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**HEALTH FACILITIES &  
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**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**PROCEEDINGS HELD IN OPEN SESSION  
MEETING**

**JUNE 5, 2012**

**NATIONWIDE SCHEDULING**

**OFFICES**

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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

OPEN SESSION

Regular session of the meeting of the State of Illinois Health Facilities and Services Review Board was held on June 5, 2012, at the Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

1 PRESENT:

Dale Galassie - Chairman

2 Ronald Eaker

John Hayes

3 John Burden

Alan Greiman

4 Kathy Olson

5 Richard Sewell

6 David Penn

7

8 ALSO PRESENT:

9 Courtney Avery - Administrator

10 Frank Urso - General Counsel

11 Juan Morado - Assistant Counsel

12 Alexis Kendrick - Board Staff

13 Michael Constantino - IDPH Staff

14 George Roate - IDPH Staff

15 Bonnie Hills - IDPH Staff

16 Claire Burman - Board Staff

17 Michael C. Jones - DHFS

18

19 Reported by:

20 Karen K. Keim

21 CRR, RPR, CSR-IL, CRR-MO

22 Midwest Litigation Services

23 711 North 11th Street

24 St. Louis, Missouri 63101

1 START TIME: 10:02 a.m.

2

3 CHAIRMAN GALASSIE: Good morning, ladies and  
4 gentlemen. Welcome here on a beautiful day. We should be  
5 outside, rather than in here, but that's how it goes  
6 sometimes.

7 I would call the meeting to order. We do have  
8 a quorum. We have two members as of now missing, to our  
9 knowledge. Member Hilgenbrink will not be here. And can I  
10 have a roll call for those present, please?

11 MR. ROATE: Dr. Burden?

12 (No response)

13 MR. ROATE: Absent.

14 MR. ROATE: Mr. Eaker?

15 MR. EAKER: Present.

16 MR. ROATE: Justice Greiman?

17 MR. GREIMAN: Present.

18 MR. ROATE: Mr. Hayes?

19 MR. HAYES: Present.

20 MR. ROATE: Ms. Olson?

21 MS. OLSON: Present.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: Present.

24 MR. ROATE: Mr. Sewell?

1 MR. SEWELL: Present.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Present.

4 Thank you very much. I will need a motion for  
5 approval of the agenda.

6 MR. HAYES: So moved.

7 MR. GREIMAN: Seconded.

8 CHAIRMAN GALASSIE: Moved and seconded. All  
9 in favor.

10 (Ayes heard)

11 CHAIRMAN GALASSIE: Motion passes. Thank you  
12 very much.

13 Can I ask for a motion on approval of the  
14 minutes?

15 MR. HAYES: So moved.

16 MR. EAKER: Second.

17 CHAIRMAN GALASSIE: Moved and seconded. Any  
18 issues with the minutes?

19 (No response)

20 CHAIRMAN GALASSIE: Hearing none, voice vote.  
21 All in favor?

22 (Ayes heard)

23 CHAIRMAN GALASSIE: Opposed?

24 (No response)

1 CHAIRMAN GALASSIE: Motion passes. Thank you.  
2 We are moving on to the Agenda Item No. 5, Post Permit  
3 Items Approved by the Chair. Mr. Constantino will explain  
4 A through E for us. If Board members have any questions on  
5 these items during or after his description, that would be  
6 the time to ask them.

7 MR. CONSTANTINO: Thank you, Mr. Chairman.

8 Permit No. 11-006, Transitional Care of  
9 Arlington Heights, approved for permit renewal to extend  
10 the completion date to April 30th, 2014.

11 Permit No. 11-006, Transitional Care of  
12 Arlington Heights, approved for an extension of obligation  
13 to February 28, 2013.

14 Permit No. 10-017, Swedish Covenant Hospital,  
15 approved for a permit alteration to change the project  
16 financing and increase the total cost of the project by 1.1  
17 percent or \$547,500.

18 Permit No. 10-059, Trinity Medical Center,  
19 Rock Island, approved for an alteration to increase the  
20 total project cost by 3.1 percent, an increase of  
21 approximately \$372,000, and reduce the modernization gross  
22 square footage by 375 gross square feet.

23 Permit No. 10-059, Trinity Medical Center,  
24 Rock Island, approved for permit renewal to extend the

1 completion date to March 31st, 2015.

2 Thank you, Mr. Chairman.

3 CHAIRMAN GALASSIE: Thank you.

4 Moving on to Item No. 6, Items for State Board  
5 Action. 6-A, Permit Renewals. A-1, Clare Oaks from  
6 Bartlett. Do we have any individuals here representing  
7 Clare Oaks?

8 (Pause)

9 CHAIRMAN GALASSIE: Good morning. If you  
10 will, please come up and introduce yourself to our  
11 reporter, spell your name, please, and then we will have  
12 you sworn in.

13 MR. CLANCY: Good morning. My name is Edward  
14 Clancy, C-l-a-n-c-y. I'm an attorney representing Clare  
15 Oaks in its request to extend its permit.

16 (Oath given)

17 CHAIRMAN GALASSIE: Thank you.

18 Michael, Staff report?

19 MR. CONSTANTINO: Thank you, Mr. Chairman. I  
20 had earlier sent all the Board members an e-mail with this  
21 State Agency Report, and I passed out a hard copy this  
22 morning. You should have it in front of you.

23 The permit holder is requesting a fourth  
24 permit renewal for Permit No. 05-002. The permit extends

1 the period from June 30th, 2012 to December 31st, 2012,  
2 approximately six months. The permit holders were approved  
3 for the establishment of a 120-bed long-term care facility  
4 as part of a CCRC facility in Bartlett, Illinois, at  
5 approximate cost of \$88.6 million. The permit holder is  
6 currently in Chapter 11 bankruptcy and needs additional  
7 time to complete the Final Cost Report. The facility is  
8 licensed and operating and has a current occupancy of  
9 approximately 74 percent.

10 Thank you, Mr. Chairman.

11 CHAIRMAN GALASSIE: Thank you.

12 Comments for the Board, Mr. Clancy?

13 MR. CLANCY: I'm here to answer any questions,  
14 but that pretty accurately sums up where the facility is,  
15 at this point.

16 CHAIRMAN GALASSIE: Great. Thank you.

17 Let the record show Dr. Burden is here,  
18 please. Thank you.

19 Any questions from Board members for this  
20 applicant?

21 MR. GREIMAN: Yeah.

22 CHAIRMAN GALASSIE: Judge?

23 MR. GREIMAN: So, how will this be financed?  
24 How is this \$88 million being financed?

1 MR. CLANCY: It was a bond financing for the  
2 complete project. Right now, it's in Chapter 11  
3 bankruptcy.

4 MR. GREIMAN: Have all of the funds that were  
5 collected by the bonds been spent for other reasons?

6 MR. CLANCY: No. They went to the project.

7 MR. GREIMAN: So, is there any left in bonded  
8 money for the project?

9 MR. CLANCY: No.

10 MR. GREIMAN: So, the project then is -- how  
11 much is due to complete the project? What do you need?

12 MR. CLANCY: The project is complete, Judge.

13 MR. GREIMAN: It's complete?

14 MR. CLANCY: It's complete. The total CCRC,  
15 the independent living, assisted living, and the skilled  
16 nursing facility are complete. Assisted living is  
17 licensed, the skilled nursing facility has a license.

18 MR. GREIMAN: So you were able to do those  
19 things after you went through bankruptcy?

20 MR. CLANCY: That's right.

21 MR. GREIMAN: And so how will you -- when you  
22 get out of bankruptcy -- is that going to be soon, or are  
23 you in bankruptcy for a while?

24 MR. CLANCY: They're trying to finish the

1 bankruptcy by the end of June. I don't know that that will  
2 happen. I'm not the bankruptcy counsel for the facilities.  
3 I don't know exactly what's going on, but they're trying to  
4 wrap it up fairly soon.

5 MR. GREIMAN: So, when this gets out -- when  
6 you are through with all of that, you'll be able to run  
7 this place in an efficient way; is that what you're telling  
8 us?

9 MR. CLANCY: Yeah. They're either going to  
10 sell it to someone --

11 MR. GREIMAN: Is it currently occupied?

12 MR. CLANCY: Yes.

13 MR. GREIMAN: What percentage is that?

14 MR. CLANCY: Well, the nursing facility is  
15 approximately 75 percent occupied. The assisted living is  
16 100 percent occupied, and the independent living is, I  
17 believe, around 90 percent occupied.

18 MR. GREIMAN: All right. Well, thank you. So  
19 when you say you have funds, you'll be able to run this  
20 operation?

21 MR. CLANCY: Yes, it currently has funds. It  
22 has debtor-in-possession financing.

23 MR. GREIMAN: Are others seeking to put their  
24 hands on their funds?

1 MR. CLANCY: I'm sure they are.

2 MR. GREIMAN: Why aren't they entitled to it,  
3 the funds you have?

4 MR. CLANCY: They are. I mean, they're bond  
5 holders, but it's in bankruptcy, and the Bankruptcy Court  
6 will end up deciding who is going to get what.

7 MR. GREIMAN: I see. Okay.

8 CHAIRMAN GALASSIE: Any other questions?

9 (Pause)

10 CHAIRMAN GALASSIE: Hearing none, may I have  
11 a motion to approve a six month permit renewal for Project  
12 05-002, Clare Oaks, to extend the permit completion date to  
13 December 31, 2012?

14 MR. SEWELL: So moved.

15 MR. HAYES: Seconded.

16 CHAIRMAN GALASSIE: Moved and seconded. Roll  
17 call, please.

18 MR. ROATE: Motion made by Mr. Sewell,  
19 seconded by Mr. Hayes. Dr. Burden?

20 MR. BURDEN: I abstain. I was late getting  
21 here.

22 MR. ROATE: Mr. Eaker?

23 MR. EAKER: Yes.

24 MR. ROATE: Justice Greiman?

1 MR. GREIMAN: Aye. I'm glad I'm not a  
2 creditor.

3 MR. ROATE: Mr. Hayes?

4 MR. HAYES: Yes.

5 MR. ROATE: Ms. Olson?

6 MS. OLSON: Yes.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: Yes.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: Yes.

11 MR. ROATE: Chairman Galassie?

12 CHAIRMAN GALASSIE: Yes.

13 MR. ROATE: That's seven votes in the  
14 affirmative.

15 CHAIRMAN GALASSIE: Motion passes.

16 MR. CLANCY: Thank you for your attention.

17 CHAIRMAN GALASSIE: Thank you, Mr. Clancy.

18 Have a good day.

19 Item No. A-2, Northshore University Health  
20 System of Skokie, and we're also going to be discussing at  
21 the same time Item H-01 under Applications Subsequent to  
22 Initial Review, Project 12-020, Skokie Hospital of Skokie.  
23 So we can take those two in that order.

24 If you folks will please introduce yourselves,

1 spell your names for the recorder, and we will have you  
2 sworn in.

3 MR. AXEL: Jack Axel, Axel and Associates,  
4 A-x-e-l.

5 MS. MURTOS: Kristin Murtos, K-r-i-s-t-i-n,  
6 M-u-r-t-o-s, President, Skokie Hospital.

7 MS. SKINNER: Honey Skinner, S-k-i-n-n-e-r,  
8 Sidley.

9 MR. VANDERMOLEN: Tim Vandermolen,  
10 V-a-n-d-e-r-m-o-l-e-n.

11 (Oath given)

12 CHAIRMAN GALASSIE: Thank you very much.

13 Before we go to Staff report, again, we'll  
14 discuss both of these, as the applicant has requested. It  
15 makes sense. But they will require two separate votes.

16 Staff report, please.

17 MR. CONSTANTINO: Thank you, Mr. Chairman.  
18 The permit holders are requesting a 72-month permit renewal  
19 from June 20th, 2012 to June 30th, 2018, for the modern --  
20 this project was for the modernization of an existing  
21 hospital and the construction of a medical office building  
22 at approximate cost of \$129.5 million. 80 percent of the  
23 modernization and 70 percent of the new construction for  
24 the medical office building have yet to be completed, and

1 approximately \$45.8 have been spent to date. The reason  
2 for the request is the permit holder's desire to construct  
3 a foot bridge, connecting the medical office building with  
4 the area modernized as part of Project 12-020. That is yet  
5 to be approved by the State Board.

6 Thank you, Mr. Chairman.

7 CHAIRMAN GALASSIE: Thank you.

8 Madam Reporter, I apologize. I don't think  
9 these fine folks were sworn in. I apologize. My fault.

10 (Oath given)

11 CHAIRMAN GALASSIE: Thank you very much.

12 And, Mike, did you want to address H-01?

13 MR. CONSTANTINO: I can if you like.

14 CHAIRMAN GALASSIE: Why don't you, and we'll  
15 let these folks talk to the Board.

16 MR. CONSTANTINO: Project 12-020, Skokie  
17 Hospital. The applicants are proposing the modernization  
18 of med/surg, ICU, surgical suites, recovery areas, same-day  
19 surgery, pharmacy, and support and administrative space at  
20 the existing hospital. As a part of this project, 35  
21 med/surg beds and 4 ICU beds will be eliminated. The total  
22 cost of the project is approximately \$154.2 million. The  
23 anticipated project completion date for this project is  
24 December 31st, 2017. No public hearing was requested and

1 no letters of support or opposition were received.

2 Thank you, Mr. Chairman.

3 CHAIRMAN GALASSIE: Thank you.

4 And who would like to address the Board?

5 MS. MURTOS: I will. Thank you. Again, my  
6 name is Kristin Murtos. I'm the President of Skokie  
7 Hospital. First, I'd like to thank the Board for  
8 coordinating both items for Skokie Hospital, as you'll find  
9 they are very much related.

10 As a brief bit of background, Northshore  
11 University Health System's predecessor, Evanston  
12 Northwestern Healthcare, acquired what was then known as  
13 Rush Northshore Medical Center, in late 2008. At the time  
14 of acquisition, commitments were made to the community that  
15 we would invest in the facility to meet the needs of the  
16 surrounding citizens and to provide a sustainable  
17 healthcare partner to the community. Among those  
18 commitments was the promise to bring additional physicians  
19 to the campus, enhance our ability to deliver outpatient  
20 services, and improve our inpatient unit. Immediately  
21 following the change of ownership, we initiated a master  
22 planning process, the first phase of which addressed  
23 outpatient delivery needs, and the second phase which  
24 focuses on our inpatient units and support areas.

1           In December of 2009, the Board approved a \$129  
2 million outpatient service and medical office building  
3 adjacent to the hospital. Construction is well under way  
4 on that building.

5           The project that we are presenting to you  
6 today continues on that promise to the community,  
7 addressing the needs of our medical/surgical and intensive  
8 care units as well as key support areas, such as surgical  
9 suite, recovery, same-day surgery, rehab, food service and  
10 a revamping of many of our core mechanical systems.

11           In regards to the extension request, the  
12 development plans before you today include construction of  
13 a new building where the ambulatory care center will be  
14 connected to the main hospital via a bridge. It is  
15 necessary to delay construction of the bridge until the  
16 connection point is complete. That is the key necessity  
17 for the extension request.

18           The current project before you is a one  
19 point -- it's a \$154 million project, involving  
20 approximately 175,000 square feet of new construction and  
21 148,000 square feet of renovation. The hospital's main  
22 building, which houses all of the inpatient units and many  
23 of our support services, is 50 years old and has a much  
24 outdated design, outdated mechanical systems, and is in

1 need of a major upgrade. The landlocked nature of our  
2 campus makes the construction of the replacement bed tower  
3 impractical. The plan we are proposing includes the  
4 renovation of all of our patient rooms, coupled with the  
5 conversion of semi-private rooms to private rooms. Upon  
6 completion of the project, our patients will have private  
7 rooms, our medical/surgical bed complement will be reduced  
8 from 173 to 138 beds, and our ICU complement will be  
9 reduced from 20 to 16 beds.

10 As discussed in your Staff report, our  
11 medical/surgical and observation daily census for the  
12 two-year period ending December 31, 2010 was 102 patients.  
13 We are confident that that number will go up, due to a  
14 variety of reasons, including our physician recruitment  
15 efforts and the aging service area population.

16 On page 88 of the application, we identify 15  
17 recently-recruited physicians who have documented 1,840  
18 incremental admissions to our hospital, which will alone  
19 increase our average daily census by 24 patients. This has  
20 resulted in positive findings by your Staff on the review  
21 criteria related to bed need.

22 As noted by your Staff, this project has  
23 received no opposition from the provider community or the  
24 community in general. In fact, when we have presented our

1 plans to the community, the reaction has been  
2 extraordinarily positive.

3 I thank you for your time and attention, and  
4 I'd be happy to respond to any questions.

5 CHAIRMAN GALASSIE: Thank you, Ms. Murtos.

6 Questions from the Board?

7 MS. OLSON: I have a question, maybe just a  
8 clarification. So, Project 09-025 is basically done,  
9 except that you can't say you want to complete it until the  
10 foot bridge is complete at that end of it; you can't start  
11 the foot bridge until the other end is completed?

12 MS. MURTOS: It is not completely done, but it  
13 is well under way.

14 MS. OLSON: The reason for the extension?

15 MS. MURTOS: Yes. The reason for the  
16 extension is it would be a bridge to nowhere, with nothing  
17 to connect it to.

18 MS. OLSON: And just out of curiosity, did you  
19 not plan the foot bridge at the very beginning of the  
20 project?

21 MS. MURTOS: We planned the foot bridge at the  
22 beginning of the project, which is why it was included, but  
23 as we went through the ongoing renovation plan, the best  
24 way to address our operating and surgical bed needs is

1 actually to take down an existing administrative building,  
2 which the foot bridge previously was going to connect to,  
3 and replace it. So there was something to connect it to,  
4 but that would be taken down as part of phase two.

5 MS. OLSON: But you would anticipate 09-025,  
6 the actual building, could probably be functional before  
7 2018?

8 MS. MURTOS: Yes, the building is expected to  
9 be complete by the end of this year and is on track to do  
10 so.

11 MS. OLSON: So will be well functional by  
12 2018?

13 MS. MURTOS: Absolutely. The building will be  
14 occupied by the end of this year.

15 CHAIRMAN GALASSIE: Any other questions.

16 Dr. Burden?

17 MR. BURDEN: Thank you, Mr. Chairman.

18 I'd -- my inquiries are more directed to the  
19 history and not particularly addressing what was just  
20 mentioned. In 1980, I think I recall I was on the Board --  
21 wait a minute. I'm off on my date. When did Evanston  
22 Northshore purchase Skokie Northshore?

23 MS. MURTOS: At the end of 2008.

24 MR. BURDEN: I had the 8 part right. I

1 remember at that time a very high Medicaid rate that was  
2 explained at that time. I don't know whether you were  
3 involved. That there were small business people in the  
4 community who elected to use Medicaid as their primary  
5 medical insurance. I'm impressed that the rate mentioned  
6 now is down to, depending on which one you want to look at  
7 overall, apparently 6.6 percent. That's amazing. That was  
8 a Medicaid rate that was significantly higher before, which  
9 encourages me to comment just briefly on what's been on my  
10 mind, since we have added lots of hospital enlargements,  
11 improvements highlighted in local press, that they're  
12 having difficulty meeting their obligations. Your bond  
13 rating is outstanding. You look to be well financed to go  
14 forward. That is the first.

15           The second thing is, I don't recall OB and  
16 peds were dropped in 2008. They are now no longer in your  
17 hospital; is that correct?

18           MS. MURTOS: Correct. OB was discontinued  
19 prior to the change of ownership, and when it was still  
20 part of Rush Northshore.

21           MR. BURDEN: I've been in the institution a  
22 lot, visiting with friends, family. I'm curious to see how  
23 the turnaround occurred. The 15 new docs you've got on  
24 board, are they salaried by the institution or are these

1 local practitioners?

2 MS. MURTOS: A combination of both. So, many  
3 of them are part of our medical group.

4 MR. BURDEN: As a retired doc, you've got to  
5 help me out. As an administrator, I'm sure you're  
6 enthusiastic about an area I have no business poking my  
7 nose, but I'm going to do it. Non-clinical hospitalists,  
8 area hospitalists, I have to say -- this is an opportunity  
9 for me to get it out. It bugged me eleven years ago when  
10 it started. I know a lot of guys my age who basically  
11 dropped out because they couldn't handle being not  
12 connected.

13 The hospitalists have a definite function.  
14 There's no question from a hospital point of view. They  
15 appear to prefer this system. It started with the  
16 universities, and now is going into the communities. Tell  
17 me what it does. On the bottom line, does it make it more  
18 sensible for an institution to have this service? Is it a  
19 better service? I spent 15 years looking at alleged  
20 malpractice in our area, so I'm not clear -- I'm away from  
21 that 10 years, but has adding hospitalists made it less  
22 risky for the institution in terms of that area? Can you  
23 help me out a little bit?

24 MS. MURTOS: Certainly. What we have found in

1 terms of best practice, hospitalists are becoming a  
2 standard, and, really, the focus has been on continuity of  
3 care. Our model at Skokie Hospital is, we do have  
4 hospitalists available, and many of our, shall we say, more  
5 junior and younger physicians, who might not be as engaged  
6 in rounding on their patients at all hours, take advantage  
7 of that service. We also do offer the opportunity for  
8 physicians who prefer to follow their patients personally  
9 to do that. So, we have a mixed model, and it's a  
10 combination of both.

11 MR. BURDEN: This is more of an age thing.  
12 I'm a little older. I'm having trouble -- I'm sorry to  
13 waste your time. Perhaps the Board doesn't care to hear  
14 about this, but it's in a non-clinical area, which we don't  
15 have any interest professionally in. I have a personal  
16 interest.

17 That's all I have to say. Thank you.

18 MS. SKINNER: Dr. Burden, I just want to  
19 address just for a moment your reference for care in our  
20 community and what's happened to the hospital in the last  
21 several years since Northshore took over, and I would call  
22 your attention -- you don't need to go to this page. On  
23 page 6, there is a table that talks about charity care, and  
24 I thought perhaps given your question and your inquiry, I

1 would just note that charity care at Northshore University  
2 Health Systems, Skokie Hospital has gone from .28 to .98,  
3 over three times the amount of charity care than it had  
4 under the successor owner. We have a charity care policy  
5 that discounts a hundred percent of all charges up to 200  
6 percent of the Federal poverty level, and a sliding scale  
7 that goes up to 600 percent of the Federal poverty level.  
8 You may all know that the General Assembly passed last week  
9 legislation about minimum charity care levels at hospitals,  
10 and our policy completely complies with that use standard.

11 MR. BURDEN: I'm aware of that. I go back a  
12 long time, a long time ago. I'm interested in seeing  
13 significant, interesting change. That's all I am saying.  
14 Thank you.

15 CHAIRMAN GALASSIE: Other questions from the  
16 Board?

17 (No response)

18 CHAIRMAN GALASSIE: I would recommend we vote  
19 on this item at this time and then move to the second item.  
20 May I have a motion to approve a 72-month permit renewal  
21 for Project 09-025, Northshore University Health System, to  
22 extend the permit completion date to June 30, 2018?

23 MR. GREIMAN: So moved.

24 MR. SEWELL: Second.

1 CHAIRMAN GALASSIE: Moved and seconded. Roll  
2 call, please.

3 MR. ROATE: Motion made by Justice Greiman,  
4 seconded by Mr. Sewell.

5 MR. ROATE: Dr. Burden?

6 MR. BURDEN: Yes.

7 MR. ROATE: Mr. Eaker?

8 MR. EAKER: Yes.

9 MR. ROATE: Justice Greiman?

10 MR. GREIMAN: Yes.

11 MR. ROATE: Mr. Hayes?

12 MR. HAYES: Yes.

13 MR. ROATE: Ms. Olson?

14 MS. OLSON: Yes.

15 MR. ROATE: Mr. Penn?

16 MR. PENN: Yes.

17 MR. ROATE: Mr. Sewell?

18 MR. SEWELL: Yes.

19 MR. ROATE: Chairman Galassie?

20 CHAIRMAN GALASSIE: Yes.

21 MR. ROATE: That's eight votes in the  
22 affirmative.

23 CHAIRMAN GALASSIE: Motion passes.  
24 Congratulations.

1 We will now pursue Skokie Hospital Project,  
2 12-020, with regards to the med/surg and intensive care  
3 units. Would you like to address the Board?

4 MS. MURTOS: My comments addressed both, so  
5 I'm happy to answer any additional questions.

6 CHAIRMAN GALASSIE: Thank you.

7 Are there any further questions from the Board  
8 on this issue?

9 (Pause)

10 CHAIRMAN GALASSIE: Hearing none, may I have  
11 a motion to approve Skokie Hospital, Project 12-020, to  
12 authorize the modernization of its medical/surgical and  
13 intensive care units, with a completion date of December 3,  
14 2017?

15 MR. SEWELL: So moved.

16 MR. GREIMAN: Second.

17 CHAIRMAN GALASSIE: Moved and seconded. Roll  
18 call, please.

19 MR. ROATE: Motion made by Mr. Sewell,  
20 seconded by Justice Greiman.

21 Dr. Burden?

22 MR. BURDEN: Yes.

23 MR. ROATE: Mr. Eaker?

24 MR. EAKER: Yes.

1 MR. ROATE: Justice Greiman?  
2 MR. GREIMAN: Yes.  
3 MR. ROATE: Mr. Hayes?  
4 MR. HAYES: Yes.  
5 MR. ROATE: Ms. Olson?  
6 MS. OLSON: Yes.  
7 MR. ROATE: Mr. Penn?  
8 MR. PENN: Yes.  
9 MR. ROATE: Mr. Sewell?  
10 MR. SEWELL: Yes.  
11 MR. ROATE: Chairman Galassie?  
12 CHAIRMAN GALASSIE: Yes.  
13 MR. ROATE: That's eight votes in the  
14 affirmative.  
15 CHAIRMAN GALASSIE: It passes. Thank you  
16 very much. Congratulations.  
17 We will be having some public comment on the  
18 next project, but prior to getting to that, just so we are  
19 keeping with the agenda -- Extension requests, we have  
20 none. Alteration requests, none. Declaratory rulings,  
21 none. Healthcare Worker Self-Referral Act, none. Status  
22 reports on conditional or contingent permits, none. And  
23 exemption requests, none.  
24 Moving to -- these are our public comment

1 guidelines, and if Corine Holmon and Louise Wallin would  
2 come up to the table, we'll be preparing to hear you speak  
3 momentarily.

4 Juan?

5 MR. MORADO: The Opening Meeting Act requires  
6 that any person shall be permitted an opportunity to  
7 address public officials under the rules established and  
8 recorded by the public body. The following is the  
9 procedure which the Illinois Health Facilities and Services  
10 Review Board will adhere to.

11 If you have previously participated in any  
12 public hearing or submitted written comments related to the  
13 project listed on today's agenda, you will not be allowed  
14 to repeat your comments, your previous comments -- excuse  
15 me -- because each Board member has already received those  
16 materials. Board Staff will be comparing the speaker's  
17 public hearing testimony or previous written comments to  
18 assure that the public participation testimony is not  
19 repetitive. Speakers will be reminded not to provide  
20 repetitive comments.

21 So that the Board is able to accomplish other  
22 agenda items, each speaker will be allowed a maximum of two  
23 minutes to provide their comments. Please understand when  
24 the Chairman signals, you must conclude your comments.

1                   Inflammatory or derogatory comments are  
2 prohibited.

3                   No more than three persons representing the  
4 same organization are allowed to provide testimony  
5 regarding the same project. Public comment for each  
6 speaker is limited to testimony for one project or issue.  
7 The Board asks that you please make sure that all comments  
8 are focused and relevant to the specific projects on the  
9 current agenda. Comments should not be repetitive and not  
10 be disruptive to the Board's proceedings.

11                   The public is strongly urged to participate in  
12 the long-standing opportunities for oral and written  
13 comment provided by the public hearings conducted for CON  
14 projects under review, as well as scheduled draft  
15 rulemaking. Scheduled public hearings are posted on the  
16 Illinois Health Facilities and Services Review Board web  
17 site.

18                   Speakers who do not comply with these  
19 guidelines will not be allowed to provide comments at the  
20 Board's open meeting. And please note that anyone wanting  
21 to provide public participation comments at a Board meeting  
22 must pre-register. The only time to pre-register will  
23 begin 30 minutes before the scheduled Board meeting.

24                   Thank you.

1 CHAIRMAN GALASSIE: Thank you.

2 Ladies, if you could, introduce yourselves and  
3 spell your name for our recorder. You will not have to be  
4 sworn in.

5 MS. HOLMON: My name is Corine Holmon,  
6 C-o-r-i-n-e, H-o-l-m-o-n.

7 CHAIRMAN GALASSIE: Thank you.

8 MS. WALLIN: And I am Louise Wallin,  
9 L-o-u-i-s-e, W-a-l-l-i-n.

10 CHAIRMAN GALASSIE: Thank you.

11 Ms. Holmon, we'll hear you first.

12 MS. HOLMON: I'm here on behalf of Silver  
13 Cross Renal Center, New Lenox, Silver Cross Renal Center,  
14 Morris, Silver Cross Renal Center, Joliet. We're opposed  
15 to the sale of Silver Cross Dialysis unit to DaVita. The  
16 reason why we are opposed is because DaVita -- I've been on  
17 computers. I've pulled up a lot of things about DaVita.  
18 None are nice. They want to do cutbacks. Some of us have  
19 fistulas. A lot of us have perm catheters. Perm catheters  
20 have to be taken care of each and every day. There can be  
21 no cutbacks of 2-by-2's. You have to have the right thing  
22 for it. You have to have -- everything has to be sterile,  
23 sterile gloves, everything has to be sterile. You can't  
24 come out of a desk drawer with 2-by-2's. This goes to my

1 heart. If we get infection and infections are so bad that  
2 they can't be cured, we die, simple as that. We die. We  
3 do not want to die.

4 Silver Cross -- I've been a dialysis patient  
5 for six years at Silver Cross. Everything has been  
6 sterile. I don't know if -- I see you all have computers  
7 in front of you. I don't know if you know anything about  
8 DaVita Fresenius, but they are all just a Fortune 500 club.  
9 It's not about us, the people. It's about the money. So  
10 when it's all about the money, you can't take care of the  
11 people because of the cutbacks.

12 So, we hope and pray that you all will really  
13 look into this before you let Silver Cross sell to DaVita  
14 or Fresenius or any of these big Fortune 500 clubs. Think  
15 about us. Think about your mother, your fathers, your  
16 sisters, your brothers. If that was them, how would you  
17 feel if their life was in danger?

18 MR. MORADO: Thirty seconds.

19 MS. HOLMON: Thank you very much.

20 CHAIRMAN GALASSIE: And Miss Wallin?

21 MS. WALLIN: I am a two-year dialysis patient  
22 at Silver Cross Hospital. DaVita is a Fortune 500 factory:  
23 Get the patients in and out and collect the money. Every  
24 patient is the same to them. But in reality, we are all

1 different.

2 I have a fistula. I have a graft. Five  
3 unsuccessful surgeries to get them to work. I now have a  
4 perm cath. We now get sterile gloves and sterile Tegaderm  
5 that has an antibiotic patch that goes against the opening  
6 in my chest. DaVita puts a two-inch by two-inch gauze with  
7 a piece of unsterile tape and no sterile gloves. Now we  
8 are taking my life or death if an infection, the tubes in  
9 my chest goes straight to my heart and I die.

10 The shareholders are more important than the  
11 patients. This is not the usual American medical way.  
12 Would you each like to go to a Fortune 500 medical factory  
13 rather than a doctor's office for your individual medical  
14 problems, knowing that every patient is treated the same  
15 and the stockholders are more important than your medical  
16 needs? You are paving the way for this to happen by  
17 letting DaVita factories monopolize America. You are  
18 taking us from a medically professional dialysis center to  
19 a medically unprofessional dialysis center.

20 Thank you very much for listening.

21 CHAIRMAN GALASSIE: Thank you, and we wish  
22 you both well.

23 (Pause)

24 CHAIRMAN GALASSIE: Do we have any

1 representatives from Silver Cross that are interested in  
2 addressing the Board on these three projects, Silver Cross  
3 or DaVita.

4 (Pause)

5 MS. FRIEDMAN: Good morning. Ruth Colby from  
6 Silver Cross was going to sit to present with us, if that's  
7 okay.

8 CHAIRMAN GALASSIE: Sure. Makes sense.

9 If you could do the introduction of yourselves  
10 and spell your name for our recorder, and we'll swear you  
11 all in.

12 MS. DAVIS: Penny Davis, Division  
13 Vice-President, DaVita.

14 MS. FRIEDMAN: Kara Friedman, Polsinelli  
15 Shughart.

16 MS. COLBY: Ruth Colby, C-o-l-b-y, Silver  
17 Cross Hospital.

18 MS. COOPER: Anne Cooper, Polsinelli Shughart.

19 CHAIRMAN GALASSIE: And let's go ahead and  
20 swear them in.

21 (Oaths given)

22 CHAIRMAN GALASSIE: Just to remind the Board,  
23 we're looking at, on your agenda, Items H-02, 03, and 04.  
24 We'll be discussing the three of those, though taking

1 separate motions for each of them. That having been said,  
2 Staff report, please, Michael?

3 MR. CONSTANTINO: Thank you, Mr. Chairman.

4 DaVita, Inc. is purchasing three dialysis  
5 facilities currently owned by Silver Cross Hospital and  
6 Medical Center at an approximate cost of \$30 million.  
7 These three facilities are Silver Cross Hospital in New  
8 Lenox, Silver Cross Hospital in Morris, Silver Cross  
9 Hospital in Joliet. The facilities are located in -- I'm  
10 sorry. The three facilities have a total of 57 ESRD  
11 stations. The anticipated project completion date is  
12 August 1st, 2012. There was no request for a public  
13 hearing, and no letters of support or opposition were  
14 received by the State Board Staff. At the conclusion of  
15 the three reports is a no objection letter provided by the  
16 office of the Attorney General.

17 Thank you, Mr. Chairman.

18 CHAIRMAN GALASSIE: Thank you, Michael.

19 Who would like to address the Board initially.

20 MS. DAVIS: I'll start. Good morning. My  
21 name is Penny Davis, Division Vice-President of DaVita here  
22 in Chicago. With me today, Ruth Colby, Chief Strategy  
23 Officer for Silver Cross, along with our counsel, Kara  
24 Friedman and Anne Cooper.

1 First of all, I'd like to thank Mike and the  
2 rest of the Agency Staff for a yeoman's job in terms of the  
3 amount of work that has gone into this project. So thank  
4 you.

5 We appreciate you consolidating what are  
6 technically three CON applications into one, and we are  
7 really pleased that the Staff Reports for this transaction  
8 were entirely positive and we have met all of the  
9 applicable criteria.

10 This proposed transaction is for the change of  
11 ownership of the Silver Cross Renal Centers. This is  
12 DaVita's first opportunity to serve well in Grundy County,  
13 and we are very pleased to have the opportunity to  
14 collaborate with Silver Cross Hospital going forward to  
15 serve the patients in this community.

16 We expect patients will not be impacted at all  
17 by this change of ownership. Patients will receive the  
18 same high-quality care they received from Silver Cross, and  
19 Northeast Nephrology Consultants. The current Medical  
20 Directors for the Silver Cross Renal Centers will continue  
21 to be the Medical Directors at the center after the  
22 transaction.

23 We recognize the close relationship employees  
24 have with their patients in the dialysis center, and we

1 value the continuity that the staff will provide.

2 Therefore, all eligible Silver Cross Renal Center employees  
3 have been offered comparable positions with DaVita.

4 As the State Agency Report notes, Silver Cross  
5 has presented this proposal to the Attorney General and has  
6 received the blessing to move forward with the transaction.  
7 In discussion with the Attorney General, particular  
8 emphasis was placed on DaVita's post-transaction charity  
9 care commitment. After the closing, DaVita will provide  
10 the same level of service and access to care to patients  
11 historically provided by Silver Cross.

12 Given the long agenda today, we want to be  
13 respectful of your time, and I'll conclude my presentation.  
14 If you have any questions, we're here to answer them.

15 CHAIRMAN GALASSIE: Thank you, Ms. Davis.

16 I'd like to open up for questions from the  
17 Board.

18 Yes, Mr. Sewell?

19 MR. SEWELL: Could you address some of the  
20 issues raised in the public testimony? Is there some  
21 corporate, clinical protocol that would change as a result  
22 of DaVita's ownership where things might not be sterilized,  
23 or some of the things that we heard in public testimony?

24 MS. DAVIS: I'd be glad to. DaVita, as a

1 national company, has the highest quality standards. Our  
2 Impact Program, for instance, reduced -- which is the first  
3 90 days of treatment, has reduced mortality nationally in  
4 our programs by 8 percent.

5           The program that was specifically addressed on  
6 the catheters and the dressing on catheters, we work with  
7 Johns Hopkins on our infectious disease programs, and we  
8 work off of a protocol. Our protocols are designed in  
9 accordance with that -- the clinical studies we've done  
10 with Johns Hopkins. We continue to study, and our actual  
11 infection rate is lower than the national average.

12           In terms of clinical outcomes, adequacy, which  
13 is one of the number one things you look for in dialysis,  
14 which is how well we clean the blood, our standards or  
15 measures were 40 percent better than our competitors, than  
16 other providers nationally. In fistulas, which is the gold  
17 standard in dialysis, we're 4 percent better than other  
18 providers, and in bone and mineral metabolism, which is an  
19 important, key factor in dialysis patients, we are 26  
20 percent better than other providers.

21           Our number one goal is quality, and so we work  
22 with both the Institute for Healthcare Improvement, we work  
23 with Johns Hopkins, and we work with CMS in terms of  
24 developing and adhering to the standards.

1 MS. OLSON: Can I ask the question more  
2 specifically? How are you going to take care of these  
3 ladies' ports? Are you going to do it with unsterile  
4 tubing and gloves or sterile gloves?

5 MS. DAVIS: We utilize common practice in  
6 dialysis, and that is they are not unsterile, but the --  
7 the one lady has a fistula, and so that's very different.  
8 The port, on the other hand, we do not use the Tegaderm,  
9 which is what they have been using, because the Johns  
10 Hopkins studies has actually shown that that causes more  
11 infection. So, we use the 2-by-2's.

12 CHAIRMAN GALASSIE: Dr. Burden?

13 MR. BURDEN: Thank you, Mr. Chairman.

14 If you might -- I don't know whether you have  
15 a copy of today's agenda. This has become a referendum,  
16 end-stage renal disease. Eleven of the applications I've  
17 counted here and reviewed are all related to a disease that  
18 in 1972 began the lengthy treatise of what we now see has  
19 grown into a huge business. I don't mean to be lecturing.  
20 I've been accused of that by some folks.

21 A few of the legal members will recognize that  
22 I started off with ProPublica's publication in November,  
23 stating, while the Congress has launched the nation's most  
24 ambitious experiment in universal healthcare, they thought

1 a modest initial price of 135 million would do it. Now we  
2 have a company that is here in front of us that, I think,  
3 is really ahead of -- I've got to be careful. I sometimes  
4 use the word "Obama Care," and I receive some criticism. I  
5 guess it's "affordable". Is that right? I like that word.  
6 I'm not so sure I understand how it applies to what I've  
7 been hearing, but we will find out from the Supreme Court.

8 DaVita looks like they are going around with a  
9 marvelous, innovative approach. DaVita had a rugged year  
10 in 2011. They only made \$7 billion and a net income of  
11 about 500 million. So, along the lines of what I'm hearing  
12 from you, I'm taking a -- as a former businessman, I am  
13 aware of how to read a Profit and Loss Statement. I'm  
14 impressed and recommend that we keep in mind this is a huge  
15 business. I am impressed that DaVita is so successful. I  
16 think I recommend looking carefully at purchasing stock,  
17 because they look to be a great company.

18 Now, looking at patient perspective, we've  
19 already heard some comments from fellow Board members. I  
20 look at this as a rather critical -- much more critically  
21 and not looking at it is a retired urologist. I'm seeing  
22 this as a need that has to be present for the community,  
23 and you're big enough to be able to do it effectively,  
24 economically, profitable. That's my reaction to it. I

1 don't think there's any reason for us -- me to be launching  
2 into a dissertation about what's happened. I think this is  
3 going to be becoming even bigger, and this move to merge  
4 with healthcare partners, it's innovative, remarkable.

5 I wasn't aware of it -- luckily someone on  
6 this committee on the Board allowed us to read a recent  
7 report regarding the marriage between DaVita and healthcare  
8 partners and their long-range views for what's coming in  
9 medicine. To me, that's more pertinent in the long run in  
10 listening to some people who have to serve -- have to get  
11 their service three times a week. Several days are  
12 disrupted. To me, I find dialysis is a very difficult  
13 thing to encounter and be subjected to. However, I guess  
14 having not had that -- and hopefully never will -- I find  
15 it difficult for me not to say it's better than the option.  
16 The option is not being here.

17 But I don't have any problem with what's been  
18 said, except I feel we're talking to a huge corporation  
19 here that wants to enlarge its experience, and I wonder why.  
20 Silver Cross is getting out of it and not -- other  
21 hospitals have maintained an acute dialysis service to  
22 provide for an inpatient who needs it, but you're out of  
23 the business. Can I hear an economic response to that?  
24 Why is Silver Cross getting out of the business.

1 MS. COLBY: Yes. First of all, Silver Cross  
2 will remain in the inpatient dialysis.

3 MR. BURDEN: Well, how many dialysis -- I  
4 don't see any numbers here.

5 MS. COLBY: I believe we have four stations.

6 MR. BURDEN: You're going to keep four  
7 stations?

8 MS. COLBY: Yes.

9 MR. BURDEN: How many stations did you have?

10 MS. COLBY: 59 is total number of outpatient  
11 stations that DaVita will be acquiring. And the answer to  
12 your question is, hospitals are under pressure to improve  
13 quality and reduce costs. You referred to the Healthcare  
14 Act. We are constantly looking at our different services  
15 and evaluating how can we do this better. How can we  
16 improve quality, and how can we offer care at a lower cost  
17 point? And when we looked at dialysis, it quickly became  
18 apparent to us, and other hospitals who have recently sold  
19 outpatient dialysis programs, that DaVita and other large  
20 corporations have a rather large platform, that they can  
21 provide the services at the same quality, if not higher  
22 quality, at a lower cost point. So, it seemed a rational  
23 decision for the hospital to sell the services, allow them  
24 to continue in the community at high quality.

1           There is a huge demand for dialysis services  
2   that is constantly growing. Silver Cross will not be in a  
3   position to expand those services as there is more growth  
4   in the community, but DaVita will. As you mentioned, they  
5   have access to capital. They are a large corporation.  
6   They will be able to come in and expand with the community,  
7   and we thought this was better.

8           Another big consideration for us is that the  
9   Medical Directors will remain the same. That means the  
10   care that patients receive will be under the same medical  
11   direction. In addition to that, the employees will remain  
12   in place, and that's also very, very important for the care  
13   of dialysis patients who come several times a week, as you  
14   mentioned.

15           So, our Board looked at quality, they looked  
16   at cost, they looked at impact on physicians, they looked  
17   at impact on employees, and felt that this was the right  
18   thing to do.

19           MR. BURDEN: I'm impressed that you can  
20   address that, because, as you know, there was a recent  
21   application here in front of us for a hospital development  
22   program which put Silver Cross Hospital \$400 million in  
23   debt. It's got nothing to do -- except I'm looking at the  
24   reasons perhaps. It might well be you, as an

1 administrator, might be able to look at, help pay off, or  
2 at least be able to maintain a very difficult time coming  
3 for hospitals. I'm not the only person. This Board is not  
4 either. It's coming from all quarters.

5 So, I look at this as a business decision, and  
6 I do hear you say that the patients who are under -- being  
7 treated in your facility are now going to have an  
8 opportunity to have the same physicians in their care and  
9 the same people. I think that's important. We just heard  
10 some critique about what they feel has happened, and maybe  
11 their comments might influence what DaVita's response will  
12 be in the new units, hopefully.

13 Thank you.

14 CHAIRMAN GALASSIE: Any other questions for  
15 Board members?

16 Mr. Sewell?

17 MR. SEWELL: Is there a significant difference  
18 in the patient complaint procedure between Silver Cross and  
19 DaVita?

20 MS. DAVIS: Well, I would assume, having been  
21 a hospital administrator myself, it's pretty similar. What  
22 happens, the patient complains. Hopefully they do it  
23 locally, to the facility administrator. If the facility  
24 administrator is not responsive or whatever, it goes up to

1 Regional Director or myself. They also have the  
2 opportunity with DaVita of calling Guest Services. As soon  
3 as Guest Services with DaVita is called, an e-mail goes out  
4 directly to me, to the facility administrator, saying,  
5 "This is the call we got. This is the complaint or the  
6 issue, and you need to address it within 48 hours." So, we  
7 have a very stringent policy -- even our Compliance  
8 Department is included in this hotline -- and a  
9 no-retaliation policy within DaVita. So, very similar to a  
10 hospital, except the President of the hospital -- basically  
11 our Guest Services -- is calling me immediately whenever  
12 there is a complaint.

13 MR. SEWELL: And can I ask if that's more or  
14 less the same.

15 MS. COLBY: It's very similar. A complaint  
16 will be registered with the local director of the center  
17 and can elevate up to the hospital CEO. It actually brings  
18 more resources to this process with the Guest Services call  
19 line.

20 CHAIRMAN GALASSIE: Any other questions from  
21 Board members.

22 Mr. Penn?

23 MR. PENN: I believe you said patients would  
24 have comparable doctors.

1 MS. COLBY: It's the same doctors. Northeast  
2 Nephrology Group are the Medical Directors of the Silver  
3 Cross Centers right now, and DaVita has contracted with  
4 them for continuing services in the centers, the same  
5 physicians.

6 MR. BURDEN: I have one last question. There  
7 is not a nephrologist on the Board -- on this panel,  
8 correct?

9 MS. DAVIS: No, but she was on her way, and  
10 she --

11 MR. BURDEN: I have a question for a  
12 nephrologist. Perhaps in view of the fact we have nine  
13 more applications, I may find one. It's concerning  
14 something I am curious about. That's all.

15 CHAIRMAN GALASSIE: Any other questions?

16 MR. GREIMAN: You're aware, of course, that  
17 the -- there's been a letter from the Attorney General  
18 which relates to how you treat patients who can't afford  
19 patients (sic). So, how will you get that notice out to  
20 doctors? How will a doctor know if he's got a patient that  
21 can't afford this? What do we do?

22 MS. DAVIS: Most of those physicians in the  
23 community already send their patients to a variety of  
24 centers in the area, and when they send them to Silver

1 Cross, they're not denied because of ability to pay. That  
2 policy does not change. We accept patients without the  
3 ability to pay and then work with them on their financial  
4 options going forward, and, even yesterday, admitted a  
5 patient to one of our facilities, with no insurance, who  
6 was in acute renal failure, which is something we're now  
7 seeing more of coming to the outpatient setting, because of  
8 the needing to move patients out of the acute care setting.

9 We've committed to, at New Lenox, the same  
10 amount as Silver Cross, 22,329; Morris, 5,295; and West  
11 Joliet, 19,694. That was the charity care that was  
12 provided by Silver Cross. We expect that that number will  
13 probably grow, and we're committed --

14 MR. GREIMAN: I understand, but what will you  
15 do to let the world know that this exists?

16 MS. FRIEDMAN: I might be able to answer that  
17 question. The care that is being provided to end stage  
18 renal patients is always provided by nephrologists.  
19 Nephrologists really treat a limited scope of type of  
20 patients, chronic kidney disease and ESRD type of patients.  
21 So, because they deal with a particular type of patient  
22 population, almost all nephrologists who have been  
23 practicing for any period of time understand the  
24 reimbursement mechanisms and how to work with the social

1 workers at each of the facilities to have patients  
2 admitted. So, I think as a matter of a practicing  
3 nephrologist, you understand patient admission policies,  
4 and, as we've discussed with this Board in the past,  
5 insurance is something that we're very well able to assist  
6 with procuring for the patients at just about every  
7 facility.

8 MR. GREIMAN: Well, I understand that, except  
9 this is a little different. Before, you just said, "Well,  
10 will you take this guy?" "Yeah, we'll take him." If you  
11 want to, you'll take him. It was your choice, your call.  
12 Now you're stuck with them. You don't have the option,  
13 based on this condition that is being imposed.

14 MS. DAVIS: We actually don't, because our  
15 financial policy requires that we accept all patients  
16 regardless of ability to pay.

17 CHAIRMAN GALASSIE: I'm sure you're getting a  
18 lot of referrals from the rural county health departments  
19 and the health centers.

20 MS. DAVIS: Yeah, generally -- and because  
21 DaVita is a large provider, a lot of people will call the  
22 Renal Network, which is the National Renal Dialysis  
23 Network, and say, "You know, I live at this address. I  
24 need dialysis. What are the facilities close to me?" And

1 so the Renal Network has all of the information and all of  
2 the -- about payment and about all kinds of financial  
3 policies as well. So, we work very closely with the Renal  
4 Network, with the National Kidney Foundation of Illinois.  
5 A lot of various groups that a patient might come through  
6 would be aware of us. We also meet with the discharge  
7 planners and the social workers at the area hospitals to  
8 let them know our policies and to help them understand how  
9 to make a referral to one of our centers.

10 MR. GREIMAN: But you understand, the  
11 acceptance of the terms of this letter is a condition of  
12 our approval?

13 MS. DAVIS: Yes, and that's a minimum  
14 standard.

15 MR. GREIMAN: So you accept that?

16 MS. DAVIS: Yes, absolutely accept it as a  
17 minimum standard.

18 CHAIRMAN GALASSIE: And we've actually  
19 incorporated that issue into our motion, Judge.

20 MR. GREIMAN: I know.

21 CHAIRMAN GALASSIE: Yes, Member Penn?

22 MR. PENN: To address one of the other fears  
23 that was presented this morning, there was a fear of  
24 cutting staff. Can you address that, please?

1 MS. DAVIS: Be glad to. We have offered --  
2 and have been accepted -- all of the employees of the  
3 Silver Cross units. I think four or five employees have  
4 chosen to stay at the hospital in the acute unit, but every  
5 employee was offered a position with us, and we expect all  
6 of those employees to stay. Actually, this week and next  
7 week they're doing benefit enrollment.

8 CHAIRMAN GALASSIE: I'm going to move forward  
9 and propose a motion. Again, for Board members'  
10 recollection, these are three separate projects but  
11 related.

12 MR. URSO: I think the Board needs to  
13 consider, with the condition that's going to be placed on  
14 this motion, that there needs to be a reporting-back  
15 mechanism for DaVita to get back to the Board to show that  
16 there's compliance with the condition. So, I think the  
17 Board needs to come up with, according to their rules, a  
18 reporting-back mechanism, so that they can report back to  
19 the Board on, perhaps, an annual basis or every six months  
20 basis for the seven-year duration of this particular  
21 condition. So, I ask the Board to contemplate that.

22 CHAIRMAN GALASSIE: Would you entertain an  
23 annual feedback to the Board for the seven-year condition?

24 MS. FRIEDMAN: If you discontinue the ESRD

1 survey, we can continue doing that separately. But that is  
2 part of the ESRD survey now.

3 MR. CONSTANTINO: There are no plans to  
4 discontinue that survey. It's required in the statute.

5 CHAIRMAN GALASSIE: So we don't have to have  
6 that separate contingency?

7 MR. CONSTANTINO: That would be up to Mr. Urso  
8 and the Board.

9 CHAIRMAN GALASSIE: But the point is, they  
10 have to submit that information now?

11 MR. CONSTANTINO: Correct.

12 CHAIRMAN GALASSIE: So why duplicate that?

13 MR. URSO: So, if the information is clearly  
14 stated on your survey on the annual basis, then we don't  
15 need -- I don't think the Board really needs to consider an  
16 addition to this condition.

17 MS. OLSON: Except that I'd like to have it  
18 brought to the Board and make sure that it was highlighted  
19 so that we can follow it.

20 CHAIRMAN GALASSIE: That becomes a Staff  
21 issue.

22 MR. URSO: We can get the survey to the Board  
23 members on an annual basis.

24 MS. OLSON: Thank you.

1 CHAIRMAN GALASSIE: Or the results pertinent  
2 to this issue.

3 Voting in favor of this is, in fact,  
4 supporting the issues, so Board members understand that in  
5 terms of the sale.

6 May I have a motion to approve Project 11-117,  
7 authorizing a change of ownership of Silver Cross Renal  
8 Center, New Lenox, Illinois, with the condition that, for a  
9 period of seven years following the closing of the  
10 acquisition of Silver Cross Renal Center, New Lenox, that  
11 DaVita, Inc. and Total Renal Care, Inc. agrees to provide  
12 unreimbursed care up to historical levels or above in the  
13 amount of \$22,329 per year, as provided by Silver Cross  
14 Hospital and Medical Center?

15 MR. BURDEN: So moved.

16 MR. SEWELL: Seconded.

17 CHAIRMAN GALASSIE: Moved and seconded.

18 MR. ROATE: Motion made by Dr. Burden,  
19 seconded by Dr. Sewell.

20 CHAIRMAN GALASSIE: Roll call, please.

21 MR. ROATE: Dr. Burden?

22 MR. BURDEN: Yes.

23 MR. ROATE: Mr. Eaker?

24 MR. EAKER: Yes.

1 MR. ROATE: Justice Greiman?  
2 MR. GREIMAN: Yes.  
3 MR. ROATE: Mr. Hayes?  
4 MR. HAYES: Yes.  
5 MR. ROATE: Ms. Olson?  
6 MS. OLSON: Are we just voting on what you  
7 just read?  
8 CHAIRMAN GALASSIE: Yes.  
9 MS. OLSON: I'm sorry. Yes.  
10 MR. ROATE: Mr. Penn?  
11 MR. PENN: Yes.  
12 MR. ROATE: Mr. Sewell?  
13 MR. SEWELL: Yes.  
14 MR. ROATE: Chairman Galassie?  
15 CHAIRMAN GALASSIE: Yes.  
16 MR. ROATE: Eight votes in the affirmative.  
17 CHAIRMAN GALASSIE: Motion passes.  
18 We'll now be voting on Morris, and following  
19 that, Joliet. May I have a motion to approve Project  
20 11-118 to authorize a change of ownership of Silver Cross  
21 Renal Center, Morris, Illinois, with the condition that,  
22 for a period of seven years following the closing of this  
23 acquisition of Silver Cross Renal Center, Morris, that  
24 DaVita, Inc. and Total Renal Care, Inc. agrees to pay

1 unreimbursed care up to historical levels of or above in  
2 the amount of \$5,295 per year, as provided by Silver Cross  
3 Hospital and Medical Center?

4 MR. BURDEN: So moved.

5 MR. SEWELL: Seconded.

6 CHAIRMAN GALASSIE: Moved and seconded.

7 MR. ROATE: Motion made by Dr. Burden,  
8 seconded by Mr. Sewell.

9 Dr. Burden?

10 MR. BURDEN: Yes.

11 MR. ROATE: Mr. Eaker?

12 MR. EAKER: Yes.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: Yes.

15 MR. ROATE: Mr. Hayes?

16 MR. HAYES: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: Yes.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: Yes.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Yes.

1 MR. ROATE: Eight votes in the affirmative.

2 CHAIRMAN GALASSIE: Motion passes. Thank you  
3 very much.

4 And moving forward to project -- may I have a  
5 motion to approve Project 11-119, to authorize a change of  
6 ownership of Silver Cross Renal Center West, Joliet,  
7 Illinois with a condition that, for a period of seven years  
8 following the closing of this acquisition of Silver Cross  
9 Renal Center West, Joliet, that DaVita, Inc. and Total  
10 Renal, Inc. agrees to provide unreimbursed care up to  
11 historical levels of or above in the amount of \$19,694 per  
12 year, as provided by Silver Cross Hospital and Medical  
13 Center?

14 MR. BURDEN: So moved.

15 MR. SEWELL: Seconded.

16 CHAIRMAN GALASSIE: Moved and seconded. Roll  
17 call.

18 MR. ROATE: Motion made by Dr. Burden,  
19 seconded by Mr. Sewell.

20 Dr. Burden?

21 MR. BURDEN: Yes.

22 MR. ROATE: Mr. Eaker?

23 MR. EAKER: Yes.

24 MR. ROATE: Justice Greiman?

1 MR. GREIMAN: Yes.

2 MR. ROATE: Mr. Hayes?

3 MR. HAYES: Yes.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: Yes.

6 MR. ROATE: Mr. Penn?

7 MR. PENN: Yes.

8 MR. ROATE: Mr. Sewell?

9 MR. SEWELL: Yes.

10 MR. ROATE: Chairman Galassie?

11 CHAIRMAN GALASSIE: Yes.

12 MR. ROATE: Eight votes in the affirmative.

13 CHAIRMAN GALASSIE: Motion passes.

14 Can I just suggest in the future that I

15 suspect the applicants would agree to rounding these

16 numbers up from \$22,329 to perhaps twenty-two five?

17 MS. DAVIS: Be glad to.

18 CHAIRMAN GALASSIE: Well, if the AG told us

19 not to, we better not.

20 Thank you very much.

21 Does the Board want to stretch or forge on?

22 MR. GREIMAN: Forge.

23 CHAIRMAN GALASSIE: Moving forward, we are

24 now looking at Item H-05, Project 12-017, Crystal Springs

1 Dialysis of Crystal Lake.

2 Are you folks representing Crystal Springs?

3 MS. DAVIS: Yes, we are.

4 CHAIRMAN GALASSIE: Wonderful. We will not  
5 have to do any swearing in, introductions aside. Go ahead  
6 and introduce yourselves for the record. I'm not sure why.

7 MS. DAVIS: I'm Penny Davis, Division  
8 Vice-President for DaVita.

9 MS. FRIEDMAN: I'm Kara Friedman.

10 MS. COOPER: Anne Cooper.

11 CHAIRMAN GALASSIE: Thank you very much.  
12 Staff report, please.

13 MR. CONSTANTINO: Thank you, Mr. Chairman.  
14 DaVita, Incorporated is proposing a change of ownership,  
15 essentially a change in the operating entity that requires  
16 State Board approval. There is no cost to this project,  
17 and the State Board Staff has not received any letters of  
18 support or opposition, and there was no request for a  
19 public hearing.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you, sir.

22 Any questions from Board members on Crystal  
23 Springs?

24 MR. BURDEN: I'm curious about -- thank you,

1 Mr. Chairman. What's a 12-station suburban dialysis unit  
2 go for these days?

3 MS. DAVIS: Well, as a de novo, if we were  
4 building one from scratch today, somewhere with working  
5 capital of about \$2 million.

6 MR. BURDEN: The answer is a vague one at  
7 best. Around two million; is that what you're saying?

8 MS. DAVIS: Right.

9 MR. BURDEN: How many nephrologists are  
10 involved in ownership?

11 MS. DAVIS: None at this point. We're  
12 changing this into an LLC for the ability to be able to  
13 joint venture it in the future.

14 MR. BURDEN: Aha. This was owned by DaVita in  
15 the beginning?

16 MS. DAVIS: Yes.

17 MR. BURDEN: Because DaVita is corporately  
18 owned, they hire people to run it, there is no individual  
19 physician involved in it?

20 MS. DAVIS: There's no investment by  
21 physicians, no. We have a Medical Director, though.

22 MR. BURDEN: Yeah. Well, he's salaried, of  
23 course.

24 MS. DAVIS: Right.

1 MR. BURDEN: That's unusual. I don't -- most  
2 nephrologists I know get a piece of the action. This guy  
3 is working for you. He needs a little business acumen.  
4 Okay. Excuse me.

5 CHAIRMAN GALASSIE: Other questions from  
6 Board members?

7 MS. OLSON: Clarification. So right now, the  
8 controlling entity is going to be DaVita; the operating is  
9 going to be Four Seasons; the current license is Total  
10 Renal Care. And are Seasons and Four Seasons the same  
11 thing, or are these two different things?

12 MS. DAVIS: I'm not aware of Four Seasons.  
13 It's Seasons Dialysis, LLC and the entity, the legal  
14 entity, that we want to move this into.

15 MS. OLSON: It says on page 4 of the report  
16 that the operating entity will be Four Seasons, LLC.

17 MR. CONSTANTINO: That is probably a mistake,  
18 Kathy.

19 MS. OLSON: So there is Seasons?

20 MS. DAVIS: Seasons Dialysis, right.

21 MS. OLSON: Well, that helps.

22 MS. FRIEDMAN: I appreciate that you're  
23 reading the reports.

24 CHAIRMAN GALASSIE: Other questions from Board

1 members?

2 MR. HAYES: Mr. Chairman?

3 CHAIRMAN GALASSIE: Mr. Hayes.

4 MR. HAYES: Now, basically, the idea behind  
5 this is to be able to have physician ownership eventually  
6 of this facility. Do you have any concerns about Stark,  
7 and do you have a letter from your Legal Counsel,  
8 describing the Safe Harbor that may be used for physicians  
9 to invest in this facility?

10 MS. DAVIS: Well, first, I want to say that  
11 DaVita is truly committed to joint ventures, both of  
12 hospitals and physicians, around the country, and we have  
13 the largest number of those joint ventures nationally.  
14 It's something that we believe, that by partnering with  
15 physicians, it helps improve quality.

16 I'll let my Legal Counsel speak to the  
17 legal --

18 MS. FRIEDMAN: With respect to Stark, I  
19 believe primarily because end-stage renal disease services  
20 are not really subject to abuse the way imaging services  
21 and more elective services might be subject, Stark is not a  
22 component. ESRD services are not covered by Stark. So,  
23 there are no Stark issues around it. With respect to other  
24 concerns from a regulatory perspective, DaVita has a very

1 robust compliance requirement that physicians, and as well  
2 as with the hospital, has to go through to ensure that the  
3 terms are such that there is no potential for violation of  
4 rules.

5 MS. DAVIS: And to speak to that a little bit  
6 more, if I were doing a joint venture with physicians on an  
7 ambulatory surgery center or an MRI center -- which I've  
8 done both in the past -- there is the issue, and you have  
9 to be extraordinarily careful, because will a physician  
10 send you for three MRI's when you only need one, because  
11 they benefit from it? With end stage disease dialysis,  
12 patients must be certified that they are actually in  
13 end-stage renal disease and require dialysis, under CMS  
14 Rules. So you can't over-refer.

15 MR. HAYES: Okay. Thank you.

16 CHAIRMAN GALASSIE: I think we're ready for a  
17 vote. May I have a motion approve Project 12-017 to  
18 authorize a change of ownership of Crystal Springs  
19 Dialysis, Crystal Lake, Illinois?

20 MR. BURDEN: So moved.

21 MS. OLSON: Second.

22 CHAIRMAN GALASSIE: Moved and seconded.

23 MR. ROATE: Motion made by Dr. Burden,  
24 seconded by Ms. Olson. Dr. Burden?

1 MR. BURDEN: Yes.

2 MR. ROATE: Mr. Eaker?

3 MR. EAKER: Yes.

4 MR. ROATE: Justice Greiman?

5 MR. GREIMAN: Yes.

6 MR. ROATE: Mr. Hayes?

7 MR. HAYES: Yes.

8 MR. ROATE: Ms. Olson?

9 MS. OLSON: Yes.

10 MR. ROATE: Mr. Penn?

11 MR. PENN: Yes.

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: Yes.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: Eight votes in the affirmative.

17 CHAIRMAN GALASSIE: Motion passes. Thank you

18 very much. Have a good day. Congratulations.

19 We are moving on to Project 12-019, Elmhurst

20 Memorial Hospital in Elmhurst. If representatives would

21 come to the table and introduce yourselves, spelling your

22 names, and we will then have you sworn in.

23 (Pause)

24 CHAIRMAN GALASSIE: Good morning. It's a

1 pleasure not to have to talk to dialysis for a few minutes.

2 MR. DANIELS: Good morning. My name is Peter  
3 Daniels, D-a-n-i-e-l-s. I'm President and CEO of Elmhurst  
4 Memorial Hospital.

5 MS. GIL: Good morning. My name is Amaryllis  
6 Gil, A-m-a-r-y-l-l-i-s, G-i-l. I'm a medical oncologist  
7 and hematologist.

8 MS. LYDON: My name is Jean Lydon, J-e-a-n,  
9 L-y-d-o-n. I'm the Associate Vice-President of Patient  
10 Care Services at Elmhurst and responsible for the oncology  
11 services.

12 MR. AXEL: And I'm Jack Axel with Axel and  
13 Associates, A-x-e-l.

14 CHAIRMAN GALASSIE: Thank you, ladies and  
15 gentlemen.

16 (Oath given)

17 CHAIRMAN GALASSIE: Thank you.

18 Mr. Constantino, Staff report, please.

19 MR. CONSTANTINO: Thank you, Mr. Chairman.

20 The applicants are proposing to relocate its  
21 oncology-related programs from the Berteau Avenue campus to  
22 the newly-established East Brush Hill Road campus, at a  
23 cost of approximately \$19.2 million. They anticipate a  
24 project completion date of June 30th, 2014. There was no

1 public hearing requested, and we did not receive any  
2 letters of support or opposition regarding this project.  
3 The applicants have met all of the requirements of the  
4 State Board.

5 Thank you, Mr. Chairman.

6 CHAIRMAN GALASSIE: Thank you very much.

7 Who would like to address the Board?

8 MR. DANIELS: I will, Mr. Chairman, and good  
9 morning again. My name is Peter Daniels, and I'm President  
10 and CEO of Elmhurst Memorial Hospital and its parent,  
11 Elmhurst Memorial Healthcare, and, again, as we mentioned,  
12 with me today is Dr. Amaryllis Gill. She's one of our  
13 medical oncologists, senior oncologist on our Staff.  
14 Ms. Jean Lydon, who is one of our Assistant Directors of  
15 Nursing at the hospital, and also our Oncology Service Line  
16 Administrator, and Jack Axel, our CON consultant.

17 Due to the fully positive Staff Report, my  
18 comments will be brief. We are proposing to move our  
19 outpatient oncology services, which include traditional  
20 radiology therapy, a joint-ventured Cyberknife program,  
21 infusion therapy, and a variety of educational and support  
22 programs, from the basement location of our aging Berteau  
23 Avenue campus to our new main hospital campus at the Brush  
24 Hill site, as has just been mentioned. It's approximately

1 three and a half miles away from the old campus. We do not  
2 believe that this move will change the demographics of the  
3 patients we serve in any way.

4 Oncology, as you know, is a core service  
5 provided by most community hospitals, and this project with  
6 the addition of the Cyberknife component is similar to  
7 those that you've acted on in recent years for the  
8 hospitals in the western suburbs. This project has been  
9 designed to within your square footage standards, your  
10 utilization standards, and your financial standards, and,  
11 as you will note, there are no negative findings in the  
12 Staff Report.

13 Last and most important, our patients are  
14 being well-served in this project. It's another important  
15 step in our transition from the aging Berteau Avenue site  
16 to our new main campus. The project that we are proposing  
17 will allow us to expand the number of our infusion therapy  
18 stations to 24, which will meet the current demand for that  
19 service, to locate all of our oncology-related services in  
20 modern facilities and in close proximity -- in fact,  
21 co-located now with our oncologists. The result will be a  
22 synergy between our oncology programs and all of the other  
23 programs currently provided for at the main campus, be that  
24 diagnostic, inpatient acute care, or therapeutic that's not

1 currently available or attainable at the remote site.

2 As we know, cancer is a very complex disease.  
3 The patients will benefit when the caregivers, from the  
4 oncologists to the pathologists and to the surgeons and  
5 others, are facilitated in their efforts at this new  
6 facility to collaborate with one another. So thank you for  
7 the opportunity to summarize this project, and I'd be happy  
8 to answer any questions.

9 CHAIRMAN GALASSIE: Thank you.

10 Any questions from Board members on Project  
11 12-019?

12 MR. BURDEN: Yes, as usual, Mr. Chairman.

13 Welcome, Mr. Daniels. I'm sure that the CEO's  
14 I know personally and know professionally are really  
15 excited about being quoted in Crain's regarding losing  
16 money. I'm relating to an article that was reported in  
17 December, and I'm sure you were probably not extremely  
18 excited about that maneuver. The source, I think, is  
19 related to, I think -- her father is a pal of mine who died  
20 of chronic renal disease. I believe this is the lady, and  
21 her sister is a nephrologist, and so they have some  
22 interest in an area that we're going to be talking a hell  
23 of a lot more about. I'm asking a question that has a  
24 little to do -- we're listening to a lot of applications,

1 and we're now finding out some of the things we passed  
2 on -- I've been around now about four and a half years, and  
3 I'm sure my term is coming to an end shortly, but this  
4 article points out the amount of debt that suburban  
5 hospitals have acquired, and it's amazing to us, because  
6 we're looking at other hospital ventures, and my concern is  
7 damaging the institutions that already have huge debt and  
8 are facing challenges, big challenges, bigger than I  
9 remember as a practitioner. They're really out there. You  
10 know better than I.

11 The article claims you guys are \$500 million  
12 in debt, lost 24 million in '09, I guess. You made a few  
13 bucks -- you did okay in the year before. I'm not unhappy  
14 at all with what you're proposing today for me personally.  
15 I don't know what the rest of the Board thinks. But I do  
16 wonder, how are things going? Let's put it that way.  
17 We're asking dialysis units to check in. I'm going to be a  
18 little more circumspect about allowing or at least voting  
19 "aye" as an individual. The Board makes the decisions, I  
20 don't. \$500 million bucks, that's a lot of dough in any  
21 man's turf. How are you doing?

22 MR. DANIELS: Year over year, we're positive  
23 in terms of our volume. As you know, with the inclusion of  
24 the half million dollars that we did put into the new main

1 campus, our depreciation is up considerably, up three times  
2 what it had been in the past. We're up about \$30 million  
3 in depreciation, and that does affect our Profit and Loss  
4 Statements.

5           On a cash flow basis, we're cash flow  
6 positive, about seven and a half percent this year. We  
7 want to be higher than that. Volume certainly is something  
8 we intend to grow into, and we have a number of projections  
9 that get us there. Again, as I said, unlike a number of  
10 other medical centers in and around the Chicagoland area,  
11 we are year over year positive from a volume standpoint,  
12 and, again, we are very optimistic that as we move into  
13 this new hospital and fine tune its operations and provide  
14 the improved services, the technologies, and also our  
15 patient experience, that our market share will grow, and  
16 then we will grow into this new fine facility.

17           As you know, the decision we made to move into  
18 the new main campus was really borne on the Berteau campus,  
19 and we've had other presentations here recently related to  
20 that. The old facility really was not renovatable. If it  
21 had been, it would have been at an extremely high cost. It  
22 never really has given us the kind of functionality that  
23 patients demand in this day and age in terms of single  
24 rooms, in terms of our concept of on stage and back stage

1 and patient privacy, and the integration of information  
2 systems and a number of new processes we've put in place to  
3 create amenities in a care environment. As you know --  
4 perhaps you don't know -- we've being certified for  
5 Planetree designation this coming June and hope to get it  
6 by September. We're on a Magnet Journey for nursing  
7 excellence. We believe the combination of the facility,  
8 the technologies, all of our staff and programs and  
9 processes is the glue that will hold it all together and  
10 will make a huge difference in serving the communities.  
11 And for that, it requires an investment, and the Berteau  
12 site, quite frankly, as we've talked about before, from a  
13 standpoint of the mechanicals, the infrastructure, pretty  
14 much across the board, the mechanical systems, the plumbing  
15 systems, the electrical systems really are not serving us  
16 well. It is the reason why we are abandoning that site.  
17 We will eventually be taking that site down and moving all  
18 of the services. That was not the original plan, as you  
19 know from my last presentation here, but as we've done the  
20 evaluation of that Berteau site, we are now convinced that  
21 moving into the new hospital is the only course of action  
22 we have, and with it, a very high price tag.

23 MR. BURDEN: To be fair to you, I think it was  
24 a dirty shot. In the article they pointed out you're

1 building a two-story chapel, 14 gardens on campus. How do  
2 you react to that? Is it their business to say, "Listen,  
3 we borrowed a lot of money and we hope to pay it back"?  
4 I'm sorry. I'm not addressing what you're here today for.  
5 The article had my attention, and I wondered how you  
6 reacted to it.

7 MR. DANIELS: Dr. Burden, you're absolutely  
8 correct. As I mentioned, Planetree is important. It  
9 really is an environment of care that we are creating, and  
10 our relationship based care nursing program is part of  
11 that. The amenities that fits the finishes, and  
12 particularly that chapel -- and I'll make a comment on that  
13 in a second, because you're right. It sort of raises my  
14 blood pressure a little bit in the sense that that chapel  
15 actually is two stories. The first story does abut to our  
16 current main public spaces. The second story has a balcony  
17 that is addressable right from our Intensive Care Unit and  
18 from our visitor lounge. So, it does provide the  
19 opportunity for our visitors and patients to be able to  
20 have a quiet moment in that chapel, from either the second  
21 or the first floor.

22 MR. BURDEN: Thank you.

23 CHAIRMAN GALASSIE: Well, as Chairman, I can  
24 tell you -- I can assure you that sitting here, that I get

1 phone calls from our elected officials, both Senators and  
2 Reps. So, I wish you and your colleagues would do a better  
3 job explaining to them that it's not opulence, there's  
4 reasons for this, because it's common complaints, feeling  
5 this Board is not representing the community as well as it  
6 should on proving some of these projects.

7 I'm going to move forward and suggest --

8 MS. OLSON: I just want to say a positive.  
9 Your charity care is impressive.

10 MR. DANIELS: Thank you.

11 MR. PENN: I have a question. I was just  
12 reading the bios on your physicians. I see one person is  
13 bilingual. Is there a need to have more bilingual staff?

14 MS. GIL: Absolutely. We do serve a large  
15 population of patients who are mainly Spanish speaking.  
16 Not only Spanish, but we do have a lot of doctors on our  
17 staff who can provide different languages, because we do  
18 have a population in that area that we do care for.

19 MR. PENN: Is there a need to have more  
20 bilingual staff?

21 MS. GIL: I think currently with the medical  
22 staff and the staff that we have, inpatient and outpatient,  
23 and we also have a language line available in case, if  
24 needed, for patients who do speak languages that we don't

1 have on staff, it's meeting the needs that we have  
2 currently with our patients.

3 MR. PENN: So you think it's adequate?

4 MS. GIL: Yes.

5 CHAIRMAN GALASSIE: Moving forward, may I  
6 have a motion to approve Project 12-019, to relocate the  
7 outpatient oncology clinical services to Elmhurst Memorial  
8 Hospital's campus located on East Brush Hill Road in  
9 Elmhurst, Illinois?

10 MR. BURDEN: So moved.

11 MR. HAYES: Second.

12 CHAIRMAN GALASSIE: Moved and seconded.

13 MR. ROATE: Motion made by Dr. Burden,  
14 seconded by Mr. Hayes.

15 Dr. Burden?

16 MR. BURDEN: Yes.

17 MR. ROATE: Mr. Eaker?

18 MR. EAKER: Yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: Yes.

21 MR. ROATE: Mr. Hayes?

22 MR. HAYES: Yes.

23 MR. ROATE: Ms. Olson?

24 MS. OLSON: Yes.

1 MR. ROATE: Mr. Penn?

2 MR. PENN: Yes.

3 MR. ROATE: Mr. Sewell?

4 MR. SEWELL: Yes.

5 MR. ROATE: Chairman Galassie?

6 CHAIRMAN GALASSIE: Yes.

7 MR. ROATE: That's eight votes in the  
8 affirmative.

9 CHAIRMAN GALASSIE: Motion passes.  
10 Congratulations.

11 Moving forward to Project No. 11-121, Lisle  
12 Center for Pain Management, Lisle, Illinois. If you folks  
13 would come up to the table and introduce yourselves and  
14 spell your names, and we will have you sworn in.

15 (Pause)

16 MR. ELBORNO: Ahmed Elborno, A-h-m-e-d,  
17 E-l-b-o-r-n-o. I'm an interventional pain specialist. I'm  
18 the partner of Dr. Suwan.

19 MR. AXEL: Jack Axel, Axel and Associates.

20 MS. SUWAN: Nesreen Suwan. I'm a  
21 Board-certified neurologist for pain, Midwest Academy of  
22 Pain and Spine, and the spelling is N-e-s-r-e-e-n, and my  
23 last name is S-u-w-a-n.

24 CHAIRMAN GALASSIE: And we'll have you sworn

1 in, please.

2 (Oath given)

3 CHAIRMAN GALASSIE: Thank you very much.

4 Staff report, please.

5 MR. CONSTANTINO: Thank you Mr. Chairman. The  
6 applicant proposes to establish a limited-specialty  
7 Ambulatory Surgical Treatment Center, providing neurology  
8 and interventional pain management surgical specialties.  
9 The cost of the project is approximately \$2.5 million, and  
10 the anticipated project completion date is August 31st,  
11 2013. No public hearing was requested. We did receive  
12 three opposition letters and no letters of support.

13 Thank you, Mr. Chairman.

14 CHAIRMAN GALASSIE: Thank you very much.

15 Who would like to address the Board?

16 MR. ELBORNO: Good morning, Mr. Chairman and  
17 members of the Illinois Health Facilities and Services  
18 Review Board. I'm Dr. Ahmed Elborno. At the table with me  
19 is Dr. Suwan and Jack Axel, our CON consultant. Dr. Suwan  
20 and I, we are practicing together and also, she is also my  
21 wife.

22 I am performing pain management procedures at  
23 one hospital in the western suburbs, as well as the surgery  
24 center in Chicago, and in our Lisle office, located at 2867

1 Ogden in Lisle, Dr. Suwan virtually and exclusively  
2 practicing at our Lisle office, and we are here today to  
3 discuss our project, to answer any questions, also, that  
4 you may have.

5 Our proposed project represents the fifth  
6 limited surgery center project for interventional pain  
7 management brought before this Board. In 2003, a facility  
8 was approved for development in Marion, and it has been  
9 operating since 2004. In 2005, a facility was approved to  
10 be developed in Libertyville. In 2010, a closed-staff  
11 facility was approved for development in Naperville, and  
12 last year a similar facility was approved for development  
13 in Barrington.

14 Our proposed site is 34 miles from the closest  
15 of those facilities that operates with an open staff, that  
16 being a facility that we could use. In addition, many of  
17 the multi-specialty Ambulatory Surgery Treatment Centers in  
18 the western suburbs do not have the imaging equipment  
19 required for our procedures. Last, because our procedures  
20 themselves are short in duration compared to the time our  
21 patients spent in the recovery room, our cases would clog  
22 up most multi-specialty Ambulatory Surgical Treatment  
23 Centers.

24 We have provided for your review our facility

1 charge structure, which has procedure-specific charges  
2 ranging from 193 to \$3,142. We have committed to  
3 maintaining that charge structure for a minimum of two  
4 years of operation. Our proposed charge structure will  
5 result in significant savings for many of our patients. As  
6 a very small sample, we asked four of our patients to  
7 provide us with bills, and on average, our proposed charges  
8 were \$6,100 less for those patients.

9 Our review of past hearings has made this  
10 Board's concern for services to be provided to Illinois'  
11 economically disadvantaged residents was crystal clear to  
12 us, and we have been proactive in addressing that concern.  
13 Our practices are Medicaid certified, and we will seek  
14 Medicaid certification for the Ambulatory Surgery Treatment  
15 Center upon opening. That being said, Mr. Axel tells me  
16 that we must be the Department of Healthcare and Family  
17 Services' favorite physicians. That's because we typically  
18 simply write off the services that we provide to Medicaid  
19 recipients in our office, rather than go through the  
20 billing process.

21 In addition to Medicaid, approximately five  
22 percent of our patients are without any insurance, and we  
23 provide services to them either without a charge or, in a  
24 minority of cases, with a substantial and mutually agreed

1 upon discount. Many of these patients come to us through  
2 community agencies, such as World Relief DuPage or at Arab  
3 American Family services. We have welcomed patients  
4 through these agencies for years and treat their patients  
5 without charge. This practice will be adopted by the  
6 Ambulatory Surgery Treatment Center.

7 We see the uninsured patients referred to us  
8 in increasing number, and if we are to continue our  
9 commitment -- and that is something we certainly want to  
10 do -- we need to position ourselves to be able to bill a  
11 facility fee to our privately-insured patients, many of  
12 which we are now treating either at the hospital or at  
13 another Ambulatory Surgical Treatment Center.

14 Our goal is to get patients, including those  
15 with work-related injuries, back to work and back to their  
16 normal lifestyle as quickly as possible. Unfortunately,  
17 nationwide, those without insurance are often those most  
18 desperate to get back to work, and they are the same folks  
19 that have the greatest difficulty in accessing contemporary  
20 pain management services, and that's something we are  
21 trying to eliminate.

22 Please know that we have attempted to do  
23 everything we can to come to you today with a project that  
24 is as narrow in scope as possible and that does not

1 duplicate facilities that are already provided. As noted  
2 in the State Agency Report, we have applied for a limited  
3 ambulatory Surgical Treatment Center permit, as contrasted  
4 with a multi-speciality Ambulatory Surgical Treatment  
5 Center permit. We are proposing a facility with two  
6 procedure rooms, and as noted by your staff, we have a  
7 sufficient procedure volume to support this project. As a  
8 result, patients that we are now taking to an Ambulatory  
9 Surgery Treatment Center in Chicago will not need to make  
10 the drive, and ambulatory patients that we have been  
11 treating in the hospital to eliminate the drive will  
12 realize significant savings. Last, and just as important,  
13 because this small Ambulatory Surgical Center will be for  
14 our patients exclusively, when one of our patients calls us  
15 in pain, and because the Ambulatory Treatment Center  
16 treatment will be located in the same building as our  
17 office, will be able to treat them immediately, without  
18 having to schedule a procedure room through the hospital,  
19 often delaying treatment for a day or longer.

20 Before we close, Mr. Axel will briefly touch  
21 on the findings of the SAR.

22 CHAIRMAN GALASSIE: Thank you, Doctor.

23 MR. AXEL: Only one issue was raised in the  
24 SAR that resulted in negative findings, and that was that

1 there are some hospitals ASTC's that are not operating at  
2 the target utilization level. That conclusion resulted in  
3 negative findings to Criteria 1110.1540(e) and (f), which  
4 are largely duplicative. Staff correctly identified that  
5 there are 4 hospitals and 10 multi-specialty ASTC's that  
6 failed to reach their utilization target in 2010. The  
7 applicants, as has been the case with the applicants for  
8 other pain management facilities approved in the past, have  
9 attested that most of their outpatient procedures are not  
10 performed in the hospital setting, due to cost. The only  
11 hospital at which Dr. Elborno does procedures is Hinsdale  
12 Hospital, and Hinsdale Hospital, as noted in the SAR, has a  
13 surgical volume that supports two more operating rooms than  
14 they actually have. They're operating over the target  
15 utilization. This project will not cause them to drop  
16 below the Board's utilization standard. Dr. Swan does not  
17 perform procedures at any of the area hospitals.

18 When looking at using under-performing  
19 multi-specialty ASTC's as an alternative to this project,  
20 the facility's individual IDPH profiles demonstrate that  
21 doing so is also not a viable alternative. Of the 10  
22 under-performing ASTC's, only three provided any charity  
23 care at all in 2010. Those three were Elmhurst Outpatient  
24 Surgery, where one-tenth of one percent of the patients

1 were classified as charity, Children's Memorial Center,  
2 where six-tenths of one percent were charity, and Loyola  
3 University Center in Maywood, where one and a half of the  
4 patients were identified as charity care. The Loyola  
5 facility is 17.4 miles away. The other seven ASTC's did  
6 not accept any charity care, according to their IDPH  
7 reports. Of the three that do, Elmhurst does not do pain  
8 management procedures, Children's, quite obviously, treats  
9 pediatric patients exclusively, and in 2010, only eleven  
10 cases categorized as pain management were performed at the  
11 Loyola ASTC, and those cases represented only two-tenths of  
12 one percent of that center's caseload.

13 Last, and also significant, is the statement  
14 in the SAR under criteria 1110.154(e), E and I quote, "The  
15 proposed facility will perform neurology and pain  
16 management services exclusively with no impact on existing  
17 area providers," closed quote.

18 In closing, this project is being proposed to  
19 comply with Illinois law and CMS requirements. This  
20 project is being presented without any public hearing being  
21 requested. These facilities have established referral  
22 practices with two highly-regarded community agencies that  
23 direct patients to them for uncompensated care. The  
24 applicant commits to never coming before the Board again to

1 expand the scope of this facility, and the applicant would  
2 accept that as -- that commitment as a condition of its  
3 permit.

4           Perhaps most importantly, this project will  
5 directly impact two groups of patients. The first group is  
6 comprised of those patients that these physicians see in  
7 their office for acute pain and requiring a procedure to be  
8 performed without delay. This ASTC will be in the same  
9 building they currently have their offices in, and,  
10 therefore, they will be able to quickly relieve the  
11 patient's pain, even when there are other patients waiting  
12 to be seen in the office. This will essentially eliminate  
13 the necessity for patients to wait a day or sometimes two  
14 or three days with debilitating and excruciating pain until  
15 treatment can be scheduled elsewhere.

16           The second group of patients are those without  
17 the ability to pay. As Dr. Elborno mentioned, they see a  
18 considerable number of such patients now and do what they  
19 can for them in their office. We are not aware of any  
20 hospital in the area or surgery center that will accept  
21 this number of patients without charge, and if they would  
22 occasionally accept such a patient, they absolutely will  
23 not accept the volume of patients now being seen by  
24 Dr. Suwan and Elborno in their office. These patients, who

1 are often referred by community agencies, will have access  
2 to the requested ASTC, just as they now have access to the  
3 physicians' practice.

4 Thank you for your attention, and we will be  
5 happy to answer any questions that you might have.

6 CHAIRMAN GALASSIE: Thank you.

7 Questions from Board members?

8 MR. SEWELL: Mr. Chairman?

9 CHAIRMAN GALASSIE: Yes, Mr. Sewell.

10 MR. SEWELL: I want you to correct my  
11 understanding of your argument. Essentially, you're saying  
12 that it's such a limited specialty in its focus in urology  
13 and pain management that in the tables we see in the State  
14 Agency Report, where you're being compared to a more  
15 general ambulatory surgery treatment, that comparison loses  
16 its relevance. That's one argument. Then I'm hearing an  
17 argument about the willingness to provide charity care of  
18 such a volume, and when that's compared to some of the  
19 other providers, they don't have policies that provide  
20 sufficient charity care. Is that a correct interpretation  
21 of the argument you're making?

22 MR. AXEL: That is a correct interpretation,  
23 and is something that the Board has discussed often,  
24 typically led by Mr. Carvalho, who is not here today, the

1 absence of the provision of charity care within the surgery  
2 center community. These physicians are seeing those  
3 patients primarily through their relationship with the two  
4 community agencies now, that are referring patients to them  
5 for uncompensated care, and they have attested to the fact  
6 that the policy of accepting those patients into the  
7 surgery center will be the same as the policy accepting  
8 them into their practice.

9 MR. SEWELL: Another question, though. Do you  
10 know how much of the service in the other Ambulatory  
11 Surgery Treatment Centers is focused on neurology and pain  
12 management? Do you have some sense of the volume of that  
13 specialty?

14 MR. AXEL: Yes, I do have a sense, because I  
15 reviewed that as I was putting the application together.  
16 Most of the facilities do not provide pain management  
17 services. Many of them don't have the imaging equipment  
18 required for it. A few do. But then you run into the  
19 issue of the facility who doesn't accept charity care, and,  
20 if they do, as I noted in my portion of the presentation,  
21 one-tenth of one percent of the patients, charity care,  
22 things like that.

23 CHAIRMAN GALASSIE: You might want to ask that  
24 question of the Staff. Can you validate that?

1 MR. SEWELL: Try to remember that question.

2 But the other thing, this reference that was recently made  
3 to an action in Springfield with the General Assembly about  
4 charity care, is that under the hospitals, it doesn't apply  
5 to the ambulatory treatment centers, or do we know?

6 MR. CONSTANTINO: I don't know personally.  
7 Alexis might know.

8 Do you? I apologize. I don't mean to put you  
9 on the spot here, Alexis.

10 MS. KENDRICK: I believe the legislation  
11 you're referring to refers just to hospitals.

12 MR. CONSTANTINO: What we have to look at,  
13 Mr. Sewell, is the capacity at the facilities within the  
14 identified geographic service area. So we look at surgery  
15 rooms and their capacity, and we identify for the Board who  
16 is under utilized. We don't take into consideration what  
17 type of surgical specialties they are providing.

18 MR. SEWELL: Okay.

19 MS. OLSON: Can I just expound on that a  
20 little bit? So, if I understand what you said correctly,  
21 Doctor, what you said is on average, patients would find  
22 that there bill would be 35 percent less than at these  
23 other facilities, which is about a \$6,000.00 savings?

24 MR. ELBORNO: Yes.

1 MR. AXEL: Two different things, Ms. Olson.  
2 Across the board, surgery centers are typically about 35  
3 percent less costly than hospitals. Very difficult to get  
4 patient bills from patients. We were able to get four from  
5 patients that Dr. Elborno treated in hospitals, and those  
6 patients would have seen a \$6,000.00 savings.

7 MS. OLSON: And I believe I also heard you  
8 say, Doctor, that because you will be able to realize some  
9 of the profit from the facility, which you are not now able  
10 to do, that this will allow you to treat more of these  
11 under insured and Medicaid patients?

12 DR. BURDEN: That's correct.

13 MS. OLSON: Do I understand that you said you  
14 are Medicaid certified, but you don't bill Medicaid for  
15 your services?

16 MR. ELBORNO: That's true. Actually, the  
17 reason for that is, most of the time, when they are doing  
18 the Medicaid patient the reimbursement -- if you compare it  
19 to the time and the effort that is spent actually for  
20 billing and doing all of the paperwork for that and doing  
21 the entries and the overhead, was not worth it.

22 MS. OLSON: I understand. Thank you.

23 MR. BURDEN: Mr. Chairman.

24 CHAIRMAN GALASSIE: Yes, Dr. Burden.

1 MR. BURDEN: I have a question of Staff. On  
2 page 5 of Table 1, there's a sentence the State Board's  
3 target surgical utilization of 1500 hours.

4 MR. CONSTANTINO: That's correct.

5 MR. BURDEN: 1500 hours represents total  
6 utilization of that per year?

7 MR. CONSTANTINO: 1500 hours, yes, per year.

8 MR. AXEL: Per operating room.

9 MR. CONSTANTINO: Per operating room, yes.

10 MR. BURDEN: Okay. That's fine. Thank you  
11 very much.

12 The next question I have is just related to  
13 the activities that are being done in the ambulatory  
14 surgery center. I'm reporting from a Rand Corporation  
15 paper put out in 2008, basically looking at Ambulatory  
16 Surgery Treatment Centers. Did I hear, Doctor, that you're  
17 an anesthesiologist or you're not? I'm trying to remember.

18 MR. ELBORNO: I'm an anesthesiologist and also  
19 subspecialize in pain management.

20 MR. BURDEN: Where did you do your work in  
21 Chicago?

22 MR. ELBORNO: I am actually practicing at the  
23 Ambulatory -- Advanced Ambulatory Surgery Center in  
24 Chicago.

1 MR. BURDEN: Where?

2 MR. ELBORNO: Advanced Ambulatory Surgery  
3 Center in Chicago.

4 MR. BURDEN: Where is that located?

5 MR. ELBORNO: It's on Harlem.

6 MR. BURDEN: Harlem Avenue?

7 MR. ELBORNO: Harlem Avenue in Elmwood Park.

8 MR. BURDEN: It's obvious to me that these  
9 pain management facilities as a single unit is unusual,  
10 because only 15 percent -- according to this survey in '09,  
11 which includes all, ophthalmology being the most frequent  
12 of the ambulatory treatment, you're -- approximately 15  
13 percent of all Ambulatory Surgery Treatment Centers deal  
14 with pain only. I'm curious about the types of procedures  
15 that are done. I just want to rattle them off. Tell me if  
16 this is appropriate for what you do in your service. You  
17 inject lumbar spine, epidural; inject the foramen,  
18 epidural; lumbar spine; inject paravertebral, lumbar spine;  
19 inject paravertebral lumbar sacral spine. All of those  
20 represent different procedures, is that correct, that are  
21 identified in this manual as being what might one do in  
22 your surgical treatment center?

23 MR. ELBORNO: Yes.

24 MR. BURDEN: I'm just looking at when you get

1 to a room for a so-called surgical procedure, does that  
2 involve nerve (inaudible)? What type of surgical procedure  
3 beyond injection does one do in a pain service like you're  
4 offering?

5 MR. ELBORNO: Well, this is not even the only  
6 procedure, which is the injections. That is a technique  
7 that we're doing. As a pain specialist, as both certified  
8 in the interventional as an educator, I'm running workshops  
9 and teaching. We also do other surgical interventions,  
10 including, not limited to, spinal cord stimulation  
11 placement, intrathecal pump placement, decompressions,  
12 vertebroplasties, minimum invasive (inaudible) fusions, and  
13 all of these procedures actually is done at the surgical  
14 center. So, basically besides the injections technique, we  
15 do the other minimal invasive procedure for pain  
16 management.

17 MR. BURDEN: The reason I asked for what  
18 you're describing, injections intrathecally, I'm well aware  
19 of when antitrypsin was utilized in my practice day for  
20 disk disease treatment, and there's a well-known Chicago  
21 baseball player who had this done and had, fortunately, a  
22 good result. I spent 15 years looking at all of the  
23 alleged malpractice. Believe me, we settled more than a  
24 few cases where antitrypsin was injected directly into the

1 space you described. I consider this a very technical,  
2 difficult, and indeed highly specialized treatment plan,  
3 and I'm asking, that in terms of what you guys -- you  
4 people, you doctors do in your daily -- how often do you  
5 find yourself injecting where you just described? That to  
6 me -- certainly an enzyme is not being injected anymore  
7 around the paravertebral space. Am I right or wrong?

8 MR. ELBORNO: You're right about that. That  
9 was actually disapproved by the FDA, due to the reaction  
10 that has happened to the patients that lead to, some of the  
11 cases, severe hypertension, allergic reaction, and it is  
12 not used anymore. Instead, I'm currently doing multiple,  
13 multiple, in similar cases, of discography. Discography is  
14 a most different procedure that is done, approaching the  
15 disk with a technique that I'm utilizing, actually. Once  
16 the patient or the physician and the operator is capable to  
17 approach the disk to do a muscular discography, you can do  
18 any of the other procedure that involves this  
19 decompression, including utilizing radio frequencies or  
20 laser discectomy or laser decompression. So all of these  
21 procedures is done based on the technique of approaching  
22 the disk.

23 MR. BURDEN: I'm asking questions that  
24 probably no one else on this Board particularly cares

1 except those who have back pain, which is the most frequent  
2 complaint that adults have. You know, we're not  
3 quadrupeds. We're bipeds. Back pain is extremely common.  
4 You're looking at a guy who had a laminectomy a long time  
5 ago, and I have several close friends, including surgeons,  
6 who would not go near having their back operated on, which  
7 bothers me. Now you're telling me something that you're  
8 injecting into the disk space. Can you actually comment  
9 about your results? I'm sorry. I'd like to ask that  
10 question. Are you able to say that you can cause disk  
11 dissolution to the point that nerve root compression  
12 disappears and patients go out the front door saying, "I'm  
13 well"? Or is that a one-time deal for a limited time  
14 period for relief?

15 MR. ELBORNO: Let me address this issue. Most  
16 of our patients will come to us that have had traditional,  
17 conventional treatment, that include and not limited to far  
18 more critical (inaudible) and physical therapy, and when  
19 they come after that to do the injections technique and  
20 then failed the injections technique, usually ended up with  
21 treating the cause of the problem, which was a disk  
22 herniation problem. Now, we have a criterion regarding  
23 treating disk herniation problems, which indicate the fact  
24 that sometimes the disk herniation is more than a

1 centimeter pushing backwards and compressing the nerve,  
2 then that's the subject of a disk that needs to have a  
3 laminectomy. But if it wasn't that, then the patient is a  
4 good candidate for minimal invasion and disk decompression,  
5 and I assure you, actually with all of the cases that I  
6 have done so far for a disk decompression, utilizing  
7 nucleoplasty or the micro discectomy, using radio  
8 frequencies or laser, has been given great results, because  
9 that's all that you need to relieve decompression and  
10 resolve the patient's pain, and those would avoid the  
11 patient to have aggressive back surgeries that is done  
12 utilizing the screws and the plates and the fusion  
13 surgeries, which ultimately this is the only surgery that  
14 is written in the books of medicine who have the name of  
15 "Failed Back Surgery Syndrome".

16 MR. BURDEN: In Russia, they still put them in  
17 the bed for a year, so I'm always curious to see what we're  
18 doing in this country. I'm sure that there are a few  
19 members of this Board that should pay more attention to  
20 what you're saying. Acute disk disease is much more  
21 common. On the golf course I see it all the time.

22 Thank you for -- I'm sorry I took up time.  
23 The Board members should pay attention to this for their  
24 own personal health, as far as I'm concerned. Thank you

1 very much.

2 CHAIRMAN GALASSIE: Thank you.

3 Any other questions, Board members?

4 MR. SEWELL: Mr. Chairman?

5 CHAIRMAN GALASSIE: Yes.

6 MR. SEWELL: I wanted to make sure I  
7 understood your management decision to essentially not bill  
8 the State for Medicaid services. It sounds like you are  
9 making that decision based on the costs of processing the  
10 claims. Is that your reason for not doing that? In other  
11 words, the cost of processing the claims would exceed the  
12 revenue you would receive from Medicaid?

13 MR. AXEL: Yes.

14 CHAIRMAN GALASSIE: Including the time for  
15 reimbursement.

16 MR. SEWELL: Maybe this is too hypothetical --  
17 well, I guess what I want to know is, do you know what  
18 the -- well, to do that calculation, you'd have to know  
19 what the volume of Medicaid is in terms of patients that  
20 present. So, is that -- what does that look like?

21 MR. ELBORNO: Well, let me just address the  
22 issues about our mix payors. By looking at our mix payors,  
23 actually we do have at least five percent of our mix payors  
24 on Medicaid. So, basically, considering that amount to the

1 whole total numbers of our mixed payors, I don't believe I  
2 should spend that time and effort and the cost to do the  
3 processing.

4 MR. SEWELL: So, my question is that if that  
5 symmetric is being used, the cost of processing the claims  
6 for you, should your payor mix change where it increases at  
7 a certain point where the value of doing that, the revenue  
8 from doing that, would exceed your costs of processing, you  
9 would begin to bill Medicaid? Is that correct, or am I  
10 putting words in your mouth?

11 MS. SUWAN: You know, actually right now the  
12 billing service that we are using costs us so much, but  
13 maybe in another billing setting we would like to do that.  
14 We are not against billing Medicaid. We may -- we may bill  
15 like once or something, but we will not run after it. At  
16 this point with our billing service setting, it is really  
17 costly, but maybe if we have another billing setting, it  
18 will not be that costly. Medicaid -- we are seeing five  
19 percent Medicaid but like ten to fifteen percent charity.  
20 So, basically we are very, you know, like accepting of the  
21 fact that it's okay to see patients without, you know,  
22 taking money.

23 MR. AXEL: That Medicaid percentages, when  
24 looking at their payor mix, really hasn't changed

1 significantly over the past couple of years. But the key  
2 is, the 15 percent of their patients that are coming to  
3 them with no coverage at all, and about a third of those,  
4 five percent, a hundred percent write-off. The others --  
5 most people don't want pure charity care. You know,  
6 they're willing to pay \$10 a month over the next year, and  
7 it's an insignificant amount, but it makes them feel  
8 better.

9 CHAIRMAN GALASSIE: I'm going to move this  
10 forward, if I may. May I have a motion to approve Project  
11 11-121, to establish a limited specialty ASTC specializing  
12 in neurology and pain management categories of service in  
13 Lisle, Illinois?

14 MR. BURDEN: So moved.

15 MS. OLSON: Second.

16 CHAIRMAN GALASSIE: Moved and seconded.

17 MR. ROATE: Motion made by Dr. Burden,  
18 seconded by Ms. Olson.

19 Dr. Burden?

20 MR. BURDEN: Yes.

21 MR. ROATE: Mr. Eaker?

22 MR. EAKER: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: Yes.

5 MR. ROATE: Mr. Penn?

6 MR. PENN: Yes.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: No, because of the impact on  
9 existing providers, and we don't have criteria that is  
10 specific to this service.

11 MR. ROATE: Chairman Galassie?

12 CHAIRMAN GALASSIE: Chair votes yes.

13 MR. ROATE: Seven votes in the affirmative,  
14 one vote in the negative.

15 CHAIRMAN GALASSIE: Motion passes. Thank you  
16 very much.

17 I'm going to propose that we break at this  
18 point for lunch, and we will -- for the folks in the  
19 audience, we will attempt to plan to be back here at 1 p.m.  
20 Thank you very much.

21 (Lunch recess)

22 CHAIRMAN GALASSIE: Okay. Thank you for being  
23 timely, everyone. Welcome back.

24 We are following our agenda. As discussed

1 prior to leaving, we are coming into Project No. 12-014,  
2 Manor Court of Freeport in Freeport, Illinois.

3 Gentlemen, would you please introduce  
4 yourselves and spell your names, and we will have you sworn  
5 in.

6 MR. KNIERY: My name is John Kniery,  
7 K-n-i-e-r-y.

8 MR. BARDELAS: Andres Bardelas,  
9 B-a-r-d-e-l-a-s.

10 MR. WILSON: Ronald J. Wilson, W-i-l-s-o-n.

11 (Oath given)

12 CHAIRMAN GALASSIE: Staff report, please.

13 MR. CONSTANTINO: Thank you, Mr. Chairman.

14 The applicants are proposing to add 27 skilled  
15 care beds to its existing 90-bed complement. The total  
16 cost of the project is \$1.8 million. The anticipated  
17 project completion date is December 31st, 2013. No public  
18 hearing was requested. We did receive one letter of  
19 opposition, and no letters of support were received by the  
20 State Board Staff.

21 Thank you, Mr. Chairman.

22 CHAIRMAN GALASSIE: Thank you.

23 And who would like to address the Board?

24 MR. KNIERY: I would, Mr. Chairman. Good

1 morning. My name is John Kniery, again.

2 This is the third time the applicant has been  
3 before this Board on this project. The first time was the  
4 establishment, and this time is for the second expansion,  
5 due to the high demand and historical utilization of the  
6 facility. Due to the considerable small nature of the  
7 project and the positive findings of the State Agency  
8 Report, we'd be more than happy to answer any questions you  
9 have.

10 CHAIRMAN GALASSIE: Thank you very much. We  
11 appreciate that.

12 Does the Board have any questions for this  
13 27-bed expansion?

14 (Pause)

15 CHAIRMAN GALASSIE: Hearing none, may I have  
16 a motion to approve Project 12-014 to add 27 skilled  
17 nursing beds to existing 90-bed inventory in Freeport,  
18 Illinois.

19 MS. OLSON: So moved.

20 MR. BURDEN: Second.

21 CHAIRMAN GALASSIE: Moved and seconded. Roll  
22 call, please.

23 MR. ROATE: Motion made by Ms. Olson, seconded  
24 by Dr. Burden.

1 Dr. Burden?

2 MR. BURDEN: Yes.

3 MR. ROATE: Mr. Eaker?

4 MR. EAKER: Yes.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Yes.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes.

13 MR. ROATE: Mr. Sewell?

14 MR. SEWELL: Yes.

15 MR. ROATE: Chairman Galassie?

16 CHAIRMAN GALASSIE: Yes.

17 MR. ROATE: That's eight votes in the

18 affirmative.

19 CHAIRMAN GALASSIE: Motion passes.

20 Congratulations.

21 We now are moving on to 12-004, and we have a

22 request for two public comments. Ahsan Usman.

23 (Pause)

24 CHAIRMAN GALASSIE: Good afternoon.

1 MS. USMAN: Good afternoon.

2 CHAIRMAN GALASSIE: If you could just spell  
3 your name for our reporter. You don't have to be sworn in.

4 MR. USMAN: My name is Ahsan Usman, U-s-m-a-n.

5 CHAIRMAN GALASSIE: Thank you very much.  
6 Welcome.

7 MR. USMAN: I'm here in opposition to  
8 Fresenius Medical Care's application to establish a  
9 9-station dialysis facility in North Pekin. I would like  
10 to take this opportunity to briefly address the comments  
11 filed by Fresenius and Renal Care Associates, which are  
12 known by Illinois Kidney Disease and Hypertension regarding  
13 my letter in opposition to Fresenius, North Pekin  
14 application.

15 I would like to state my intention to compete  
16 directly with Fresenius in the Pekin market. Currently,  
17 Fresenius is the only dialysis provider in Pekin. They are  
18 the only game in town. I strongly believe patients deserve  
19 a choice of provider. In fact, I have (inaudible) an  
20 application to this Board for an 8-station dialysis  
21 facility in Pekin yesterday. I hope this application will  
22 be heard by this Board at the September 11, 2012 meeting.

23 The north Pekin application before you today  
24 does have several negative findings, and I ask that you

1 reject this proposal today. I agree with Fresenius that  
2 additional stations are needed in Pekin to serve the  
3 growing number of ESRD, end-stage renal disease, patients.  
4 However, the alternative Fresenius chose to give  
5 insufficiencies and duplication of resources.

6 MR. MORADO: Thirty seconds.

7 MR. USMAN: The alternative Fresenius could  
8 have put forward, but did not, was the expansion of the  
9 current facility or the relocation or expansion of its  
10 current facility. And I believe that if I was given the  
11 opportunity to serve the community, then we can take the  
12 quality of patient care to the next level in the region and  
13 the patient will have the choice of providers. I have  
14 already been given a letter from Proctor Hospital, Regional  
15 Hospital, and the OSF Hospital, who have limited my ability  
16 to practice and get the privileges at those hospitals, and  
17 I have the letter here from the Proctor Hospital, who are  
18 not going to give me privileges and try to lock me out of  
19 the area.

20 MR. MORADO: Please conclude your comments.

21 MR. USMAN: You want me to read it?

22 MR. MORADO: No. Conclude your comments.

23 CHAIRMAN GALASSIE: That will be part of the  
24 package you submit, if you do, in fact, submit an

1 application.

2 MR. USMAN: I believe the dialysis patient are  
3 the most sickest patient, and they need the choice of the  
4 care that we can provide them, and all the U.S. citizens  
5 who are on the dialysis have choices to pick a dialysis  
6 facility in their area. The residents of Pekin do not have  
7 that choice.

8 CHAIRMAN GALASSIE: Thank you very much.  
9 Good luck in your endeavor.

10 Moving forward, if there is any  
11 representatives from Project 12-004, Fresenius Medical  
12 Care, North Pekin.

13 (Pause)

14 CHAIRMAN GALASSIE: Good afternoon. If you  
15 folks would come up to the table and please introduce  
16 yourselves, spelling your names, and we'll get you sworn  
17 in.

18 (Pause)

19 MS. TORREY-ROMANUS: Good afternoon. My name  
20 is Connie Torrey-Romanus. The last name is T-o-r-r-e-y,  
21 hyphen, R-o-m-a-n-u-s.

22 MR. PFLEDERER: My Name is Timothy Pflederer,  
23 and that's P-f-l-e-d-e-r-e-r.

24 MR. STOTZ: Rick Stotz, S-t-o-t-z.

1 MS. WRIGHT: Lori Wright, W-r-i-g-h-t, from  
2 Fresenius.

3 MS. RANALLI: Clare Ranalli, R-a-n-a-l-l-i,  
4 counsel to Fresenius.

5 CHAIRMAN GALASSIE: Thank you.

6 (Oath given)

7 CHAIRMAN GALASSIE: Thank you very much.

8 Staff report, please.

9 MR. CONSTANTINO: Thank you, Mr. Chairman.

10 The applicants are proposing the establishment  
11 of a 9-station ESRD facility in North Pekin, Illinois. The  
12 approximate cost of the project is \$2.9 million. There was  
13 no public hearing requested. We did receive letters of  
14 support and opposition. The anticipated project completion  
15 date is May 31st, 2014.

16 I would like to note one other thing, that we  
17 haven't to date received another application for this North  
18 Pekin, Illinois area.

19 CHAIRMAN GALASSIE: You have?

20 MR. CONSTANTINO: We have not as of today.

21 CHAIRMAN GALASSIE: Thank you very much.

22 Who would like to address the Board?

23 MS. TORREY-ROMANUS: I will. Good afternoon.

24 My name is Connie Torrey-Romanus. I'm a registered nurse

1 and the Area Manager for the current facility in Pekin.  
2 I've worked in this area for over 33 years, and I am a  
3 life-long resident of the Peoria-Pekin area. I'm here  
4 today to support the establishment of an additional  
5 facility in the -- in North Pekin.

6 The current facility was 83 percent utilized  
7 when we submitted our application. It currently is 94  
8 percent. So, the population of the clinic is nearly full.  
9 There are many more patients who will need dialysis in the  
10 Pekin area in the near future, and they will have nowhere  
11 else to go but to Peoria, if this facility is not  
12 established. That's a burden on the patients to travel to  
13 a congested, inner city area and traffic patterns, and  
14 these patients are from rural areas south and east of North  
15 Pekin, which means they live even further from Peoria than  
16 where the North Pekin clinic would be located.

17 I would also like to point out that the CEO of  
18 Alexius St. Francis Medical Center in Peoria has provided a  
19 letter of support for the additional Pekin facility.  
20 Fresenius Medical Care provides acute services for both the  
21 St. Francis Medical Center and Pekin Community Hospital  
22 programs.

23 The population of Pekin is aging. 15 percent  
24 of the area population is over 65 years of age. At our

1 current Pekin facility, 65 percent of the patients are over  
2 65, and 21 percent are over of the age of 80. The patient  
3 population has higher incidents of illnesses that lead to  
4 kidney failure, including hypertension and diabetes. It's  
5 also difficult for them to travel long distances,  
6 especially in the winter weather and, again, the heavy  
7 traffic patterns in Peoria they're not used to.

8           If we could expand our current facility, we  
9 would. However, it is landlocked. We are located within  
10 Pekin Hospital. Because the space we're currently in is  
11 attached to Pekin Hospital, there's no room to expand that,  
12 and there is no option for the elderly patients who live in  
13 the area south and east of North Pekin if the facility is  
14 not established there.

15           I urge the Board to consider the geographics  
16 as well as the demographics of the area. The North Pekin  
17 facility will provide the same high quality care that our  
18 current Pekin facility does. Much of that quality is due  
19 to Dr. Pfleiderer's focus to have all patients who have  
20 catheters replace those with a permanent access, with a  
21 fistula, as soon as possible. 84 percent of our patients  
22 do not have a catheter which allows them to have a more  
23 effective treatment with better outcomes. This is much  
24 higher than the Renal Network average of 77 percent.

1           The many letters of support from Pekin area  
2 representatives, agencies, and patients are testimony to  
3 the need for this clinic, as seen by those who live, work,  
4 and receive treatment in Pekin. I urge you to approve this  
5 project, and I thank you for your time.

6           CHAIRMAN GALASSIE: Thank you very much.

7           MS. TORREY-ROMANUS: I would like to introduce  
8 Dr. Pfleederer.

9           CHAIRMAN GALASSIE: Sure.

10          MR. PFLEDERER: Good afternoon. I'll try to  
11 keep my introductory comments brief. Once again, my name  
12 is Tim Pfleederer, and I'm a nephrologist, practicing with  
13 Renal Care Associates in Peoria. I live in Tremont, a  
14 small rural community next to Pekin. My Medical Director  
15 of the FMC Pekin Dialysis Center and I also serve on the  
16 Renal Network 4, 9 and 10 Medical Review Board where I  
17 chair the Vascular Access Advisory Subcommittee. In that  
18 role, I assist with the network's contract to oversee the  
19 quality of dialysis care in Illinois, Indiana, Ohio,  
20 Kentucky, Pennsylvania, and Delaware.

21           I want to tell you briefly a little bit about  
22 our practice. Our Renal Care Associates is a group of  
23 twelve nephrologists and two surgeons in private practice.  
24 We treat patients with kidney disease in central Illinois.

1 Our practice provides care in dialysis facilities,  
2 predominantly Fresenius, but also a DaVita facility, from  
3 Interstate 80 in the north to Lincoln in the south, from  
4 Bloomington-Normal in the east to Macomb in the west.  
5 We've been committed over the past 35 years of our practice  
6 to provide high quality care to the very aging patient  
7 population. My father started our practice a number of  
8 years ago, when dialysis was just beginning, and it had  
9 just come to Peoria.

10 As you know, many of our patients -- all of  
11 our patients have a number of serious comorbidities,  
12 including blindness, amputations from diabetes, heart  
13 disease, cardiovascular disease. These comorbidities, in  
14 addition to their renal disease, make dialysis care very  
15 difficult. As a practice, we have a commitment to home  
16 dialysis therapies in our central Illinois region. Over 15  
17 percent of our patients are dialyzing with home therapies,  
18 either peritoneal dialysis or hemo dialysis. We also have  
19 a strong commitment to transplantation, and at our facility  
20 in Pekin, we have seven patients on the transplant list and  
21 four who have been transplanted in the last year. Both of  
22 those priorities are very good for patients and lower the  
23 cost to healthcare overall.

24 The existing Pekin facility is at capacity.

1 Pekin area patients have to go to Peoria for dialysis at  
2 present, and that's been going on now for over a year.  
3 Really, there hasn't been questions from -- the community  
4 is in full support for the need of another facility in  
5 Pekin. At first blush, that's not obvious, maybe. There  
6 is capacity in Peoria. Our patients, however, don't live  
7 all in Pekin. They live in surrounding areas. So,  
8 actually, the travel for them is sometimes different than  
9 what it looks like from just Pekin to Peoria.  
10 Additionally, these rural, elderly patients, who rely on  
11 their families for transportation, find driving into  
12 congested Peoria, driving across a bridge, across a river,  
13 things that we see as insignificant, are really not  
14 insignificant to them, and for many of our patients, that's  
15 a real challenge, a real barrier. Additionally, when their  
16 families bring them to dialysis, if they drive twenty,  
17 thirty, forty minutes to come to a dialysis facility in  
18 Peoria, they're faced with the decision, "Now, do I stay  
19 with my family member for the four hours of the treatment,  
20 or do I return home and make this trip twice in the day,  
21 three days a week?" So, the challenge is there.

22                   There's enough patients in this region that  
23 really the community needs another facility. In my letter  
24 of support for this project, I told you the story of one of

1 my patients, and her story is not an isolated one. More  
2 and more patients are having difficulty accessing care in  
3 our Pekin community and the area, and I want to urge you to  
4 approve this project. I would certainly be glad to address  
5 the issues of quality and competition and choice, if you'd  
6 like me to do that, and any other questions that you have.

7 Thank you.

8 CHAIRMAN GALASSIE: Thank you, Doctor.

9 I open it up to the Board for any questions.

10 (Pause)

11 CHAIRMAN GALASSIE: Dr. Burden?

12 MR. BURDEN: I'm going to pick on you. Help  
13 me. "Hormone Might Help Predict Need for Dialysis".  
14 Interesting, I thought. "Kidney disease affects 20 million  
15 Americans, many who end up on dialysis." Jumping down,  
16 "Study researchers said measuring a hormone called fgf/23  
17 can predict which patients are going to end up needing  
18 dialysis."

19 How accurate, -- this the lay press. This is  
20 not the Journal of Medicine. Help me out. I read this. I  
21 say, "Wait a minute. I've never heard this." Is this far  
22 reaching? Is it reasonable? Is it unknown?

23 MR. PFLEDERER: At this point, we are moving  
24 towards having predictors of acute kidney injury and acute

1 kidney failure early in the course of an acute kidney  
2 injury. We're not very close to having good marker of  
3 chronic kidney failure, end stage renal disease, and it's  
4 really a matter of following renal function over time and  
5 trying to delay progression of that renal function, renal  
6 failure over time.

7 MR. BURDEN: Do serum phosphorus levels help  
8 you determine it?

9 MR. PFLEDERER: Serum phosphorus levels go up  
10 early in chronic kidney disease, but they are not a good  
11 marker of who is going to go on to end stage kidney  
12 disease.

13 MR. BURDEN: Now back to your application.  
14 How many miles is it from your town to Peoria?

15 MR. PFLEDERER: From Pekin to Peoria, it's --  
16 depending on the facility in Peoria, anywhere from probably  
17 about 15 to 25.

18 MR. BURDEN: So it's about maybe a half hour  
19 trip?

20 MR. PFLEDERER: Yeah, average of about a half  
21 hour trip from the Pekin facility --

22 MR. BURDEN: Three times a week, an elderly  
23 patient who has comorbidity problems.

24 MR. PFLEDERER: Correct.

1 MR. BURDEN: I won't address the  
2 comorbidities. You heard your competitors. I think that's  
3 interesting, the comorbidity problem. Thank you.

4 MS. OLSON: What's the population of Pekin?

5 MS. TORREY-ROMANUS: About 17,000 people.

6 CHAIRMAN GALASSIE: Other questions from the  
7 Board?

8 MR. PENN: I have one. Calculated need of  
9 four beds. You're asking for nine. So can you speak to  
10 that?

11 MS. RANALLI: I believe we're asking for  
12 eight. Correct me -- nine? Okay. One isolation. I  
13 apologize. So, we would have eight regular stations and  
14 one isolation station. The isolation station is going to  
15 be used, as it sounds, for patients who have hepatitis or  
16 other communicable diseases. So, it is, under your rules,  
17 factored into the utilization rate, but the isolation  
18 station, obviously, is not a highly-utilized station. It's  
19 very helpful.

20 We looked at the State Agency Report,  
21 obviously, regarding the fact that there's a need for four  
22 stations and if you approve this facility, then there would  
23 be an excess of four or five stations. The East Peoria  
24 facility has 24 stations. It has been in the area, serving

1 the residents for many, many, many years. It dialyzes full  
2 on the first two shifts. We could surrender, as a  
3 condition of this permit, four of those stations, so that  
4 we will meet your need criteria. If we did that, the East  
5 Peoria facility would be a 77 percent utilization, so very  
6 close to your target. We were reluctant to put that in the  
7 application, and the reason is, if we -- because it's full  
8 on the first two shifts, if we do that, then 12 of the  
9 patients will need to be transitioned to the third shift.  
10 That's not ideal for those 12 patients. It disrupts their  
11 schedules. We would be willing to do it because of the  
12 need in Pekin. I mean, it's trading one problem for  
13 another problem, but there's such a need, as we heard from  
14 the other physician in the area, that if you want to make  
15 this as a condition, we would do it. We would ask that you  
16 consider that it will significantly impact 12 patients, but  
17 it's possible.

18 MR. PFLEDERER: The information from our  
19 practice, as well as Dr. Usman's practice, about chronic  
20 kidney disease patients in the area makes us concerned that  
21 we need -- we will need the stations, because we will see  
22 this disease, the ESRD population, growing in the next few  
23 years. We'd like to plan for that increasing-need  
24 population.

1 MR. PENN: I hear that a lot, people wanting  
2 to plan for the future. It says here three of four  
3 facilities within thirty minutes are under utilized. It  
4 says three of four in this table here, thirty minutes from  
5 Pekin, are under utilized. I am from Bloomington. I don't  
6 believe it would take me 25 minutes to drive from Pekin to  
7 Peoria, Illinois. It's about 10 miles, and I understand  
8 what you're saying facility to facility. I heard that.  
9 So, I do have concern that three facilities listed on this  
10 table are under utilized and you're asking for excess. You  
11 can justify four, and you're asking for 9.

12 MR. PFLEDERER: I did want to -- the travel  
13 from Pekin to Peoria is not as straightforward as travel  
14 from, for instance, Morton, which would be a town of  
15 similar distance, but Morton is immediately on Interstate  
16 74, directly into Peoria. Pekin -- actually, travel from  
17 Pekin to Peoria is mainly secondary roads, unless you take  
18 a significantly further -- down Route 9 and then to  
19 Interstate 155 to 74, which adds significant distance to  
20 the trip. So, actually, the travel from Pekin to Peoria is  
21 (inaudible), and many of our patients are coming from a  
22 distance further than the Pekin dialysis unit, than Pekin  
23 Hospital. So, just keep that in mind in terms of the  
24 complexity of the travel and the time involved in the

1 travel.

2 MR. BURDEN: Mr. Chairman, can I ask a  
3 question of Mr. Urso?

4 CHAIRMAN GALASSIE: Sure.

5 MR. BURDEN: We heard a statement from a  
6 competing physician, Dr. Usman, regarding his interest in  
7 pursuing and applying to build a facility in the area which  
8 we are now discussing. However, we don't have that  
9 application in place. If we approve this application, do  
10 we not have to consider what we heard from the opposing  
11 discussion? Is that correct? Is our -- the future of this  
12 potential application would certainly be somewhat limited,  
13 am I right, if we approve this current application?

14 MR. URSO: I think you only have to deal with  
15 the facts that are in front of you.

16 MR. BURDEN: We don't have to deal with that  
17 other application?

18 MR. URSO: And we don't have that application,  
19 is the latest information we have.

20 MR. PENN: I have one more question. You say  
21 you're willing to amend this to ask for four?

22 MS. RANALLI: We would be willing to accept a  
23 conditional permit to remove four stations from East  
24 Peoria, which would then address your concerns about the

1 need. If we did that, Mr. Constantino would have to tell  
2 us if we met the need criteria, but I believe we would. It  
3 would also address your concerns about under utilization,  
4 because then, of the four facilities, two would be under  
5 utilized, but at 71 and 77, percent which this Board knows  
6 is fairly close to your standards. It doesn't take many  
7 patients, particularly in areas like this, to then reach  
8 capacity.

9 CHAIRMAN GALASSIE: Are we ready for a  
10 motion? I would be proposing a motion that will establish  
11 the nine stations. If, as a member, you're not feeling the  
12 nine stations, or the eight and one, should be approved,  
13 don't second the motion, and an alternative could be  
14 brought forth for the four.

15 Let me just ask for clarification. Is it the  
16 four and one, or the four and isolation, or just the four?

17 MS. WRIGHT: There's four needed in the HSA.  
18 We're willing to give up four from East Peoria. So that  
19 would leave us one excess station in HSA.

20 CHAIRMAN GALASSIE: So really five.

21 MR. URSO: So North Pekin would maintain the  
22 nine.

23 CHAIRMAN GALASSIE: Motion -- may I have a  
24 motion to approve Project 12-004, to authorize the

1 establishment of a 9-station ESRD facility in Pekin,  
2 Illinois?

3 MR. PENN: So moved.

4 MS. OLSON: Second.

5 CHAIRMAN GALASSIE: Moved and seconded. Roll  
6 call, please?

7 MR. ROATE: Motion made by Mr. Penn, seconded  
8 by Ms. Olson.

9 Dr. Burden?

10 MR. BURDEN: I'm going to vote no. Fresenius  
11 already is the major player in the country and certainly in  
12 this area, in lieu of the possibility there's a competing  
13 individual who is interested in being involved in this  
14 area.

15 MR. ROATE: Mr. Eaker?

16 MR. EAKER: I'm going to vote no, same reason.

17 MR. ROATE: Justice Greiman?

18 MR. GREIMAN: I vote no also.

19 MR. ROATE: Mr. Hayes?

20 MR. HAYES: I'm going to vote no because of  
21 the competition and choice issues involved with that, and  
22 also because of the Planning Area need and unnecessary  
23 duplication and maldistribution of services. I'm not also  
24 very -- I'm not impressed by taking the time and the effort

1 to move four stations from an operating facility that is 15  
2 to 25 miles away, and I don't think that's an effective use  
3 of healthcare dollars. So I'm going to vote no.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: I vote no for the same reason just  
6 stated by Mr. Hayes.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: I'm voting no, same reason as  
9 Mr. Hayes.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: No. Mr. Hayes's reasons.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: The chair is voting yes,  
14 because I see no other applications in front of us at this  
15 time.

16 MR. ROATE: One vote in the affirmative, seven  
17 votes in the negative.

18 CHAIRMAN GALASSIE: Motion loses.

19 MR. URSO: You'll be receiving an Intent to  
20 Deny. You'll have an opportunity to submit additional  
21 information, as well as come back before this Board, if you  
22 so desire.

23 CHAIRMAN GALASSIE: Good luck.

24 Next item, 12-009, Schaumburg. There is one

1 request for public comment. I believe Pardeep Sood, if you  
2 are still here.

3 (Pause)

4 CHAIRMAN GALASSIE: Someone signed up for  
5 public comment on Schaumburg Renal Center -- I misspoke.  
6 This is for another item. My apologies.

7 I see no public comment coming to the front of  
8 the room.

9 (Discussion held off the record.)

10 CHAIRMAN GALASSIE: My apologies, folks. It  
11 was a little confusing on our end.

12 Please come up and introduce yourselves. Give  
13 your names for the record, and we'll get you sworn in.

14 MS. DAVIS: Hello again. Penny Davis,  
15 Division Vice-President, DaVita.

16 MS. FRIEDMAN: Kara Friedman, Polsinelli  
17 Shughart.

18 MS. LADD: Kelly Ladd, DaVita.

19 MS. COOPER: Anne Cooper, Polsinelli Shughart.

20 CHAIRMAN GALASSIE: And can we swear these  
21 ladies in, please?

22 (Oath given)

23 CHAIRMAN GALASSIE: Thank you.

24 Staff report.

1 MR. CONSTANTINO: Thank you, Mr. Chairman.

2 The applicants are proposing to add 6 stations  
3 to a 14-station facility for a total of 20 stations in  
4 Schaumburg, Illinois. The cost of the project is  
5 approximately \$500,000. There was no public hearing  
6 requested, and we did not receive any letters of  
7 opposition. We did receive some letters of support -- one  
8 letter of support. I apologize.

9 Thank you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thank you.

11 Would someone like to address the Board?

12 MS. DAVIS: Yes, I would. My name is Penny  
13 Davis, Division Vice-President of DaVita.

14 We're proposing to expand six stations to our  
15 Schaumburg facility to accommodate the increase in demand  
16 and over utilization at the facility. I'd like to thank  
17 the Staff again for their assistance with the process.

18 We've met all of the Board's criteria, and we  
19 have a fully positive State Agency Report. As of the last  
20 reported quarter, Schaumburg is operating at 90 percent  
21 utilization and has been above 80 percent these past two  
22 years.

23 As we all know, dialysis is extremely  
24 difficult for both patients and family. Patients are

1 treated three times a week, 156 times a year. Dialysis is  
2 hard on the patients and, obviously, transportation is an  
3 issue. It's never convenient for the family to take their  
4 family members to dialysis and then have to pick them up  
5 three to five hours later. This being a facility within  
6 Schaumburg Township, many of our patients utilize  
7 Schaumburg Township's transportation, or they use  
8 State-funded MediCar from Medicaid, and those trips often  
9 times do not cross township lines. Given the difficulties  
10 of these patients, we're trying to provide better access to  
11 our patients to dialysis.

12           Within 30 minutes, given the concentration of  
13 the population, really a 15-minute travel time is more  
14 conducive with our patients. This is out in the area near  
15 the Woodfield shopping mall. So, if any of you have ever  
16 been out there, the traffic is a nightmare.

17           Current capacity is insufficient. We're  
18 asking the Board to approve the expansion. The census at  
19 the existing facility again is at 90 percent. This is a  
20 low-cost alternative. When we acquired this facility from  
21 DSI last year, there was space available within the  
22 facility that could be built out, and so we're able to  
23 afford about \$500,000 versus 2 to \$3 million and  
24 accommodate more patients.

1                   Competing -- there's a competing application  
2                   that will be before you, and that one also asserts that  
3                   there is need within this community. And, again, we've had  
4                   no opposition. We can only accommodate eight more patients  
5                   before we reach a hundred percent capacity.

6                   So, I would ask the Board for approval of this  
7                   project, and if you have any questions, we're more than  
8                   happy to answer them.

9                   CHAIRMAN GALASSIE: Thank you, Penny.

10                   I'll open it up to the Board for questions.

11   (Pause)

12                   CHAIRMAN GALASSIE: Hearing none, I'm going  
13                   to move for a motion to approve Project 12-009 to authorize  
14                   the addition of 6 ESRD stations to an existing 14-station  
15                   ESRD facility in Schaumburg, Illinois.

16                   MR. SEWELL: So moved.

17                   MR. PENN: Second.

18                   CHAIRMAN GALASSIE: Moved and seconded.

19                   MR. ROATE: Motion by Mr. Sewell, second by  
20                   Mr. Penn.

21                   Dr. Burden?

22                   MR. BURDEN: Yes.

23                   MR. ROATE: Mr. Eaker?

24                   MR. EAKER: Yes.

1 MR. ROATE: Justice Greiman?  
2 MR. GREIMAN: Yes.  
3 MR. ROATE: Mr. Hayes?  
4 MR. HAYES: Yes.  
5 MR. ROATE: Ms. Olson?  
6 MS. OLSON: Yes.  
7 MR. ROATE: Mr. Penn?  
8 MR. PENN: Yes.  
9 MR. ROATE: Mr. Sewell?  
10 MR. SEWELL: Yes.  
11 MR. ROATE: Chairman Galassie?  
12 CHAIRMAN GALASSIE: Yes.  
13 MR. ROATE: That's eight votes in the  
14 affirmative.  
15 CHAIRMAN GALASSIE: Motion passes.  
16 Congratulations.  
17 (Pause)  
18 CHAIRMAN GALASSIE: Moving forward to Project  
19 12-012, Fresenius Medical Care Oak Forest, Oak Forest,  
20 Illinois. No public comment to our knowledge. So, if the  
21 Fresenius people would like to come to the table and  
22 introduce yourselves, we'll get you all sworn in.  
23 (Pause)  
24 CHAIRMAN GALASSIE: Good afternoon.

1 MS. BRADLEY: Linda Bradley, B-r-a-d-l-e-y.

2 MR. OBASI: Ejikeme Obasi, O-b-a-s-i,  
3 E-j-i-k-e-m-e.

4 MS. MULDOON: Coleen Muldoon, M-u-l-d-o-o-n.

5 MS. WRIGHT: Lori Wright.

6 MS. RANALLI: Clare Ranalli.

7 CHAIRMAN GALASSIE: And we'll swear these  
8 people in.

9 (Oath given)

10 CHAIRMAN GALASSIE: Thank you very much.  
11 Staff report, please.

12 MR. CONSTANTINO: Thank you, Mr. Chairman.

13 The applicants are proposing the establishment  
14 of a 12-station ESRD facility located in Oak Forest,  
15 Illinois. The cost of the project is approximately three  
16 and a half million dollars. No public hearing was  
17 requested. No letters of support or opposition were  
18 received. The anticipated project completion date is April  
19 30th, 2014.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you, sir.

22 Folks, who would like to make comments to the  
23 Board?

24 MS. BRADLEY: I would. Hi. My name is Linda

1 Bradley. I'm a registered nurse and Area Manager for the  
2 Oak Forest area of Fresenius clinics. I have been in the  
3 dialysis field for more than 20 years and have worked  
4 alongside with Dr. Obasi and the Southwest Nephrology  
5 Associates for many years. I am pleased to be able to  
6 continue to work with them on the proposed dialysis  
7 facility in Oak Forest.

8           This facility will serve a broad number of  
9 diverse communities in the Southland, which has been called  
10 a healthcare desert. This is supported by the fact that  
11 Oak Forest itself saw an increase of five percent in kidney  
12 failure last year, compared to the state average of only  
13 two percent. As you know, Oak Forest Hospital recently  
14 closed its doors with the goal of creating more outpatient  
15 services for the underserved residents. Fresenius Medical  
16 Care is committed to helping the community achieve this  
17 goal by providing outpatient dialysis services to the area,  
18 in addition to bringing job opportunities into the  
19 community. As part of the establishment of this facility,  
20 the nearby Crestwood Clinic, which has had a stable  
21 utilization -- however, below 80 percent -- will be  
22 relocating 8 stations in an effort to redistribute the  
23 current stations near to where the growth of the ESRD  
24 patients exist.

1           The city of Oak Forest had an increase of five  
2 percent of ESRD patients last year compared to the state  
3 average of approximately two percent. We expect that there  
4 may be some patients that will decide to transfer from the  
5 Crestwood facility to Oak Forest, closer to where they  
6 live. Ongoing pre-ESRD patient referrals will come from  
7 Palos, Ingalls, St. James, and south suburban hospitals.

8           Fresenius Oak Forest would bring access to  
9 services closer to where Dr. Obasi's previous ESRD patients  
10 live, in a highly congested Oak Forest area. This is  
11 especially important to a dialysis patient, because  
12 transportation issues are one of the biggest challenges  
13 faced by our patients. Medicaid and other medical  
14 transportation services do not run on certain days, while  
15 others end daily operations early, sometimes as early as  
16 two or three p.m., leaving no transportation choices  
17 available for the third shift of the day. We have had  
18 patients who have even come off the machines early for fear  
19 of missing their ride back home.

20           Our goal of creating more access to treatment  
21 and increase in utilization at the Crestwood facility,  
22 which has historically operated under 80 percent, can be  
23 accomplished with the addition of only four stations in the  
24 Service Area. I ask you to consider the needs that would

1 best serve our existing and future ESRD patients and urge  
2 you to approve the Oak Forest clinic for this community.

3 Thank you.

4 CHAIRMAN GALASSIE: Thank you very much.

5 MR. OBASI: Thank you for giving me the  
6 opportunity to speak today. My name is Ejikeme Obasi. I'm  
7 a nephrologist. I've been in practice for about 17 years  
8 in the South suburbs of the Chicagoland area. I work with  
9 Southwest Nephrology, a nephrology group that actually  
10 started dialysis in the south side, south suburbs of the  
11 Chicagoland area, building the first dialysis unit in  
12 collaboration with Advocate Christ Hospital more than  
13 thirty years ago. Over that period of time, we have served  
14 the population of this region.

15 Crestwood Dialysis Center, that was brought up  
16 today, was built under what used to be Renal Care Group, or  
17 RCG, close to twenty years now. It has been run completely  
18 by our practice, filled mostly with patients from our  
19 practice and a few surrounding nephrologists. At the time  
20 it was built, the growth was primarily in that area. Over  
21 the course of the past few years, the demographics in the  
22 southern suburbs are beginning to shift. Our patients are  
23 beginning to move a little bit further south. Population  
24 growth, especially the end-stage renal disease population,

1 has also shifted with the demographics of the population.

2           As a practice that prides itself in providing  
3 not just healthcare but also looking at the social needs of  
4 the patients we care for, we think it's very important that  
5 we try to look at barriers that affect our patients  
6 accessing care appropriately and try any which way we can  
7 to make those barriers go away. More and more these days,  
8 the biggest barrier to dialysis patients is transportation.  
9 I think it is very, very sad to see a patient come in to a  
10 dialysis center, dialyze from eleven o'clock to three  
11 o'clock, and then have to sit in the lobby from three  
12 o'clock to seven o'clock because his ride didn't come. A  
13 lot of these people could actually come out and take a bus  
14 and go home, if there was a bus on that route. These are  
15 some of the things we have looked for. That's why we  
16 initiated this contact with Fresenius, to say we really  
17 need to try to locate a dialysis center where it becomes  
18 more accessible to patients, because at the end of the day,  
19 it's really about caring for these people and doing the  
20 best we can to make a good life for them.

21           I know that there's a lot of technicalities  
22 about need and spaces, chairs. I don't wish to speak to  
23 those, because, really, that's not my forte. I am a  
24 physician. My role is to take care of my patients. I

1 really wish you would look at this from a patient  
2 perspective, to see if we can help make their life just a  
3 little bit better.

4 Thank you.

5 CHAIRMAN GALASSIE: Thank you, Doctor.

6 I'd like to open it up to the Board members to  
7 see what questions they may have.

8 (Pause)

9 MS. OLSON: I have a question, Doctor. I'm  
10 confused. I'm looking at Table 1, and Direct Dialysis,  
11 also in CrestWood, is at 164 percent capacity, and now you  
12 want to take eight more stations out of Crestwood. Help  
13 me. Are you guys not playing together in the sand box, or  
14 what's going on here? I don't understand.

15 MR. OBASI: We have patients in Direct  
16 Dialysis, first of all. It is a small dialysis unit at the  
17 bottom of a nursing home, Crestwood Care Center, the down  
18 floor. I think it's six chairs. So, it really doesn't  
19 meet that need. Our patients go there, too.

20 MS. BRADLEY: You are asking about the Direct  
21 Dialysis that is in Crestwood. That is a long-term  
22 facility program. They're two different --

23 MS. OLSON: Oh, okay. Thank you.

24 CHAIRMAN GALASSIE: Just an almost indirect

1 question. So there's no Federal or State reimbursement for  
2 transportation for ESRD patients?

3 MR. OBASI: There is, and there are a lot of  
4 transportation companies that bring in these patients,  
5 which maybe -- it's very unfair, but if you can come and  
6 sit and see some of these patients sometimes. A lot of  
7 them will get off the machine in a panic. "My ride is  
8 going to leave. My ride is going to leave." Sometimes it  
9 is pathetic.

10 CHAIRMAN GALASSIE: One of my very best  
11 friends was on dialysis for three years. We rotated  
12 helping to take him, so I understand the problem to some  
13 extent.

14 So, there is -- I assume there is Federal  
15 reimbursement, probably through the State, for  
16 transportation, if I qualify?

17 MS. MULDOON: For Medicaid patients, and a lot  
18 of those transportation companies have stopped transporting  
19 late at night. So, we're having trouble with that third  
20 shift, in getting them transported back and forth to  
21 dialysis. So, in Oak Forest, there is really a strong need  
22 in that area for dialysis.

23 CHAIRMAN GALASSIE: Other questions for Board  
24 members?

1 Member Penn?

2 MR. PENN: Just one. Project size. You're  
3 over the square footage, and I have a concern, if we start  
4 giving too much latitude, how much space they're going to  
5 fill out. We do have limits. Address that, please.

6 MS. MULDOON: We do plan on putting in a home  
7 program in that facility, which will require some  
8 additional space. They're now requiring two training  
9 rooms. There used to be one. Now it's two training rooms.  
10 There's an office for the staff needed. So that does  
11 require additional space in the unit.

12 MS. OLSON: I actually had a discussion with  
13 Mr. Constantino about that earlier, and I think as a Board,  
14 we maybe need to look at some of our space requirements,  
15 because Mike also said to me that if they're providing  
16 nocturnal services, they need more space, and those things  
17 are not factored into our current space allocations.

18 MS. MULDOON: And we're now building more of  
19 our facilities to support that nocturnal shift of our  
20 patients.

21 MS. WRIGHT: I would like to say that years  
22 ago we used to look for a space that exactly fit the size  
23 of what we wanted, even though we felt that sometimes they  
24 weren't big enough, and our fear was that we were always

1 going to get turned down because they were too big, and we  
2 were told by the secretary at that time, "You can tell us  
3 why you need the extra space." So, we started going for  
4 the space we felt we needed, even though it exceeded the  
5 Board's rules.

6 CHAIRMAN GALASSIE: Thank you.

7 Other questions by Board members?

8 (Pause)

9 CHAIRMAN GALASSIE: Hearing none, may I have  
10 a motion to approve Project 12-012 to authorize the  
11 establishment of a 12-station ESRD facility in Oak Forest,  
12 Illinois?

13 MR. EAKER: So moved.

14 MR. BURDEN: Second.

15 CHAIRMAN GALASSIE: Moved and seconded.

16 MR. ROATE: Motion made by Mr. Eaker, seconded  
17 by Dr. Burden.

18 Dr. Burden?

19 MR. BURDEN: Yes.

20 MR. ROATE: Mr. Eaker?

21 MR. EAKER: Yes.

22 MR. ROATE: Justice Greiman?

23 MR. GREIMAN: Yes.

24 MR. ROATE: Mr. Hayes?

1 MR. HAYES: Yes.

2 MR. ROATE: Ms. Olson?

3 MS. OLSON: No, based on excess capacity.

4 MR. ROATE: Mr. Penn?

5 MR. PENN: No, based on excess capacity.

6 MR. ROATE: Mr. Sewell?

7 MR. SEWELL: No. Excess capacity.

8 MR. ROATE: Chairman Galassie.

9 CHAIRMAN GALASSIE: Yes.

10 MR. ROATE: That's three votes in the  
11 negative, five votes in the positive.

12 CHAIRMAN GALASSIE: Motion passes.

13 Moving on to Item 11-114, Lake County

14 Dialysis, Vernon Hills. I do not believe we have any  
15 public comment, so we would invite representatives from  
16 Lake County Dialysis, Vernon Hills, up to the table.

17 (Pause)

18 CHAIRMAN GALASSIE: Welcome back. Perhaps  
19 you can just introduce yourselves, because you've all been  
20 sworn in.

21 MS. DAVIS: Penny Davis, DaVita.

22 MS. FRIEDMAN: Kara Friedman.

23 MS. LADD: Kelly Ladd.

24 MS. COOPER: Anne Cooper.

1 CHAIRMAN GALASSIE: And welcome back on the  
2 project.

3 Staff report?

4 MR. CONSTANTINO: Thank you, Mr. Chairman.

5 The applicants are proposing to establish a  
6 16-station ESRD facility in leased space in Chicago,  
7 Illinois -- I'm sorry.

8 CHAIRMAN GALASSIE: Vernon Hills. You're  
9 just about 40 miles off.

10 MR. CONSTANTINO: I apologize.

11 The applicants are proposing to discontinue a  
12 16-station ESRD facility and establish a 16-station  
13 facility approximately 2.9 miles away, six minutes, in  
14 leased space in Vernon Hills. The cost of the project is  
15 two and a half million dollars. The project was given an  
16 Intent to Deny at the February 2012 State Board meeting.  
17 The applicants did provide additional information and have  
18 modified the project by reducing the number of stations  
19 being proposed at the new facility. The applicants had  
20 originally proposed a discontinuation of 16 stations and  
21 the establishment of 20 stations. Neither the cost of the  
22 project or the gross square footage was reduced as a result  
23 of this reduction of four stations.

24 Thank you, Mr. Chairman.

1 CHAIRMAN GALASSIE: Thank you.

2 MS. DAVIS: Good afternoon.

3 This project involves the relocation and  
4 modernization of our Libertyville facility. As you recall,  
5 we received an Intent to Deny based on the projected need  
6 in the area at the time.

7 This facility is 22 years old, and as it was  
8 added to over the years, the grade -- there's grade  
9 changes, which make it very difficult to move a wheelchair  
10 from room to room in the facility. It's also located in  
11 the parking lot of, or adjacent to, a car dealership. So  
12 you might recall me telling you about the car porters that  
13 are driving the cars through this parking lot at high rates  
14 of speed, which make it, again, very difficult for our  
15 patients. It is also dangerous for families as they're  
16 dropping off and picking up patients.

17 We're relocating at less than three miles  
18 away, down on Milwaukee Avenue, and we expect to increase  
19 staff efficiency and patient (inaudible) to modernize our  
20 services in this community to meet current standards. This  
21 facility, in addition to providing just chronic services  
22 during the day, also has a nocturnal program. So, we  
23 provide services to patients who, in a nocturnal program,  
24 actually dialyze anywhere from five to eight hours, and

1 they do that because medically they need to dialyze over a  
2 longer period of time, or perhaps they work and would like  
3 to do their dialysis in the -- overnight. This will allow  
4 us, too, to be able to put -- and the size requirement will  
5 allow us to put in murphy beds. Currently, those patients  
6 dialyze in a recliner, and it's not real comfortable at  
7 night.

8 So, from a technical perspective, we will be  
9 able to reduce -- keep the number of stations the same and  
10 come back to you -- or come back every two years as  
11 capacity increases, underneath the CON requirement, to add  
12 stations. So, we're hoping that you will approve us this  
13 time, and we'll be happy to answer any question.

14 CHAIRMAN GALASSIE: Thank you, Penny.

15 I'll open it up to questions from Board  
16 members, please.

17 (Pause)

18 MR. SEWELL: So, I'm having a little trouble  
19 understanding. So, originally, you were going to  
20 discontinue 16 and replace it with 20. Now you're  
21 discontinuing 16 and replacing it with 16, and the reason  
22 for not using the alternative of just modernizing is  
23 because of the location proximate to the car dealer where  
24 the porters drive quickly through your lot?

1 MS. DAVIS: Yes.

2 MR. SEWELL: Is that correct?

3 MS. DAVIS: Yes, and the building has been  
4 added on to over the years, and so there is multiple floor  
5 grades. There's no windows in the facility, so to us, it's  
6 not a -- we have rehabbed it over the years. It can't be  
7 rehabbed anymore.

8 MR. SEWELL: I understand.

9 CHAIRMAN GALASSIE: Other questions by Board  
10 members? Member Penn?

11 MR. PENN: Why can't it be rehabbed?

12 MS. DAVIS: Well, based on the location of the  
13 facility, and it's leased space, it's multiple grades. So,  
14 there is nothing we can do about the grade differences in  
15 the building. We don't own the building, and it's also the  
16 location of it, being adjacent to an expanding car  
17 dealership, and there literally are cars for the car  
18 dealership and people who are coming to test drive cars  
19 parked in the few parking spaces that we have. Ambulances  
20 have to come to the back of the building, and we -- I have  
21 a drawing.

22 MR. PENN: If you can get that worked out  
23 with the landlord, the towing services and so on and so  
24 forth --

1 MS. DAVIS: Based on the way the facility is  
2 situated in here, there really is nothing that can be done  
3 with the landlord. We have made attempts, and there's  
4 nothing we can do. Obviously, the least expensive  
5 alternative to us would be to rehab it. It just can't be  
6 rehabbed. We've done that over years and spent thousands  
7 of dollars, and it's an untenable situation, because of the  
8 car dealership that's adjacent to us and the multiple  
9 grades in the building, the floors. You can't change them.

10 CHAIRMAN GALASSIE: Other questions?

11 (Pause)

12 CHAIRMAN GALASSIE: Hearing none, may I have  
13 a motion to approve Project 11-114 to authorize the  
14 discontinuation of an existing 16-station ESRD facility and  
15 the establishment of a 20-station replacement facility in  
16 Vernon Hills, Illinois?

17 MR. CONSTANTINO: That should be 16, Dale.  
18 The replacement should be 16.

19 CHAIRMAN GALASSIE: Oh, yeah. Sixteen. I'm  
20 sorry. Sixteen, sixteen. Thank you.

21 MR. SEWELL: I move.

22 MR. BURDEN: Second.

23 MR. ROATE: Motion made by Mr. Sewell,  
24 seconded by Dr. Burden.

1 Dr. Burden?

2 MR. BURDEN: I'm going to vote yes this time,  
3 because the -- my objection here -- thanks for having this  
4 available to read -- was excess beds. You've reduced it to  
5 16. I vote yes.

6 MR. ROATE: Mr. Eaker?

7 MR. EAKER: Yes.

8 MR. ROATE: Justice Greiman?

9 MR. GREIMAN: Yes.

10 MR. ROATE: Mr. Hayes?

11 MR. HAYES: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: I too am going to change my vote  
14 to yes, based on the fact they changed the stations.

15 MR. ROATE: Mr. Penn?

16 MR. PENN: I'm going to vote yes.

17 MR. ROATE: Mr. Sewell?

18 MR. SEWELL: Yes.

19 MR. ROATE: Chairman Galassie?

20 CHAIRMAN GALASSIE: Yes.

21 MR. ROATE: That's eight votes in the  
22 affirmative.

23 CHAIRMAN GALASSIE: Motion passes.

24 Congratulations.

1 MS. DAVIS: Thank you, and we're done for  
2 today.

3 CHAIRMAN GALASSIE: We are moving to Project  
4 11-120, Fresenius Medical Care, East Aurora. I believe we  
5 have one comment. If we do and you're here, please come up  
6 to the front of the room and introduce yourself. You will  
7 not have to be sworn in. Spell your name for the record.

8 Good afternoon.

9 MR. SOOD: Pardeep Sood, last name S-o-o-d,  
10 first name P-a-r-d-e-e-p.

11 CHAIRMAN GALASSIE: Welcome, Mr. Sood.

12 MR. SOOD: Good afternoon, Mr. Chairman and  
13 members of the Health Facilities and Services. I'm Pardeep  
14 Sood, and I am a licensed nephrologist in the state of  
15 Illinois and a shareholder of Fox Valley Medical Associates  
16 in Aurora and Batavia and Fox Valley Dialysis in Aurora.  
17 On behalf of Fox Valley Dialysis and Fox Valley Medical  
18 Associates, we want to thank the Board for allowing us to  
19 tender the following comments in opposition to the  
20 Fresenius Medical Center East Aurora, Project 11-120, the  
21 Certificate of Need application.

22 We call to your attention and encourage you to  
23 review our prior written testimonies and letters in  
24 opposition to the project. In those testimonies and

1 opposition, among other issues raised, we challenged the  
2 accuracy of the referring physicians' referral projections  
3 and historical patient data. We encouraged the Board to  
4 consider as relevant to this project other dialysis  
5 facilities, such as FMC West Batavia, U.S. Renal Care  
6 Bolingbrook, and FMC Naperbrook. As we previously  
7 addressed those issues, they do not need to be restated.  
8 However, those issues remain a valid concern of ours.

9 FMC now attempts to resurrect the application  
10 which was given an Intent to Deny at the February 2012  
11 State Board meeting by emphasizing that the project will be  
12 located within a Federally Designated Medically Underserved  
13 Area; and the project will serve a disadvantaged population  
14 that is at double risk for diabetes and high blood pressure  
15 leading to kidney disease; both facilities serving the  
16 Aurora area are at over eighty percent; and the average  
17 utilization of facilities within thirty minutes is over 81  
18 percent.

19 We would like to point out that since 1994,  
20 Fox Valley Dialysis and our Fox Valley Medical Associates  
21 nephrologists have been serving the needs of the East  
22 Aurora community.

23 MR. MORADO: Thirty seconds.

24 MR. SOOD: The precise geographic area of the

1 project, if this project is approved, will be just over one  
2 mile of the Fox Valley Dialysis, and we have been in this  
3 community and know all of the needs, and we have never had  
4 any trouble admitting the patients to the dialysis units in  
5 the Aurora area, and we do serve in a Federally Designated  
6 Medically Underserved Area. But to be clear, East Aurora  
7 was not designated a medically underserved area due to  
8 shortage of dialysis facilities. This area received the  
9 designation as a combined result of the number of persons  
10 living in poverty within this area, the shortage of primary  
11 care physicians, infant mortality, and the percentage of  
12 population over age 65.

13 MR. MORADO: Please conclude your comments.

14 MR. SOOD: It is misleading to use the  
15 medically underserved area designation for dialysis  
16 services, because there has been no shortage of dialysis  
17 chairs in that area.

18 CHAIRMAN GALASSIE: Thank you, Dr. Sood.

19 Any representatives from Fresenius Medical  
20 that wish to come to the table?

21 (Pause)

22 CHAIRMAN GALASSIE: Welcome. Just introduce  
23 yourselves and spell your names for our recorder.

24 MS. LOWE: Jenny Lowe, L-o-w-e.

1 MS. MULDOON: Coleen Muldoon, M-u-l-d-o-o-n.

2 MS. WRIGHT: Lori Wright.

3 MS. RANALLI: Clare Ranalli.

4 (Oath given)

5 CHAIRMAN GALASSIE: Thank you.

6 Staff report.

7 MR. CONSTANTINO: Thank you, Mr. Chairman.

8 The applicants are proposing the establishment  
9 of a 12-station ESRD facility in Aurora, Illinois. The  
10 cost of the project is approximately \$4.4 million. This  
11 project was given an Intent to Deny at the February 2012  
12 State Board meeting. The applicants did provide additional  
13 information. The applicants address a total of 16 review  
14 criteria and did not meet 3.

15 Thank you, Mr. Chairman.

16 CHAIRMAN GALASSIE: Thank you.

17 Who would like to address the Board?

18 MS. LOWE: Yes. Good afternoon. My name is  
19 Jenny Lowe, and I'm Director of Operations covering the  
20 Aurora facility. I have been associated with the Aurora  
21 facility since we opened over 16 years ago and was a  
22 dietitian there for many years. I also have lived in  
23 Aurora for 19 years. Therefore, my comments encouraging  
24 you to vote in favor of this facility come from personal

1 experiences.

2           During the past 16 years, I have worked  
3 alongside Dr. Dodhia and found he is one of the finest  
4 doctors I have had the pleasure of working with. He is  
5 well respected among his peers and patients, as you may  
6 have seen in the approximately thirty patient and community  
7 members support letters that were sent in. He treats all  
8 patients, regardless of their insurance status, and gives  
9 back to the community by donating his time and services at  
10 health fairs for indigent patients. He has a strong  
11 Pre-ESRD education program, high transplant rates, and he  
12 has the patients to support another facility in Aurora.

13           The utilization numbers in Aurora speak for  
14 themselves. The Fresenius Aurora clinic utilization is at  
15 87 and a half percent, even though we had added 10 stations  
16 there in the last two years. Dr. Dodhia has proven his  
17 dedication in his projected patients over and over.

18           The project has had overwhelming public  
19 support. The pastor of St. Mary Roman Catholic said of  
20 East Aurora, "We don't need strip malls. We need  
21 healthcare facilities." Too, the City of Aurora is  
22 supporting this project as part of its redevelopment plan  
23 for the residents of its underserved area. It will also  
24 bring construction and healthcare jobs to this diverse

1 population.

2           If you combine the high utilization at our  
3 Aurora clinic with the other clinic serving Aurora, Fox  
4 Valley Dialysis, we average utilization in Aurora at 90  
5 percent. East Aurora is a Federal Designated Medically  
6 Underserved Area. 74 percent of its residents are  
7 Hispanic. This population is at a double risk of diabetes  
8 and high blood pressure, leading to kidney disease. So,  
9 the likelihood of continued growth in dialysis patients is  
10 very strong, and we need to be prepared. In addition 18  
11 percent of East Aurora residents live below the poverty  
12 level. These patients face economic barriers in seeking  
13 and obtaining adequate healthcare services.

14           I am proud to say the location of this  
15 facility will meet the needs of this community by placing a  
16 dialysis center right in the area where most of these  
17 patients live. The clinical staff are generally hired from  
18 within the community. Our goal for this facility will be  
19 to hire bilingual staff to facilitate effective  
20 communication.

21           At the last meeting, we were asked how many of  
22 these patients -- how these patients get to treatment, and  
23 we included the answer in supplemental information. 9  
24 percent of the current Aurora patients take Pace public

1 transit. This service is not always available to take  
2 patients outside the Aurora area based on routes. 22 of  
3 the patients travel by MediCar or other medical  
4 transportation services. Some of the Medicaid-sponsored  
5 transportation services have limited hours, particularly in  
6 the afternoon and early evening. Given the high  
7 utilization at our Aurora facility and at area facilities,  
8 first and second shifts may not be available when needed  
9 for Medicaid beneficiaries who rely on this service for  
10 transport to dialysis. These services do not cross county  
11 lines, and Aurora lies on the borders of two other  
12 counties. Aurora patients cannot get to facilities in  
13 other counties if they use this type of Medicaid-funded  
14 transport. We estimate that about 15 percent of our East  
15 Aurora patients will be Medicaid beneficiaries.

16 In closing, I would like to encourage you to  
17 vote for this facility, and appreciate your consideration  
18 and time today.

19 CHAIRMAN GALASSIE: Thank you very much.

20 MS. MULDOON: I was going to speak for  
21 Dr. Dodhia, because he was late. He was in the office  
22 seeing patients. He just walked in the door. Could we  
23 swear him?

24 CHAIRMAN GALASSIE: Good afternoon, Doctor.

1 Could you spell your name for the record?

2 MR. DODHIA: Navinchandra Dodhia,  
3 N-a-v-i-n-c-h-a-n-d-r-a, D-o-d-h-i-a.

4 CHAIRMAN GALASSIE: Thank you very much.  
5 Actually, it was your turn.

6 MR. DODHIA: Thank you. Good afternoon,  
7 ladies and gentlemen. As I said, my name is Navinchandra  
8 Dodhia, and I'm a nephrologist practicing in Aurora for  
9 over 20 years, and I have lived in the area for just as  
10 long. I'm the Medical Director of Fresenius Aurora in  
11 Batavia. I am employed by the multi-specialty Dreyer  
12 Medical Clinic with over 150 other physicians, and we see  
13 125,000 patients at multiple sites. My practice partners  
14 are Dr. (inaudible) and Dr. Bina Mirza. I am on staff at  
15 Rush Presbyterian Hospital and Provena Mercy Medical  
16 Center. At Provena Mercy Medical Center in Aurora, I have  
17 served on various committees, and I am currently the Chief  
18 of the medical staff. That is the reason why I was late  
19 today. I volunteer every year at the African American  
20 Health Fair, where residents are screened for high blood  
21 pressure and chronic kidney disease. I do so because I  
22 know detection will lead to prevention of complications,  
23 dialysis, and transplant. I also volunteer for many years  
24 at the Aurora Wellness Clinic for uninsured patients, which

1 offered free services. Unfortunately, this clinic has  
2 closed.

3 Over the past few years, Fresenius Aurora  
4 Clinic has continually operated at very high utilization  
5 rates, at times above 100 percent capacity. To address  
6 this, we have added 10 stations in the last two years, but  
7 the constant increase in patients leaves the clinic at 86  
8 percent utilization. It cannot expand further. The  
9 proposed new clinic will be an additional option for new  
10 patients.

11 I assure you that we do everything we can to  
12 forestall dialysis as a form of treatment for chronic  
13 kidney disease. In order to reduce the health disparities  
14 in this community, my practice, along with Fresenius  
15 Medical Care, reaches out to those in the early stages of  
16 kidney disease, to educate them on preventive services to  
17 prolong kidney health and going on dialysis as long as  
18 possible. We educate patients through the (inaudible)  
19 treatment program on different treatment choices when  
20 end-stage renal disease is imminent. These are in-center  
21 hemodialysis, home hemodialysis, peritoneal dialysis, and  
22 transplantation.

23 I have many patients who have been fortunate  
24 enough to receive a transplant. According to the 2011

1 Dialysis Facility Report, the Aurora transplant rate was 8  
2 percent. This is 58 percent higher than expected,  
3 according to the reporting guidelines.

4 I encourage patients to go on home dialysis,  
5 as does Fresenius. Generally, if the patient (inaudible),  
6 the home dialysis is the best for them. Many patients will  
7 not, or are not qualified to, dialyze at home, though.

8 The East Aurora facility will not be up and  
9 running for at least 18 months. Along with my patients and  
10 the many individuals and health clinics who have written to  
11 urge you to approve this clinic, I urge you to consider the  
12 characteristics of the area and the patients who live here,  
13 and approve this clinic.

14 Thank you.

15 CHAIRMAN GALASSIE: Thank you, Doctor.  
16 Excellent timing.

17 MS. WRIGHT: I have a map here. I just would  
18 like to give you a brief overview of HSA VIII. I don't  
19 know if you can all see it or not. It's kind of spread  
20 out.

21 Aurora lies in HSA VIII, which spreads out  
22 from Aurora in Kane County, which is down here  
23 (indicating), all the way north to the Wisconsin border and  
24 east to Lake Michigan. It covers nearly 1,600 square

1 miles. It takes approximately two hours to travel from one  
2 end to the other.

3           There are two things that stand out about HSA  
4 VIII. One is the concentration of the ESRD patients, and  
5 if you notice, the shaded areas are the dialysis patients  
6 as of December 31st, and there's four main concentrations  
7 in this HSA: Waukegan with 151 patients, the  
8 Grayslake-Libertyville area with 85 patients, the Elgin  
9 area with 121 patients, and then the Aurora area down here  
10 on the bottom with 230 patients. Three of these  
11 concentrations are Federally Designated Medically  
12 Underserved Areas, and they are Waukegan, Elgin and Aurora.  
13 We just opened a clinic in Waukegan. We have one open in  
14 Elgin, and we're proposing to put one in the underserved  
15 area of Aurora.

16           One thing we do is, we see the need, and we  
17 propose to build clinics in those areas, regardless of  
18 whether the patients have an ability to pay or not. This  
19 is one advantage of being a big company. Sometimes we talk  
20 about it's not such a good thing, but we do have the  
21 resources and the ability to go into more underserved areas  
22 and provide the same quality care for all patients.

23           The second thing is that HSA VIII is a largely  
24 rural area, and so you have many outlying clinics in rural

1 areas that do not operate six shifts, as Board methodology  
2 suggests. Most of them operate the first two shifts of the  
3 day. This lowers their utilization and creates the  
4 appearance of excess capacity in the HSA.

5 The City of Aurora, down here on the bottom  
6 (indicating) again has the highest concentration of  
7 patients in HSA VIII. It's also the second largest city in  
8 the state of Illinois, and along with the high utilization  
9 of the clinics, they're the largest expanding population.  
10 We think this demonstrates that there is a pocket of need  
11 in this part of the state, even though there is a  
12 determined excess stations.

13 Thank you, and we will answer any questions  
14 you might have.

15 CHAIRMAN GALASSIE: Thank you.

16 I'd like to open it up to the Board for  
17 questions.

18 Dr. Burden?

19 MR. BURDEN: In August of '11, there were  
20 stations that were felt to be in excess. Now we're several  
21 months later, and we have 16. We're always faced with  
22 this. All of these applications have wants and needs.  
23 We're not Solomons. We recognize the interest in building  
24 another one for obvious reasons. We always hear what I

1 consider to be, shall we say, a veiled euphemistic  
2 approach. It really is down to, my way of thinking, this  
3 is money, this is dollars, and our dollars are being spent,  
4 tax dollars. I'm not able to be a Solomon. I don't know  
5 if it's going to be correct to say let's wait 18 months and  
6 see how much you're underserved. I understand everything  
7 you've said. It makes sense, but, as I said, everybody  
8 here has got to be looking at the same thing. We still  
9 have excess beds going. Your approach is obviously, yeah,  
10 the population is growing. When are we going to start  
11 really being effective, treating obesity, diabetes? Is it  
12 ever going to happen? From a nephrologist's point of view,  
13 you should be very concerned about that. I mean, in terms  
14 of the real reason, the real problems are those:  
15 Hypertension, obesity, lack of exercise.

16           Programs are gone. Government can't handle  
17 them. Our First Lady is behind it. I keep wondering when  
18 we're going to reach a point where we're saturated with  
19 these units all over the place and they're not going to be  
20 busy. I hope that happens. I'm still a little conflicted,  
21 and that's my reaction. I don't know what other people  
22 think. We still have 16 over-beds, and when is it going to  
23 be necessary to say -- when is it going to be under-bedded,  
24 and it's not a problem for me to say, "Okay, go ahead"?

1 MS. OLSON: Mr. Chairman, first of all, this  
2 whole concept of this being in a Federally Designated  
3 Medically Underserved Area has nothing to do, like Dr. Sood  
4 pointed out, with end-stage renal disease. It has nothing  
5 to do with it. So, to say that you need to put it there  
6 because it's a Federally Designated Medically Underserved  
7 Area doesn't make any sense to me. I think that's not a  
8 good argument.

9 The other -- I don't see where you made any  
10 change in your application, other than Mike told me that  
11 you did your own study. So, there's like two facilities in  
12 the area that aren't meeting capacity, if you use your  
13 study as opposed to the MapQuest study. I don't see where  
14 there has been any change to this, and I think it's sort of  
15 an insult to our intelligence to think that because it's in  
16 a HPSA, we should approve it. That has nothing to do with  
17 how many end-stage renal disease stations there are in that  
18 area.

19 MR. CONSTANTINO: What we've done -- what we  
20 allow the applicants to do -- and I think I told you  
21 this -- if they submit MapQuest and then they do an  
22 independent travel time study, we accept the travel time  
23 study as opposed to MapQuest. And when -- the chart on  
24 the -- on page 6 identifies all of the facilities in HSA

1 VIII, and the chart on page 12 identifies those facilities  
2 within thirty minutes. That was done with an independent  
3 travel time study.

4 MS. OLSON: Thank you. I appreciate that  
5 clarification, but we still have some that are not --

6 MR. CONSTANTINO: Definitely, yes.

7 MS. WRIGHT: I think one of the things about  
8 it being in a medically underserved area, most of them are  
9 indicative of the people who live there. They're either  
10 economically disadvantaged, culturally disadvantaged, and  
11 this population, as we said, is 74 percent Hispanic. They  
12 have language barriers, cultural barriers, income barriers  
13 to access to care, and I know the opposition spoke that  
14 they've never had a problem getting a patient in our  
15 clinics. It's because we've added 10 stations in the last  
16 two years to accommodate this growth of this ESRD  
17 population. We can't expand further. The clinic is  
18 filling up again. That's what our concern is, that this  
19 disadvantaged population doesn't have access here. They  
20 are going to have to go outside of their communities, which  
21 is going to be very difficult for them.

22 MS. OLSON: You don't have to build a new  
23 facility to have bilingual staff. I don't see that as an  
24 argument for building a new facility, that you'd hire

1 bilingual staff. Bilingual staff will go where you have a  
2 facility.

3 MS. WRIGHT: We do have bilingual staff at our  
4 current Aurora facility, and we will have probably a bigger  
5 percentage here at this facility, more here.

6 MS. RANALLI: I also just wanted to say very,  
7 very quickly -- and, first of all, it's been a long day.  
8 We appreciate your time very much. But just quickly  
9 wrapping this up, because this is an Intent to Deny, so  
10 it's sort of our last hoorah, so to speak. I think the  
11 medically underserved area, we certainly -- please accept  
12 this as the God's honest truth. We do not intend to insult  
13 anyone's intelligence, but the fact that there is a lack of  
14 primary care services in the area, if you bring more  
15 healthcare facilities, including nephrologists -- and  
16 nephrologists do, in some instances, act as the medical  
17 physician that many of these patients see. They don't  
18 necessarily access primary care physicians. So, while  
19 you're absolutely correct that a portion don't fall under  
20 the designation of an MOU, the fact that these patients  
21 will be seeing a nephrologist does help with respect to  
22 (inaudible) healthcare to them, and the -- I think that the  
23 maps that we showed you, what we were trying to do there  
24 was reflect the fact that you have a formula which is

1 obviously applied throughout the state of Illinois. We are  
2 in an area in the state of Illinois, Aurora, the second  
3 largest city, that is a complicated area, and the Service  
4 Area goes up and includes many, many rural areas. That  
5 impacts the analysis of the need. While there may not be a  
6 need in some of the rural areas, there is a need for  
7 stations, we believe -- we're just asserting this as our  
8 belief, and we understand your formula in the Aurora area.  
9 Dr. Dodhia has certified that he has a large number of ESRD  
10 patients and that these patients will need service. They  
11 can't go to Fox Valley. It's full. They can't go to our  
12 Aurora facility. It's full. Oswego has a little capacity  
13 but not much, and that's our clinic, and it's the only  
14 other clinic that has any capacity, really, to speak of  
15 within thirty minutes. Dr. Dodhia has certified he had 95  
16 patients when we expanded the current Aurora facility to  
17 add 10 stations. Within one year, all 95 stations were  
18 there and then some. So when he tells us he has these  
19 patients in his practice that are going to need dialysis in  
20 the next two years, we believe him, and that's why we're  
21 here for you, and the map we already showed you shows they  
22 all live in this area. I mean, that's why we're here.  
23 It's in good faith. We truly believe the clinic is  
24 necessary.

1 MR. BURDEN: I don't object to your good faith  
2 attitude. I think that's proper and expected. There's  
3 nothing new with that. It should always be there. I think  
4 the doctor recognizes that I've known many nephrologists.  
5 The better nephrologists I know were excellent internists  
6 first, and then they got interested in dialysis or kidney  
7 disease, et cetera. And I see your master move, which I  
8 just addressed a lot earlier where DaVita hooked up with  
9 this huge operation in California and dropped eight -- was  
10 it eight, seven billion, whatever it is. I see this coming  
11 down the line. Nephrologists -- the renal dialysis patient  
12 makes sense in an underserved medical care community. You  
13 have the primary care facility involved there. I think  
14 that's what they're doing, and going to do it in Chicago in  
15 time. I see what's going on here, but I'm still looking at  
16 data here. I think the doctor is a marvelous physician. I  
17 am sure he's all the things you've stated. I've met some  
18 excellent guys. The facts are still in front of me. When  
19 do we decide that in every application that comes in front  
20 of us, that we look at there's an excess of stations, but,  
21 by god, we're going to need them in two months? I haven't  
22 heard of a single dialysis unit where I -- I drive around  
23 and look at them -- where I see wheelchairs sitting in  
24 front with people waiting to get in. I see people aren't

1 being picked up on time, yes, especially in underserved  
2 areas. I heard that by a nephrologist who commented, and I  
3 was impressed by that. That's a real -- we should be  
4 impressed, that that should be addressed the best we can.  
5 That's my opinion. I don't know what other people think,  
6 but I hope you don't get that -- do I understand that this  
7 is it for you? You can't come back?

8 CHAIRMAN GALASSIE: Yes. That's correct.

9 I just want to briefly, despite the time of  
10 the day, offer a little bit of balance. I am very  
11 impressed and pleased that you are building in Federally  
12 underserved areas. Having done that for twenty years, it's  
13 common that the only people going into Federally  
14 underserved areas are government. So, I'm very pleased  
15 that you are going there and ready, willing, and interested  
16 in working with those patients, and I agree. Ultimately  
17 the primary care connections serves everyone well. I still  
18 have to ask the question: Why one mile away from a current  
19 provider? Whoever wants to take that.

20 MS. MULDOON: I think what we're doing is  
21 trying to put it where the patients are, where the need is,  
22 and if it's a mile away -- our own unit, we've added on as  
23 much as we possibly can. We want to stay close. That's  
24 where they are, and we went to the location that would best

1 serve those patients in that area.

2 CHAIRMAN GALASSIE: As one member and not as  
3 Chair, I would say to you, I assumed that would be the  
4 response and an appropriate response. The difficulty is,  
5 we have an individual who has come in front of us saying  
6 they can serve this population. So, that's just one  
7 comment.

8 MS. WRIGHT: According to the MapQuest, it's  
9 just under three miles away, 2.78, and I don't know if you  
10 have the additional information that we sent in. There's a  
11 map on page 3 that shows where Fox Valley is, where our  
12 current Aurora facility is, and this clinic sits almost in  
13 the middle between both of them. So, it's serving that one  
14 zip code in Aurora that has the highest Hispanic  
15 percentage.

16 CHAIRMAN GALASSIE: I appreciate that  
17 clarification.

18 MS. RANALLI: And that provider is at 94  
19 percent. They are always over 80 percent. They are a  
20 highly-utilized facility, obviously a good facility and a  
21 good practice, but it's always over 80 percent and now 94  
22 percent. So, they may have room for a couple of patients,  
23 but not all of them.

24 MS. MULDOON: Our Aurora facility has gone to

1 four shifts many times to accommodate, and that's probably  
2 what will happen in this case, because we have filled up.  
3 Oswego would be the other location, but we are close to  
4 being full at that location, also.

5 CHAIRMAN GALASSIE: Thank you.

6 Any other questions?

7 (Pause)

8 CHAIRMAN GALASSIE: Hearing none, can I have  
9 a motion to approve Project 11-120, to authorize the  
10 establishment of a 12-station ESRD facility in Aurora,  
11 Illinois?

12 MR. EAKER: So moved.

13 MR. GREIMAN: Seconded.

14 CHAIRMAN GALASSIE: Moved and seconded.

15 MR. ROATE: Motion made by Mr. Eaker, seconded  
16 by Justice Greiman.

17 Dr. Burden?

18 MR. BURDEN: I've been on this Board for about  
19 five years. I am truly impressed that -- a guesstimate is  
20 that 95 percent of the applications made for building,  
21 extending, enlarging, making greater numbers of ESRD's is  
22 approved by the Board. So, my comments are meant only out  
23 of frustration, to some degree. We represent a board. We  
24 really should have independent thoughts on these, not

1 necessarily agreeing with everything that is put in front  
2 of us, because the data that you present to us and the  
3 State gives us is what we have to deal with.

4 I heard and I felt myself that this was  
5 something that should be deferred, but I am concerned. If  
6 I understand that this is it, you're not really able to  
7 come back, with some reluctance I'm going to say yes, but I  
8 still feel what I said. I'm very concerned that we don't  
9 have a strong feeling and a very careful review. Half of  
10 everything we do now is this business. That's what it is,  
11 in essence, and making sure there's adequate facilities for  
12 the patients who have this problem. I vote yes.

13 MR. ROATE: Mr. Eaker?

14 MR. EAKER: Thank you for the map. As a  
15 visual aide-oriented person, that was helpful to me, to  
16 visualize several things. I am all about improving access  
17 to care for those who are under -- less privileged, let's  
18 say. I vote yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: I find myself moving, as I sit  
21 on this Board, and understanding that these lines -- rules  
22 we establish, the things that deliver the services are  
23 people who really are out there in the field, and I also  
24 have the belief that we -- it's your investment. It's

1 millions of dollars. We had one a few months ago where I  
2 think that was the only one we voted yes. People put half  
3 a billion dollars in McHenry County. And why not? Let  
4 them -- they know what they're doing, and this is --  
5 there's competition, and you'll exist. You'll keep on  
6 going. So, I come to that conclusion as well, and I vote  
7 yes.

8 MR. ROATE: Mr. Hayes?

9 MR. HAYES: Well, my -- I'm going to vote no  
10 for this project, because I'm going to continue -- you  
11 haven't shown me anything that would change my opinion, and  
12 there still is 16-station excess capacity in the area, and  
13 there's also a maldistribution of stations. So, I'm going  
14 to continue to vote no on this project.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: I also vote no, for the same  
17 reasons.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: I'm voting no because of a negative  
20 impact on the Service Area.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: I vote no.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Chair votes yes. Tie

1 vote. Motion does not pass. Thank you.

2 (Pause)

3 CHAIRMAN GALASSIE: All right. We are moving  
4 into Item No. 7 on our agenda, which is Executive Session.  
5 For those of you who are interested in coming back after  
6 Executive Session, I would anticipate that we will be in  
7 closed session for about 30, 45 minutes, just so you know.  
8 Thank you very much.

9 I need a motion. May I have a motion to go  
10 into Executive Session pursuant to Sections 2(c)(1),  
11 2(c)(5) and 2(c)(11) of the Open Meetings Act?

12 MR. HAYES: So moved.

13 MR. BURDEN: Seconded.

14 CHAIRMAN GALASSIE: Moved and seconded. All  
15 in favor?

16 (Ayes heard)

17 CHAIRMAN GALASSIE: Opposed?

18 (No response)

19 CHAIRMAN GALASSIE: Hearing none, we're in  
20 Executive Session.

21

22 (Executive Session held)

23

24 CHAIRMAN GALASSIE: We are back in open

1 session, ready to move on to Item 8A, Referrals to Legal  
2 Counsel, and I will turn that over to counsel.

3 MR. URSO: Thank you, Mr. Chair. We are  
4 requesting referral regarding the DuPage Medical Group,  
5 Lisle Medical Office Building and Cancer Center. We are  
6 requesting a motion to refer this matter to Legal Counsel  
7 for review and filing of any notices of non-compliance,  
8 which may include sanctions detailed and specified in the  
9 Board's Act and the Board's Rules.

10 CHAIRMAN GALASSIE: I would ask for said  
11 motion.

12 MR. SEWELL: So moved.

13 MR. HAYES: Seconded.

14 CHAIRMAN GALASSIE: Moved and seconded.  
15 Roll, please, George.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Yes.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: That's six votes in the positive.

7 CHAIRMAN GALASSIE: Motion passes.

8 MR. URSO: Requesting motion also for Legal  
9 referral for Mercy County Hospital, which is Project --  
10 Mercer County Hospital, which was Project No. 08-056, to  
11 refer this matter to Legal Counsel for review and filing of  
12 any notices of non-compliance, which may include sanctions  
13 detailed and specified in the Board's Act and Rules.

14 CHAIRMAN GALASSIE: I would ask for said  
15 motion.

16 MR. EAKER: So moved.

17 MR. SEWELL: Seconded.

18 CHAIRMAN GALASSIE: Moved and seconded.

19 Roll, please.

20 MR. ROATE: Dr. Burden?

21 DR. BURDEN: Yes.

22 MR. ROATE: Mr. Eaker?

23 MR. EAKER: Yes.

24 MR. ROATE: Justice Greiman?

1 MR. GREIMAN: Yes.

2 MR. ROATE: Mr. Hayes?

3 MR. HAYES: Yes.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: Yes.

6 MR. ROATE: Mr. Sewell?

7 MR. SEWELL: Yes.

8 MR. ROATE: Chairman Galassie?

9 CHAIRMAN GALASSIE: Yes.

10 MR. ROATE: Six votes in the affirmative.

11 CHAIRMAN GALASSIE: Motion passes. Thank you

12 very much.

13 8B, Final Orders.

14 MR. URSO: Mr. Chair, Members of the Board,

15 requesting a motion to approve a final decision in the

16 Marklund Children's Home, doing business as Marklund at

17 Millcreek, No. 3 and 4, Docket No. HFPB 07-065.

18 CHAIRMAN GALASSIE: I request said motion,

19 please.

20 MR. EAKER: So moved.

21 MR. HAYES: Seconded.

22 MR. GALASSIE: Moved and seconded.

23 MR. ROATE: Dr. Burden?

24 MR. BURDEN: Yes.

1 MR. ROATE: Mr. Eaker?  
2 MR. EAKER: Yes.  
3 MR. ROATE: Justice Greiman?  
4 MR. GREIMAN: Yes.  
5 MR. ROATE: Mr. Hayes?  
6 MR. HAYES: Yes.  
7 MR. ROATE: Ms. Olson?  
8 MS. OLSON: Yes.  
9 MR. ROATE: Mr. Sewell?  
10 MR. SEWELL: Yes.  
11 MR. ROATE: Chairman Galassie?  
12 CHAIRMAN GALASSIE: Yes.  
13 MR. ROATE: That's six votes in the  
14 affirmative.  
15 CHAIRMAN GALASSIE: Motion passes.  
16 Item B2.  
17 MR. URSO: Mr. Chair and Board Members, a  
18 request is being made to approve a final order in the  
19 Rosary Hill Home, Docket No. HFSRB 07-096.  
20 CHAIRMAN GALASSIE: Can I have said motion,  
21 please?  
22 MR. HAYES: So moved.  
23 MS. OLSON: Seconded.  
24 CHAIRMAN GALASSIE: Moved and second.

1 Roll.

2 MR. ROATE: Dr. Burden?

3 MR. BURDEN: Yes.

4 MR. ROATE: Mr. Eaker?

5 MR. EAKER: Yes.

6 MR. ROATE: Justice Greiman?

7 MR. GREIMAN: Yes.

8 MR. ROATE: Mr. Hayes?

9 MR. HAYES: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: Yes.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: That's six votes in the

17 affirmative.

18 CHAIRMAN GALASSIE: Motion passes. Thank you

19 very much.

20 Legislative Update. Alexis has given us

21 handouts, and I'm going to suggest, if there are any

22 questions, because of the time of the day. Thank you very

23 much. This is very thorough. Hearing none, moving

24 forward.

1 Item 9-2, the Financial Updates. Courtney has  
2 handed out similar. Anyone have any questions to the  
3 financial update? We will pass on a report.

4 (Pause)

5 CHAIRMAN GALASSIE: Hearing none, moving  
6 forward. Thank you very much.

7 Rules Development. Claire, did you have a  
8 handout?

9 MS. BURMAN: Yes.

10 CHAIRMAN GALASSIE: Similarly, Claire has  
11 given us kind of a status report on our rules development.

12 MS. BURMAN: Just one thing I would like  
13 everyone to be aware of. Monday, June 11th, is the last  
14 day to submit your public comment on 1130.

15 CHAIRMAN GALASSIE: Thanks, Claire.

16 Any other --

17 MS. BURMAN: That will be posted on the web  
18 site.

19 CHAIRMAN GALASSIE: Good. Any other  
20 questions for Claire?

21 (Pause)

22 CHAIRMAN GALASSIE: Hearing none, moving to  
23 Old/Unfinished Business, we have none, to my knowledge.

24 Seeing none, Item 12, New Business, Centegra

1 Hospital-Huntley. We have five or six requests under the  
2 Open Meetings Act for comment. I would simply ask folks,  
3 respectfully, we will limit you to two minutes, and we  
4 appreciate your attention to that matter. I hope I  
5 pronounce your names correctly. I apologize if I do not.  
6 I'll call up three or four folks so you can cue up if  
7 that's all right.

8 The proponents, Susan Milford; an opponent,  
9 Linas Grikis. Are you two in the room? Come on up. Sonya  
10 Reece and Joe Ourth.

11 (Pause)

12 CHAIRMAN GALASSIE: Just spell your name. You  
13 don't have to be sworn in.

14 MR. GRIKIS: Linas Grikis, L-i-n-a-s,  
15 G-r-i-k-i-s.

16 Mr. Chairman, Members of the Board, my name is  
17 Linas Grikis. I'm an attorney with Polsinelli Shughart,  
18 counsel for Mercy Health System, and I will keep my  
19 comments brief.

20 As you are aware, much like Centegra Health  
21 System, Mercy had a hospital project in McHenry County that  
22 was denied by the Board at its December meeting. Mercy,  
23 like Centegra, has appealed the Planning Board's decision,  
24 and that appeal is working its way through the

1 administrative process; that is, until the matters you have  
2 been discussing came to light. Specifically, it was noted  
3 during the administrative process that there was an error  
4 in the record of both the Mercy project and the Centegra  
5 project. In short, the Administrative Law Judge has sent  
6 both matters back to you all to figure out what to do about  
7 it.

8           Mercy understands that none of us on this side  
9 of the table are Board members. Therefore, we cannot  
10 determine whether something was or was not important in  
11 your decision-making process. Any decision you reach today  
12 regarding how to handle the error in the record of the  
13 Centegra project is your decision. That stated, we would  
14 like you to consider a few things.

15           First, I understand that only Centegra is on  
16 the agenda today, but as your Board Counsel may have  
17 informed you, the Mercy project -- same issue in the Mercy  
18 project is coming along right behind this matter. So,  
19 since the issues before you in the Centegra record are the  
20 exact same in the Mercy record, we would ask that the Board  
21 apply any decision you reach today to the Mercy decision --  
22 or the Mercy matter as well, and that will help ensure that  
23 Mercy doesn't incur any additional delay in its appeal. In  
24 the same vein, we would also ask you to be mindful of all

1 of the resources of the parties on this side of the table.

2 If you ultimately conclude that additional  
3 reconsideration of the project is required -- because, as  
4 you all are aware, this circle of friends are going to be  
5 commenting on both projects. If there is a  
6 reconsideration, we would ask that that reconsideration  
7 take place at the same Board meeting.

8 CHAIRMAN GALASSIE: Thank you.

9 Mr. Ourth?

10 MS. REECE: Actually, I'm going to go first,  
11 if you don't mind.

12 Good afternoon. I'm Sonya Reece. I'm the  
13 Director of Health Facilities Planning for Advocate Health  
14 and Hospitals Corporation. Advocate would like to provide  
15 limited public comment, as the Board considers the  
16 administrative review action in the Centegra-Huntley  
17 matter.

18 It's likely that in your Executive Session  
19 today you discussed the pending litigation in which  
20 Centegra has filed action against the Review Board and the  
21 Administrative Law Judge. You may have also discussed  
22 Centegra and Mercy's administrative hearing. I, and two of  
23 my colleagues, would like to briefly give you perspective  
24 of those hospitals who would oppose these new hospital

1 projects.

2 As you know, the Administrative Law Judge in  
3 the Centegra matter has proposed remanding the case back to  
4 you to correct a misfiling in the record. As you will  
5 recall, the Administrative Board had voted an Intent to  
6 Deny for the Centegra and Mercy projects in June of last  
7 year. Subsequently, the Review Board voted a final denial  
8 in December, after exhausting hearings and submissions.  
9 Following these denials, both Centegra and Mercy filed for  
10 administrative review to appeal these actions. Prior to  
11 the action -- actual hearing occurring, it was discovered  
12 that one opposition document labeled for Mercy was actually  
13 in the Centegra file and vice versa. This document was a  
14 report submitted on behalf of Sherman Hospital, St. Alexius  
15 Medical Center, and Advocate Good Shepherd Hospital. Upon  
16 discovering the cross-filed document, counsel for the  
17 Review Board notified the Administrative Law Judge and  
18 subsequently requested that the matter be remanded back to  
19 the Review Board.

20 MR. MORADO: Thirty seconds.

21 CHAIRMAN GALASSIE: Ms. Reece, respectfully,  
22 we know that whole story. You might want to tell us what  
23 you want to tell us that we don't know.

24 MS. REECE: The issue at present is whether

1 one report in an 11,000 page record should cause the matter  
2 to be reconsidered and, if so, under what type of  
3 reconsideration? My colleagues would like to address this  
4 matter in more detail.

5 CHAIRMAN GALASSIE: Thank you.

6 MR. GORDON: Good afternoon. My name is Trent  
7 Gordon. I'm the Director of Strategic Planning at Advocate  
8 Good Shepherd Hospital.

9 In my hands, I hold copies of the documents in  
10 question that were misfiled that led the Administrative Law  
11 Judge to recommend the remand of both Centegra and Mercy.  
12 Let me briefly quote you a couple statements from the  
13 Market Assessment and Impact Study that was performed on  
14 the proposed Centegra-Huntley Hospital. "There is existing  
15 capacity to meet the current needs of McHenry County  
16 residents. Area residents are already being served by  
17 existing hospitals, and a new hospital in McHenry County  
18 will have substantial adverse impact on existing hospitals'  
19 volume and (unintelligible). Even with population growth,  
20 there is not enough demand to support a new 128-bed  
21 hospital in McHenry County, and any new beds will largely  
22 ship discharges from hospitals already serving residents in  
23 the Planning Area."

24 Now let me quote you several statements

1 from the Market Assessment and Impact Study that was  
2 performed on the proposed Mercy Crystal Lake Hospital.  
3 "There is existing" --

4 CHAIRMAN GALASSIE: Actually, I think you  
5 have to limit your comments right now to Centegra.

6 MR. GORDON: All right. So, basically, the  
7 exact same conclusions that I just read to you about  
8 Centegra were the exact same conclusions, word for word,  
9 that were found in the Mercy study. Now, there were some  
10 minor differences. So, for example, the Huntley study  
11 found that 89 percent of the proposed Huntley service area  
12 residents lived within 15 minutes of an existing hospital.  
13 For the Mercy Crystal Lake study, it found that percentage  
14 to be 81 percent.

15 MR. MORADO: Thirty seconds.

16 CHAIRMAN GALASSIE: So, in summary, these  
17 documents affirm both your vote in June and December to  
18 deny both of these projects. Even if you read the  
19 documents in the wrong file, it would have had no impact on  
20 your vote in June or December. A partial remand to fix the  
21 record is the proper course of action here. A full remand  
22 to vote on these projects a third time is not good use of  
23 your time, nor a good use of the time of the applicants,  
24 nor a good use of the time of the concerned hospitals.

1 Thank you very much.

2 CHAIRMAN GALASSIE: Thank you, Mr. Gordon.

3 Mr. Ourth?

4 MR. OURTH: Yes. Members of the Board, I'm  
5 Joe Ourth, counsel for Advocate, and we have submitted our  
6 briefs, but we'd like to take two minutes more to summarize  
7 our position on this.

8 As with any project with a record of 11,000  
9 pages in it, it's not unusual that there may be a misfiling  
10 in that record. Our position in talking with the  
11 Administrative Law Judge was that this record issue was one  
12 that could be resolved as part of the hearing process and  
13 it would not be necessary for this to come back to the  
14 Board. We believed it to be efficient to allow the appeal  
15 process to run its course, and, interestingly enough,  
16 Centegra and us both agreed on that, because we were both  
17 interested in the efficiency of moving that forward. But  
18 we believe it's a troublesome precedent that if there is  
19 any time that there is a record -- that may mean that a  
20 project automatically comes back to the Board, and that may  
21 be a precedent that could be troublesome in the future.  
22 Indeed, in fact, it's come to light that there's already  
23 some other things in the record or there are some other  
24 issues in the record, so whatever that might mean for the

1 future on this project as well as others.

2 We also note that in addition to the  
3 administrative case, Centegra has filed suit against the  
4 Board in Circuit Court, and that this litigation is still  
5 pending in Circuit Court and in the Appellate Court as  
6 well. But, you now have it back in front of you. And so  
7 now what? What do you do with it? Let me boil down the  
8 legal issue for you very simply.

9 You have two reports that you got on the same  
10 day, for the same two projects, from the same meeting, that  
11 are very similar. The whole issue was that this project  
12 was put in this stack (indicating) and this one was put in  
13 this stack (indicating).

14 MR. MORADO: Thirty seconds.

15 MR. OURTH: We're not over estimating your  
16 abilities as Board members, but I kind of also thought you  
17 could handle that amount of processing without a whole lot  
18 of confusion, and that that's probably something that you  
19 would handle and would not require the Board to do a  
20 complete do-over of the project.

21 The question as you're going forward would  
22 seem to be, if the two reports were in the right stack,  
23 would that have changed the vote? It's not -- this is not  
24 an issue where there needs to be a do-over of the project.

1 You voted on it twice before, and I think that it's the  
2 proper course to correct the record that was sent back but  
3 to not start over on the process.

4 Thank you.

5 CHAIRMAN GALASSIE: Thank you. And we have  
6 two folks that signed up as proponents on the issue. Aaron  
7 Shepley and Susan Milford. Good afternoon, folks.

8 MR. SHEPLEY: Good afternoon to you, too. As  
9 was noted, my name is Aaron Shepley. Seated with me here  
10 today is Susan Milford. We appreciate the opportunity to  
11 address you at this late hour on a very long day for you,  
12 so I'll keep my comments brief.

13 Nominally, our project is on the agenda, as  
14 you know, pursuant to the recommendation of the ALJ, and as  
15 you pointed out, Mr. Chairman, you're all very well aware  
16 of that, but it's to correct a record -- and I put that in  
17 quotes, correct an error in the record. What I would  
18 suggest is that there really never was an error. But we're  
19 here, and it is what it is.

20 Really, what Mr. Ourth explained, I am in  
21 total agreement with. There were two transmittal letters,  
22 and the wrong reports got submitted by Advocate's attorney  
23 when they sent them to the State. The State did exactly  
24 what the State should have done. They put them in the file

1 with the cover letters that were on top of them. That  
2 being said, we're really here -- and I ask for an  
3 opportunity to speak, and signed up under public comment  
4 for two reasons. One, I really want to talk about process,  
5 because I feel like our project has gotten off track a  
6 little and, two, we want to make sure that you know -- and  
7 I will renew our request -- we are fully committed to this  
8 project. We would encourage you to approve this project in  
9 the most expeditious manner possible.

10 We right now are three months behind schedule  
11 that we should have been, and I want to talk about that  
12 very briefly. We are fully committed to this project. Our  
13 community is committed to the project. This has been a  
14 long -- and even for you, too, I'm sure -- a long and  
15 sometimes painful journey. We have spent over \$3 million  
16 on this project to date. We have invested thousands of  
17 volunteer hours. We've invested thousands of working  
18 hours, all for the goal of serving our community, and it's  
19 in everybody's best interests that this process stay on  
20 track and that it stay fair, and that's really where we  
21 come to the fork in the road.

22 As was pointed out, we did file a lawsuit on  
23 this action, and I want to explain that, and I want to  
24 clear the air on it, because we don't have the opportunity

1 to call all the Board members and say, "This is why we did  
2 this and the other thing." But this is our opportunity to  
3 explain our position and why we did what we did.  
4 Everything about this project -- and, by the way, our  
5 lawsuit has nothing to do with what you decided on December  
6 7th. It has everything to do with what has not happened  
7 since December 7th. We started down a path, and we were on  
8 a perfect track. I will tell you that. The ALJ, the  
9 appointment of the ALJ, everything was done precisely as it  
10 should be done under the rules. The ALJ was appointed  
11 within thirty days, he set a prehearing conference, all the  
12 parties appeared. We did everything we needed to do, and  
13 he set a hearing that was within the 90-day rule or the  
14 State rule as required.

15 MR. MORADO: Thirty seconds.

16 MR. SHEPLEY: It was high-five for everybody  
17 around. But what happened is that on March 19th, because  
18 of this so-called error in the record -- which I would  
19 agree with Mr. Gordon, and I wish he would have been there  
20 arguing at the time -- that it wasn't a material error, but  
21 what I would tell you is that the irony of the so-called  
22 error in the record is that that new report makes our  
23 project better, because the report that was in the file  
24 showed the health system or the hospital facility having a

1 greater impact on existing facilities than the report that  
2 should have been in the file. So, that's the irony. If  
3 you correct the record, we now have a stronger case for  
4 approval than we had the last time through.

5 CHAIRMAN GALASSIE: I'm going to ask you to  
6 bring it to a close.

7 MR. SHEPLEY: Yes, I will bring it to a close,  
8 and then my intention was for only me to speak. If --

9 CHAIRMAN GALASSIE: Susan is going to give  
10 you her two minutes? We'll split the difference.

11 MR. SHEPLEY: Thank you very much. I  
12 appreciate that.

13 So, basically, what I was saying is that the  
14 error makes our project better. So, once we went down the  
15 path where we were not getting a hearing that we were  
16 entitled to under the rules, we felt like we had no choice  
17 but to file a lawsuit, because all we really wanted was the  
18 process that is provided by the Planning Act and by your  
19 rules to be followed to the letter, and we didn't really  
20 feel like that was that much to ask. We knew we were  
21 running a risk. No one likes to be sued, and I believe  
22 I've been on that end, too.

23 CHAIRMAN GALASSIE: The Board recognizes your  
24 right to sue.

1 MR. SHEPLEY: Absolutely, but what we want to  
2 do at this point is get our project back on track.  
3 Certainly, we would welcome approval of our project. If  
4 you wanted to vote to approve our project today, we would  
5 gladly accept that approval. Short of that approval at  
6 today's meeting, what we would ask this Board to do is to  
7 set a defined project with deadlines and with a structured  
8 content in order for us to move forward, so that we have  
9 certainty. See, that was the nice thing about the way it  
10 was working before March 19th, was that there were  
11 deadlines, thirty days for this, ninety days for this, you  
12 have to -- the hearing officer's report, thirty days after  
13 that. We should have been here today for a final action of  
14 this Board on our project, if that had been followed. If  
15 you defer this over to the July meeting, what we would ask  
16 is that you define the process, that you do vote on it on  
17 the July meeting, and that you give -- that you limit the  
18 consideration of that to what has changed, that report.  
19 Public comments should be limited to what was changed, that  
20 report, all of those things, and that's just in the  
21 interest of fairness.

22 So at the end of the day, I appreciate that  
23 you have a job to do. I know that you're going to vote one  
24 way or the other. I only ask that you do consider the

1 fairness to our organization and the level of investment  
2 that we have already put in this project that is way behind  
3 schedule. At the end of the day, it's going to be a  
4 two-year-plus process for us here, because the anniversary  
5 is December for two years.

6 So, we appreciate your time and we appreciate  
7 your consideration.

8 CHAIRMAN GALASSIE: Thank you. I can assure  
9 you this Board has every intention of being as fair as it  
10 possibly can.

11 That closes the public comment for Agenda  
12 12-1, Centegra Hospital-Huntley project.

13 Mr. Urso, Counsel?

14 MR. URSO: Mr. Chair, Board members, there are  
15 several motions that I would like to present to the Board.  
16 These various motions have to do with the Centegra  
17 Hospital-Huntley, Project No. 10-090, Docket No. HFSRB  
18 11-11.

19 There is a motion to adopt the Administrative  
20 Law Judge Hart's recommendations to correct Centegra's  
21 record in order to include the Market Assessment and Impact  
22 Study for the proposed Centegra-Huntley Project 10-090 and  
23 exclude the Market Assessment and Impact Study for the  
24 proposed Mercy Crystal Lake Hospital Project 10-089, and,

1 finally, to reconsider Centegra's application for permit

2 with the corrected record. So, motion to adopt.

3 MR. SEWELL: So moved.

4 MS. OLSON: Second.

5 CHAIRMAN GALASSIE: Moved and seconded. Roll

6 call, please.

7 MR. ROATE: Dr. Burden?

8 MR. BURDEN: Yes.

9 MR. ROATE: Mr. Eaker?

10 MR. EAKER: Yes.

11 MR. ROATE: Justice Greiman?

12 MR. GREIMAN: Yes.

13 MR. ROATE: Mr. Hayes?

14 MR. HAYES: Yes.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: Yes.

17 MR. ROATE: Mr. Sewell?

18 MR. SEWELL: Yes.

19 MR. ROATE: Chairman Galassie?

20 CHAIRMAN GALASSIE: Yes.

21 MR. ROATE: That's six votes in the

22 affirmative.

23 CHAIRMAN GALASSIE: Motion passes.

24 MR. ROATE: Seven.

1 CHAIRMAN GALASSIE: Continuing on.

2 MR. URSO: The second motion is to conduct a  
3 limited reconsideration of the pages listed in the Market  
4 Assessment and Impact Study for the proposed  
5 Centegra-Huntley Hospital Project 10-090.

6 MS. OLSON: So moved.

7 MR. SEWELL: Second.

8 CHAIRMAN GALASSIE: Moved and seconded. Roll  
9 call, please.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: Yes.

12 MR. ROATE: Mr. Eaker?

13 MR. EAKER: Yes.

14 MR. ROATE: Justice Greiman?

15 MR. GREIMAN: Yes.

16 MR. ROATE: Mr. Hayes?

17 MR. HAYES: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: Yes.

22 MR. ROATE: Chairman Galassie?

23 CHAIRMAN GALASSIE: Yes.

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

1 affirmative.

2 CHAIRMAN GALASSIE: Motion passes.

3 Moving on.

4 MR. URSO: Next motion is to allow for an  
5 opportunity for a public hearing and written public  
6 comments for the limited reconsideration of the  
7 Centegra-Huntley Hospital Project 10-090. It's a motion to  
8 allow.

9 MS. OLSON: So moved.

10 MR. SEWELL: Second.

11 CHAIRMAN GALASSIE: Moved and seconded. Roll  
12 call, please.

13 MR. ROATE: Dr. Burden?

14 MR. BURDEN: No.

15 MR. ROATE: Mr. Eaker?

16 MR. EAKER: No.

17 MR. ROATE: Justice Greiman?

18 MR. GREIMAN: No.

19 MR. ROATE: Mr. Hayes?

20 MR. HAYES: No.

21 MR. ROATE: Ms. Olson?

22 MS. OLSON: No.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: No.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: No.

3 MR. ROATE: That's seven votes in the  
4 negative.

5 CHAIRMAN GALASSIE: Motion fails.

6 Moving on.

7 MR. URSO: Next motion is to conduct the  
8 limited reconsideration of the Centegra-Huntley Hospital  
9 Project 10-090 at the next, July 23rd-24th, Health  
10 Facilities and Services Review Board meeting in 2012.

11 MS. OLSON: So moved.

12 MR. SEWELL: Second.

13 CHAIRMAN GALASSIE: Moved and second. Roll  
14 call, please.

15 MR. ROATE: Dr. Burden?

16 MR. BURDEN: Yes.

17 MR. ROATE: Mr. Eaker?

18 MR. EAKER: Yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: Yes.

21 MR. ROATE: Mr. Hayes?

22 MR. HAYES: Yes.

23 MR. ROATE: Ms. Olson?

24 MS. OLSON: Yes.

1 MR. ROATE: Mr. Sewell?

2 MR. SEWELL: Yes.

3 MR. ROATE: Chairman Galassie?

4 CHAIRMAN GALASSIE: Yes.

5 MR. ROATE: That's seven votes in the  
6 affirmative.

7 CHAIRMAN GALASSIE: Motion passes.

8 Moving on.

9 MR. URSO: The next motion is a motion to  
10 approve the May 18th, 2012 settlement proposal presented by  
11 Centegra Health Systems versus Administrative Law Judge  
12 Hart as well as the Board, No. 12-MR-146. Motion to  
13 approve the settlement proposal.

14 MS. OLSON: So moved.

15 MR. SEWELL: Second.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: No.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: No.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: No.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: No.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: No.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: No.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: No.

6 MR. ROATE: Seven votes in the negative.

7 CHAIRMAN GALASSIE: Motion fails.

8 MR. URSO: Thank you, Mr. Chairman, Board

9 members.

10 CHAIRMAN GALASSIE: Thank you.

11 Moving on to Item 12-2, extending the IGA with

12 Illinois Department of Public Health. Ms. Avery.

13 MS. AVERY: We just have it for signature to  
14 extend it. Frank has it for your signature, to July 2013.

15 MR. URSO: Yes. We have a copy for Board  
16 members. What this amendment calls for is extension of the  
17 term to June 30th, 2013, rather than the current term of  
18 June 30th, 2012.

19 CHAIRMAN GALASSIE: That's good.

20 MR. URSO: Perhaps we need a motion to approve  
21 that.

22 MR. SEWELL: So moved.

23 CHAIRMAN GALASSIE: Second, please?

24 MS. OLSON: Second.

1 CHAIRMAN GALASSIE: Moved and seconded. Roll  
2 call.  
3 MR. ROATE: Dr. Burden?  
4 MR. BURDEN: Yes.  
5 MR. ROATE: Mr. Eaker?  
6 MR. EAKER: Yes.  
7 MR. ROATE: Justice Greiman?  
8 MR. GREIMAN: Yes.  
9 MR. ROATE: Mr. Hayes?  
10 MR. HAYES: Yes.  
11 MR. ROATE: Ms. Olson?  
12 MS. OLSON: Yes.  
13 MR. ROATE: Mr. Sewell?  
14 MR. SEWELL: Yes.  
15 MR. ROATE: Chairman Galassie?  
16 CHAIRMAN GALASSIE: Yes.  
17 MR. ROATE: Seven votes in the affirmative.  
18 CHAIRMAN GALASSIE: Motion passes.  
19 Item No. 12-3, Bethshan Association II in  
20 Palos Heights, discontinuation of a 6 bed ICF/DD  
21 facility -- 16-bed. I'm sorry. This is just information?  
22 No action?  
23 MR. CONSTANTINO: We need approval. I think  
24 we can be able to take all of the rest of the items and ask

1 for Board approval.

2 CHAIRMAN GALASSIE: So items -- can I accept  
3 a motion for Items 12-3, 4, 5?

4 MR. EAKER: So moved.

5 MR. HAYES: Second.

6 CHAIRMAN GALASSIE: Moved and seconded. Roll  
7 call.

8 MR. ROATE: Dr. Burden?

9 MR. BURDEN: Yes.

10 MR. ROATE: Mr. Eaker?

11 MR. EAKER: Yes.

12 MR. ROATE: Justice Greiman?

13 MR. GREIMAN: Yes.

14 MR. ROATE: Mr. Hayes?

15 MR. HAYES: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes.

18 MR. ROATE: Mr. Sewell?

19 MR. SEWELL: Yes.

20 MR. ROATE: Chairman Galassie?

21 CHAIRMAN GALASSIE: Yes.

22 MR. ROATE: Seven votes in the affirmative.

23 MR. URSO: Mr. Chair, let me specify what  
24 those three items were, so it's clear for the record. 12-3

1 is Bethshan Association II, Palos Heights discontinuation  
2 of a 16-bed ICF/DD facility.

3 No. 12-4 is Brooke Hill in Eldorado,  
4 discontinuation of 16-bed ICF/DD facility.

5 No. 5 is Good Samaritan-Knoxville,  
6 discontinuation of 30-bed long-term bed facility.

7 Thank you.

8 CHAIRMAN GALASSIE: And Item 6 was the  
9 Advocate Christ Medical Center, adjust hospital profile  
10 data for medical/surgical and obstetrical utilization. Who  
11 is speaking to that?

12 MR. CONSTANTINO: I'll speak to it. We had a  
13 request from Advocate Christ Medical Center to adjust their  
14 hospital profiles for all years 2005 through 2011. That  
15 needs the Board's approval.

16 CHAIRMAN GALASSIE: Why would they want that?

17 MR. CONSTANTINO: Evidently they've under  
18 counted the med/surg utilization and over counted the OB  
19 utilization. It has to do with one unit.

20 CHAIRMAN GALASSIE: So we need a motion to  
21 accept this recommendation?

22 MR. CONSTANTINO: We have to change the -- our  
23 data profiles, so you would need to approve this.

24 CHAIRMAN GALASSIE: Motion to approve the --

1 motion to adjust the Advocate Christ Medical Center  
2 inventories as noted.

3 MR. CONSTANTINO: Hospital profile  
4 information.

5 MS. OLSON: So moved.

6 MR. HAYES: Seconded.

7 CHAIRMAN GALASSIE: Moved and seconded. Roll  
8 call, please.

9 MR. ROATE: Dr. Burden?

10 MR. BURDEN: Yes.

11 MR. ROATE: Mr. Eaker?

12 MR. EAKER: Yes.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: Yes.

15 MR. ROATE: Mr. Hayes?

16 MR. HAYES: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: Yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Yes.

23 MR. ROATE: Seven votes in the affirmative.

24 CHAIRMAN GALASSIE: Motion passes.

1 Moving on, I'd like a motion to approve the  
2 2013 meeting dates. Just to advise the Board, we plan to  
3 continue utilization of this facility, to a great extent.  
4 We will also be going to Bloomington, and we're talking  
5 with a facility in Chicago. So, it's kind of -- give you a  
6 sense of where we'll be. The majority will be here. Can I  
7 get a motion to approve the meeting dates for '13?

8 MS. OLSON: So moved.

9 MR. HAYES: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. All  
11 in favor, hear a voice vote?

12 (Ayes heard)

13 CHAIRMAN GALASSIE: Any opposed?

14 (No response)

15 CHAIRMAN GALASSIE: Hearing none, motion  
16 passes.

17 Number 13 is adjournment, ladies and  
18 gentlemen.

19 MS. OLSON: So moved.

20 CHAIRMAN GALASSIE: Thank you all for -- just  
21 for your own schedules, remember we're scheduling a two-day  
22 meeting for our next meeting. We talked about that, and a  
23 very good day today, both the Staff -- you had a lot of  
24 difficult information to bring forward to us, which you

1 did, and the Board members did an excellent dialogue.

2 Thank you.

3

4 END TIME: 4:34 P.M.

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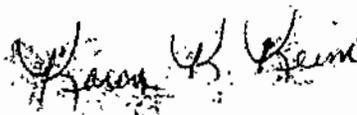
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



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KAREN K. KEIM  
CRR, RPR, CSR-IL, CCR-MO

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