care center has
4 been asking the ASTC to begin providing
5 orthopedics. Also, they are intending to open a
6 second location within 2 miles of the ASTC within
7 the next year.

8 What this all means, at least to me, is
9 that the Applicant Surgery Center addresses the
10 needs of a patient population that doesn't have
11 access to other ASTCs, whether it is due to a
12 language barrier, because they're Medicaid
13 recipients, or because they just can't afford
14 their care.

15 As you can see in the staff report,
16 utilization of the ASTC started out very slowly,
17 but it took off in 2018 with a 107 percent
18 increase in 2018 over 2017 and a 59 percent
19 increase this year over the first -- or during the
20 first nine months of this year over the same
21 period last year.

22 These increases are attributed to two
23 factors: First, the ASTC has received Medicaid
24 certification in 2018 and now participates in

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1 five Medicaid programs, and, second, the
2 relationship with the large and growing
3 Hispanic-focused primary care practice that
4 I mentioned a minute ago.

5 Turning to the State Board staff report,
6 the project was reviewed against 22 criteria, and
7 there are negative findings on 5, addressing
8 two issues. The first three negative criteria all
9 address utilization, and the fourth and fifth
10 criteria address accessibility/unnecessary
11 duplication.

12 The Applicant acknowledges that
13 utilization during the ASTC's first years of
14 operation was lower than expected, but the
15 addition of orthopedic surgery, which is the
16 sole -- excuse me -- which is the sole focus of
17 this project, cannot help but increase the ASTC's
18 now rapidly growing utilization.

19 As I mentioned a minute ago, the ASTC's
20 utilization increased by 107 percent in 2018,
21 and year-to-date 2019 utilization is up by another
22 59 percent.

23 Referral projections for three orthopedic
24 surgeons were provided in the application, and

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1 since the filing of the application three
2 additional orthopedic surgeons have applied for
3 privileges. The privileges for these six orthopedic
4 surgeons are targeted to be approved next month,
5 pending the approval of this application.

6 As noted in our November 12th submission,
7 there are currently a total of 10 physicians in
8 the credentialing process, and that will increase
9 utilization even further. In addition, this year
10 the center began doing gynecological, urology, and
11 pain management procedures, none of which had been
12 done in 2018. Again, utilization is absolutely
13 trending upward, and the addition of orthopedics
14 can only help that trend.

15 Addressing the accessibility and
16 unnecessary duplication issue, the project was
17 determined not to improve accessibility and to
18 result in a duplication of orthopedic services
19 because these two criteria are based solely on
20 whether or not orthopedic surgery services are
21 available within 10 miles.

22 Accessibility and unnecessary duplication,
23 however, go beyond that simple assessment. Other
24 issues come into play. If you're covered by

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1 Blue Cross and you are fluent in English, I can
2 tell you that you don't have an accessibility
3 issue in Arlington Heights.

4 But I provided you with the numbers a
5 couple minutes ago. If you're covered by Medicaid
6 or if you can't pay the full price or if you need
7 a special payment plan or you have a high
8 deductible or you have no ability to pay or if you
9 speak Russian or Croatian or numerous other
10 languages or if you need a procedure performed at
11 5:00 p.m. on a Friday so that you don't miss work,
12 accessibility is an issue.

13 And this ASTC steps up. It provides a
14 higher percentage of charity care than any other
15 area ASTC. It provides a higher percentage of
16 care to Medicaid recipients than any other area
17 ASTC. It provides a higher percentage of
18 discounted care than any other area ASTC. It
19 provides off-hour surgery to patients who can't
20 afford to miss work, and it provides staff that
21 speaks 15 languages to meet the needs of this very
22 diverse patient population.

23 Accessibility is an issue here, and this
24 is not a simple case of unnecessary duplication,

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1 which, in this case, is defined simply as having
2 other providers in the area.

3 As you have probably picked up from the
4 other ASTC projects that you've heard today and at
5 past meetings, it's extremely doubtful that an
6 ASTC project anywhere in this state can be found
7 in compliance with the simple definition.

8 In closing, this project is limited to the
9 addition of one surgical specialty to an existing
10 surgery center. There is no construction or
11 renovation cost associated with this project. No
12 operating rooms or procedure rooms will be added,
13 so there is no increase in capacity in the
14 planning area. The project does not impact any of
15 the other area ASTCs. The project's cost is only
16 3.4 percent of the reviewability threshold, and
17 there has been no opposition filed by the provider
18 community or anyone else.

19 I thank you for your attention, and we'd
20 be happy to answer any questions you have.

21 CHAIRWOMAN SAVAGE: Any questions?

22 MEMBER MARTELL: Yes.

23 Can you provide a clarification on the
24 three additional physicians who will make

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1 referrals and how many referrals that is?

2 MR. AXEL: Mark.

3 MR. MAYO: The three surgeons are all
4 orthopedic surgeons. One of them specializes in
5 more complex orthopedic cases and has an excellent
6 clinical relationship. We have not determined his
7 case mix based on his referral pattern from
8 existing facilities.

9 The other two had expressed interest. One
10 of them is from the greater Chicago area, has an
11 excellent clinical relationship in our community,
12 but his primary office was located elsewhere. But
13 he asked to come into the project if we got
14 approved for this project.

15 And the third orthoped is in conjunction
16 with pain management services that we're now
17 currently providing.

18 MR. AXEL: I think the other piece of the
19 answer to your question, Ms. Martell, is that that
20 large Hispanic clinic treating low-income
21 individuals has been asking us to provide
22 orthopedic surgery services. Their patients have
23 had great difficulty accessing that in the past.

24 MEMBER MARTELL: So the anticipated number

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1 of referrals?

2 MR. AXEL: We would anticipate something
3 in the neighborhood of 250 to 300 a year.

4 MEMBER MARTELL: That's additional
5 referrals?

6 MR. AXEL: Incrementally, yes.

7 MR. MAYO: Yes.

8 CHAIRWOMAN SAVAGE: Any other questions?

9 (No response.)

10 CHAIRWOMAN SAVAGE: Mike or George, any
11 question or comment?

12 MR. CONSTANTINO: What's the name of the
13 Spanish medical practice?

14 DR. LEVITIN: Marcon --

15 MR. MAYO: Marcon -- go ahead, Doctor.

16 DR. LEVITIN: Marcon Medical Center.

17 MR. CONSTANTINO: I'm sorry; I couldn't
18 understand.

19 MR. MAYO: Marcon Medical in Elgin.

20 When we got affiliated with the clinic,
21 they were not providing general surgery or GI, not
22 even -- not even surgical care but primary care
23 for general surgery or GI procedures or cases.

24 So in addition to just the surgical cases

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1 that the surgery center is receiving from that
2 clinic, we're also providing nonsurgical services
3 to those patients who can be medically managed,
4 and we do that at their clinic or in our offices,
5 our doctors' offices.

6 MEMBER MARTELL: And that location's in
7 Elgin?

8 MR. MAYO: Yes, ma'am.

9 MR. AXEL: Yes.

10 MR. MAYO: And the second center that
11 we're looking at is in the Prospect Heights/
12 Wheeling area, which is -- also has a large
13 Hispanic population.

14 CHAIRWOMAN SAVAGE: Any other questions?
15 (No response.)

16 CHAIRWOMAN SAVAGE: Okay. George, if you
17 could please call the roll.

18 MR. ROATE: Thank you, Madam Chair.

19 Motion made by Demuzio; seconded by
20 Murray.

21 Senator Demuzio.

22 MEMBER DEMUZIO: Yes, based upon the
23 testimony I heard and, also, the State report.

24 MR. ROATE: Thank you.

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1 Dr. Martell.

2 MEMBER MARTELL: Yes, with some caution
3 regarding their volumes on referrals.

4 MR. ROATE: Thank you.

5 Dr. Murray.

6 MEMBER MURRAY: Yes, based upon the
7 testimony.

8 MR. ROATE: Thank you.

9 Mr. Slater.

10 MEMBER SLATER: Yes, based on Mr. Axel's
11 testimony.

12 MR. ROATE: Thank you.

13 Chairwoman Savage.

14 CHAIRWOMAN SAVAGE: Yes, based on the
15 staff Board report and the testimony.

16 MR. ROATE: Thank you.

17 That's 5 votes in the affirmative.

18 CHAIRWOMAN SAVAGE: The permit is
19 approved. Thank you.

20 MR. MAYO: Thank you.

21 MR. AXEL: Thank you.

22 (An off-the-record discussion was held.)

23 - - -

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1 CHAIRWOMAN SAVAGE: May I now have a
2 motion to proceed into closed session pursuant to
3 Section 2(c)(1), 2(c)(5), 2(c)(11), and 2(c)(21)
4 of the Open Meetings Act.

5 MEMBER MURRAY: So moved.

6 MEMBER MARTELL: Second.

7 CHAIRWOMAN SAVAGE: Okay. So we are now
8 going to clear the room.

9 (At 12:41 p.m. the Board adjourned into
10 executive session. Open session proceedings
11 resumed at 12:54 p.m. as follows:)

12 CHAIRWOMAN SAVAGE: Okay. May I have a
13 motion to refer cases to legal counsel.

14 The cases are Javon Bea Hospital, Rockton
15 Avenue campus, Rockford; HSHS St. Joseph Hospital,
16 Breese; SwedishAmerican Hospital, Rockford; and
17 Genesis Medical Center, Silvis.

18 MEMBER SLATER: Madam Chair, don't you
19 have to go back into open session --

20 MS. AVERY: We did.

21 MEMBER SLATER: -- to accomplish that?

22 Are we back in?

23 MS. AVERY: Yes. We did. That's why he's
24 in here.

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1 Yeah, we're in open.

2 MEMBER SLATER: Okay. I will make such
3 motion.

4 CHAIRWOMAN SAVAGE: Thank you.

5 May I have a second.

6 MEMBER MURRAY: Second.

7 CHAIRWOMAN SAVAGE: And then we will do an
8 aye vote if -- aye for we approve, nay if not.

9 Shall we vote?

10 (Ayes heard.)

11 CHAIRWOMAN SAVAGE: We have all ayes.

12 Are there any opposed?

13 (No response.)

14 CHAIRWOMAN SAVAGE: Okay. Then they will
15 go to legal counsel.

16 MS. AVERY: Okay. Thank you.

17 MS. ALIKHAN: Great.

18 MS. AVERY: You also have in your packet
19 the financial report from IDPH.

20 And what we have is the first quarter,
21 from July to September, and then the fiscal year
22 for -- when was the fiscal year? Fiscal year
23 '19 -- sorry -- with the revenue and expenditures.

24 If you would like to review it and send

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1 any questions you have -- and I say that because
2 I wouldn't be able to answer them without double-
3 checking with Ms. Palmer.

4 So if you would like to review them and
5 email any questions you have, I'll get those
6 answered and back to you.

7 MR. CONSTANTINO: I think Mrs. Demuzio is
8 gone.

9 (An off-the-record discussion was held.)

10 MEMBER DEMUZIO: Hi, George.

11 MR. ROATE: Hey, Ms. Demuzio. Sorry about
12 that.

13 MEMBER DEMUZIO: We were okay, I think.
14 Right?

15 MS. AVERY: Yes.

16 So, Senator Demuzio, I went over -- well,
17 I didn't go over.

18 I made a statement that if you have any
19 questions regarding the financial reports to
20 please let me know and I'll work with Ms. Palmer
21 to get the responses.

22 MEMBER DEMUZIO: Okay. That's good.

23 MS. AVERY: Okay? Thank you.

24 Lunch is still provided. I will ask that

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1 you-all please stop by and have a bite to eat.

2 Thank you.

3 MEMBER MURRAY: Are we going to adjourn
4 before lunch, though?

5 MS. AVERY: Yes.

6 CHAIRWOMAN SAVAGE: Shall we have a motion
7 to adjourn?

8 MEMBER MURRAY: So moved.

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Meeting adjourned.

11 (Off the record at 12:57 p.m.)

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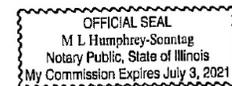
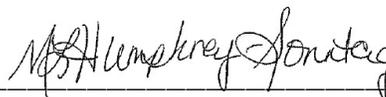
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CERTIFICATE OF SHORTHAND REPORTER

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 5th day of January, 2020.

My commission expires July 3, 2021.



MELANIE L. HUMPHREY-SONNTAG

NOTARY PUBLIC IN AND FOR ILLINOIS

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