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Transcript of Open Session Meeting

Date: January 15, 2019

Case: State of Illinois Health Facilities and Services Review Board

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD

3
4 OPEN SESSION - MEETING

5
6 Bolingbrook, Illinois 60490

7 Tuesday, January 15, 2019

8 9:09 a.m.

9
10
11 BOARD MEMBERS PRESENT:

12 RICHARD SEWELL, Chairman

13 SENATOR DEANNA DEMUZIO

14 MARIANNE ETERNO MURPHY

15 JOHN MC GLASSON, SR.

16 RON MC NEIL

17
18
19
20
21 Job No. 223637A

22 Pages: 1 - 191

23 Reported by: Melanie L. Humphrey-Sonntag,

24 CSR, RDR, CRR, CRC, FAPR

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1 ALSO PRESENT:

2 COURTNEY AVERY, Administrator

3 JEANNIE MITCHELL, General Counsel

4 MICHAEL CONSTANTINO, IDPH Staff

5 ANN GUILD, Compliance Manager

6 GEORGE ROATE, IDPH Staff

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

2 CHAIRMAN SEWELL: We're going to call the
3 meeting to order, give everyone a chance to find
4 their seats.

5 So let's have a roll call, George.

6 MR. ROATE: Thank you, sir.

7 Senator Demuzio.

8 MEMBER DEMUZIO: Here.

9 MR. ROATE: Ms. Hemme is absent.

10 Mr. Johnson is absent.

11 Mr. McGlasson.

12 MEMBER MC GLASSON: Yes, sir.

13 MR. ROATE: Dr. McNeil.

14 MEMBER MC NEIL: Present.

15 MR. ROATE: Ms. Murphy.

16 MEMBER MURPHY: Here.

17 MR. ROATE: Chairman Sewell.

18 CHAIRMAN SEWELL: Here.

19 MR. ROATE: Thank you.

20 That's five in attendance.

21 CHAIRMAN SEWELL: Thank you.

22 I want to make a change in the agenda to
23 move the approval of the agenda to this point.

24 So can I have a motion to approve the

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1 January 15, 2019, meeting agenda?

2 MEMBER DEMUZIO: Approved.

3 MEMBER MC NEIL: So moved.

4 CHAIRMAN SEWELL: Is there a second?

5 MEMBER MC NEIL: Second.

6 CHAIRMAN SEWELL: Any discussion?

7 (No response.)

8 CHAIRMAN SEWELL: All in favor, voice
9 vote, aye.

10 (Ayes heard.)

11 CHAIRMAN SEWELL: All right.

12 So now we are going to go into executive
13 session.

14 Can I have a motion to go into closed
15 session pursuant to Section 2(c)(1), 2(c)(5),
16 2(c)(11), and 2(c)(21) of the Open Meetings Act?

17 MEMBER DEMUZIO: Motion.

18 CHAIRMAN SEWELL: Second?

19 MEMBER MC NEIL: Second.

20 CHAIRMAN SEWELL: All in favor?

21 (Ayes heard.)

22 CHAIRMAN SEWELL: So we're going to ask
23 our guests to, for a short time, leave the room,
24 and we'll let you know when the executive session

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1 has ended.

2 (At 9:10 a.m. the Board adjourned into
3 executive session. Open session proceedings
4 resumed at 9:25 a.m. as follows:)

5 CHAIRMAN SEWELL: All right. Let's come
6 back in order.

7 We're down to 4B, settlement agreements.

8 St. Paul's Home. We need a motion to
9 approve the amendment to the consent agreement in
10 the Health Facilities and Services Review Board
11 No. 15-10 on St. Paul's Home.

12 MEMBER MC NEIL: So moved.

13 MEMBER DEMUZIO: Motion.

14 CHAIRMAN SEWELL: A second?

15 MEMBER MURPHY: Second.

16 CHAIRMAN SEWELL: Do you need a roll call?

17 MS. MITCHELL: Yeah, I think we should do
18 a roll call.

19 CHAIRMAN SEWELL: Can we have a roll call?

20 MR. ROATE: Yes, sir.

21 Senator Demuzio.

22 MEMBER DEMUZIO: Yes.

23 MR. ROATE: Mr. McGlasson.

24 MEMBER MC GLASSON: Yes.

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1 MR. ROATE: Dr. McNeil.

2 MEMBER MC NEIL: Yes.

3 MR. ROATE: Ms. Murphy.

4 MEMBER MURPHY: Yes.

5 MR. ROATE: Mr. Murphy -- or I'm sorry --

6 Mr. Sewell.

7 CHAIRMAN SEWELL: Yes.

8 MR. ROATE: 5 in the affirmative.

9 CHAIRMAN SEWELL: All right.

10 MS. MITCHELL: Scandal.

11 CHAIRMAN SEWELL: I know.

12 That's approved.

13 Okay. For the University of Illinois

14 Medical Center, we're going to move that to the

15 March meeting.

16 May I have a motion to have the

17 administrator be the signatory to the amendments

18 to consent agreement in the absence of a Board

19 Chair.

20 May I have a motion on that.

21 MEMBER MC NEIL: So moved.

22 CHAIRMAN SEWELL: Is there a second?

23 MEMBER DEMUZIO: Second.

24 CHAIRMAN SEWELL: And we can have a voice

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1 vote on that?

2 MS. MITCHELL: Yeah.

3 CHAIRMAN SEWELL: All in favor, aye.

4 (Ayes heard.)

5 CHAIRMAN SEWELL: Opposed?

6 (No response.)

7 CHAIRMAN SEWELL: Okay. It is established.

8 Let's go to -- okay -- approval of

9 transcripts.

10 May I have a motion to approve the

11 December 4, 2018, meeting transcript.

12 MEMBER MC NEIL: So moved.

13 CHAIRMAN SEWELL: Is there a second?

14 MEMBER MURPHY: Second.

15 CHAIRMAN SEWELL: All in favor, aye.

16 (Ayes heard.)

17 CHAIRMAN SEWELL: Opposed?

18 (No response.)

19 CHAIRMAN SEWELL: It is approved.

20 Now we have a presentation by the National

21 Kidney Foundation, insurance coverage for

22 dialysis.

23 MS. MITCHELL: Can I have the Board

24 members sit across the way like last time?

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

2 MS. CRAIG: Thanks so much for having us
3 today.

4 We are going to start by introducing
5 ourselves. I'm Megan Craig. I'm the director of
6 programs and interim co-CEO of the National Kidney
7 Foundation of Illinois. We're here to talk about
8 insurance.

9 So Brian O'Dea is going to do most of the
10 speaking.

11 MR. O'DEA: Hi. I'm Brian O'Dea. I'm a
12 board member and treasurer for the National Kidney
13 Foundation of Illinois. I'm a certified medical
14 practice executive, a CPA licensed to practice in
15 Illinois, and I'm the administrator for one of the
16 largest and oldest nephrology groups in the United
17 States.

18 DR. PECK: Hi there. I'm Dr. Andrew Peck.
19 I'm one of the nephrologists in the Mount Prospect
20 region. I've been practicing as a nephrologist
21 for eight years.

22 MR. O'DEA: I'd like to thank Chairman
23 Sewell and the Board members for having us in to
24 speak this morning. I think we know what we're

1 supposed to do. I just hope we can keep it
2 interesting for you.

3 Insurance coverage for dialysis was a
4 topic that you asked us to cover, so I'm going to
5 start with a little bit of history.

6 Dialysis was an experimental therapy, and
7 it was a controversial therapy when it first was
8 starting to come into rather regular use in the
9 1960s. A lot of nephrologists didn't want to put
10 money into dialysis because it's not a cure for
11 the disease. It doesn't cure the disease, but
12 it's a renal replacement therapy that's going to
13 keep the patients alive, so it is a lifesaving
14 therapy.

15 Illinois recognized that this was an
16 important therapy for its citizens. Because of
17 the scarcity of dialysis, there were actually
18 panels that would decide who would get dialysis
19 and who would not get dialysis. There could be --
20 a clergy member, social worker, members of the
21 community, a nephrologist, and folks with other
22 comorbidities in the late '60s, early '70s
23 couldn't get dialysis. They were considered too
24 sick to absorb this precious resource.

1 Illinois was very forward-thinking, and in
2 about 1970 they budgeted about \$2 million to pay
3 for dialysis for the citizens of Illinois. They
4 thought that would take care of the issue. Not
5 really. It costs about \$2 million to keep one
6 dialysis unit open those days.

7 In 1972, in front of Congress in
8 Washington, DC, a couple of dialysis patients
9 dialyzed on the floor of Congress, showing that
10 this is a safe, patent procedure that nobody's
11 questioning the efficacy of, and Congress expanded
12 coverage of Medicare for folks who were diagnosed
13 with end stage renal disease, ESRD. So the only
14 two ways you can get on Medicare right now,
15 I think, are to achieve your 65th birthday or be
16 diagnosed with ESRD.

17 Because of the expansion and, I think, the
18 compassion and the foresight of the Congress, this
19 has gone from an experimental, rare, tough therapy
20 to get to something that is accessible to most
21 people in the United States. So if you are
22 diagnosed with ESRD in this country, I believe you
23 will be dialyzed, regardless of your
24 circumstances.

1 Right now, fast-forwarding to today,
2 Medicare covers about 85 percent of the folks who
3 are on renal replacement therapies; Medicaid,
4 about 4 percent of the folks; private insurance,
5 about 10; and self-pay or no pay or folks who just
6 don't qualify for anything, about 1 percent.

7 Medicare doesn't really -- Medicare has
8 kind of an informal -- what I would say -- this is
9 more an opinion, so there will be some opinions
10 sprinkled through here -- doesn't really pay for
11 what it costs to provide a dialysis treatment.

12 If you look at the published notes of the
13 large dialysis corporations, the big behemoths out
14 there, Fresenius and DaVita, you'll see in their
15 public records it costs them about 250, \$260 to
16 provide a dialysis treatment in a fully formed,
17 populated unit.

18 Medicare pays about \$235 per treatment, so
19 they know that they're cost-shifting to the
20 private insurers. The private insurers will pay
21 more than that, and I think it's kind of a bargain
22 that they've struck with Medicare.

23 After 30 months on private insurance --
24 say you have private insurance with Blue Cross or

1 at Aetna; pick your poison -- after 30 months they
2 can -- what's called -- cross you over into
3 Medicare so they don't have to keep you on private
4 insurance for the length of the disease. And
5 because of that bargain, private insurers know
6 that they're going to be paying more to help shift
7 the cost from the taxpayers to the private
8 insurers.

9 Self-pay or no pay, it's always been --
10 I can only speak to our experience and to the
11 experience of NANI, and we have never refused any
12 patient for ability to pay. As a matter of fact,
13 we try to keep that blinded from the physicians
14 and keep that blinded from even our staff so there
15 is no question about this.

16 We realize that if folks don't get
17 dialyzed and folks don't get care, the outcome is
18 dire, and we don't want that to ever enter into
19 somebody's -- we don't want economics, whether
20 it's the cost of drugs or anything else, to enter
21 into the thinking of the physicians, so we try to
22 keep that blinded.

23 We've had a hard time with some of the
24 dialysis companies in taking folks who don't have

1 insurance. We've tried to negotiate deals with
2 them that says, "Okay. We'll put one in DaVita,
3 then we'll put one in Fresenius," and that's been
4 very difficult for us to negotiate.

5 But by and large, as I said earlier, in
6 this country I believe, despite your
7 circumstances, you can receive renal replacement
8 therapy.

9 Commercial payers -- I should have put on
10 that bullet point, also, Medicare -- see dialysis
11 patients as high cost and they are. I think in
12 Medicare -- in Medicare dialysis patients are
13 about 1 or 2 percent of the Medicare population
14 and they're about 8 to 10 percent of the cost, of
15 the total outlay for Medicare. And that's not
16 just for dialysis, though. Most people with
17 dialysis these days have a lot of comorbidities.
18 They've got other things wrong with them, and they
19 spend time in the hospital as well as being on
20 dialysis, and the cost of care for these
21 patients -- really, what I think are the sickest
22 of the sick -- is very high. But it's a decision,
23 again, that we have made, and I think it was the
24 right decision.

1 Commercial payers and CMS are looking at
2 ways to cut costs right now. CMS' Center for
3 Innovation has come up with advanced alternative
4 payment models, which are different ways to pay
5 dialysis providers and physicians -- and, again,
6 dialysis providers and physicians are not always
7 aligned. Despite they often come in front of your
8 Board together, they're not always aligned in the
9 way that they want to approach the treatment and
10 dialysis or approach the patient population or
11 approach the folks -- the citizens of Illinois.

12 The advanced alternative payment models
13 are trying to take -- are trying to change us from
14 a fee-for-service model where a physician or
15 dialysis provider gets paid for each time they see
16 a patient or each time they provide a dialysis
17 treatment -- which some folks think that
18 incentivizes them to have more volume, you know,
19 to see more people but -- to have more dialysis
20 treatments -- to pay for performance.

21 Pay for performance, it's a -- speaking
22 from our experience -- our group was one of the
23 original six ESCOs which is an advanced
24 alternative payment model in the country -- that's

1 an ESRD seamless care organization -- where we
2 took on risk for dialysis patients.

3 They assigned us about 2500 dialysis
4 patients who were in the Medicare program and
5 said, "This is what we think it's going to cost to
6 take care of them. If you can take care of them
7 for a lower cost with a superior quality
8 outcome" -- this isn't denying care. This is what
9 I was concerned about when the program was first
10 presented to us, it would be something like the
11 HMOs back in the '90s where they would say, "Okay.
12 You can't go see the doctor."

13 This is exactly the opposite of that
14 where, if a nephrologist expands the care not just
15 focusing on the kidney but making sure that the
16 diabetes is treated, all the other comorbidities
17 are treated to keep patients out of the hospital,
18 keep them healthier, then we can save the entire
19 system money.

20 The advanced alternative payment model for
21 ESRD patients, the ESCO, was a great success in
22 the first year, was a success in the second year.
23 We've entered 2019 and it sunsets in 2020, but
24 I think they're going to come up with a new

1 program or what they call ESCO 2 and that's going
2 to continue.

3 Some of the commercial payers have seen
4 the success of this, and commercial payers are
5 coming out with their own pay-for-performance
6 advanced alternative payment models, and some of
7 the large dialysis organizations are pushing
8 something called the PATIENTS Act, which is trying
9 to work its way through Congress, which would be a
10 codified experiment in pay for performance.

11 The American Kidney Patients and the
12 American Society of Nephrologists have come out
13 against the PATIENTS Act because they feel that it
14 puts too much power into the hands of the LDOs and
15 it doesn't incentivize transplants the way that
16 the American Kidney Patients would like to see
17 transplants incentivized.

18 And insurance companies now are entering
19 the market. They see the cost of what it costs
20 for their dialysis patients, and we have seen
21 early blueprints of some insurance companies that
22 are looking at opening up their own dialysis units
23 and trying to put patients in their units despite
24 the distance that it might take the patient to go

1 to those units.

2 So that's the pressure on the current
3 payment system and the changes that I see that are
4 going right now.

5 I tend to talk really fast. I'm from
6 New York originally, so if I'm going too fast,
7 please ask questions. I'll stop here to see if
8 there are any.

9 MEMBER MC GLASSON: Yes, please.

10 You mentioned the \$235 Medicare payment.

11 MR. O'DEA: Yes, approximately.

12 MEMBER MC GLASSON: Does that vary from
13 site to site? Do you do cost reports to have an
14 effect on the reimbursement for that individual
15 center?

16 MR. O'DEA: It can vary. I don't have
17 complete information on this.

18 I don't know -- I know there are cost
19 reports that the LDOs put in, and I think they get
20 reimbursed for patients that aren't paid
21 correctly. I think that might be a Medicaid cost
22 report, but I could be confused there.

23 You do get paid a little bit more for
24 comorbidities. So if CMS has a patient that is

1 more complex, more difficult, that they will --
2 they will increase that payment then.

3 But I don't think, even with a very
4 complex patient, that that payment is going to
5 eclipse what it costs to provide -- what it costs
6 the LDOs to provide the payments.

7 Do you want to --

8 DR. PECK: I can speak to that more
9 specifically.

10 I think that's an average. I would
11 imagine that, by unit, it probably does vary.

12 I think from our perspective it's
13 interesting to add that, you know, payment of
14 dialysis is important from a sort of global
15 perspective for it to exist in the first place,
16 but our priority is always focusing on the
17 individual care of each patient, so regardless of
18 the cost or ability to pay, that sort of care is
19 our priority.

20 MEMBER MC GLASSON: Thank you.

21 MEMBER MC NEIL: How about on proactive
22 medicine? Let's look at the patients themselves
23 and -- what can we do proactively, having met with
24 an endocrinologist last week, cardiologist, and a

1 kidney transplant surgeon -- there's a progression
2 and namely from diabetes, which is a disease from
3 the top down, eyes, then the kidneys.

4 And what can we do to back it up for
5 intervention on the front end, as you say, as we
6 go through the process?

7 MR. O'DEA: I think education is very
8 important, and that's one of the key roles of the
9 National Kidney Foundation of Illinois.

10 We have a KidneyMobile that we fund -- and
11 the State of Illinois helps us fund that -- where
12 we go out to areas, we test people and try to tell
13 them whether or not they are at risk for CKD,
14 which is the precursor to end stage renal disease,
15 chronic kidney disease. It's a silent killer.
16 You don't feel bad until you feel bad, and then
17 it's kind of too late.

18 We do outreach to primary care physicians
19 and endocrinologists. Our doctors will go at
20 lunchtime and do lunch and learns and say, "These
21 are the lab values that you need when you should
22 refer the patient to the nephrologist" -- and we
23 try to assure the doctors that we don't want to
24 take over the care of the patient; we just want to

1 care for the kidney and can help keep the patient
2 healthy.

3 But I think one of the issues is -- that
4 I'm concerned about -- is our culture is to keep
5 residual kidney function going. It's like I --
6 it's a little -- and this is a CPA talking
7 medicine, so please take it with a very big grain
8 of salt.

9 But it's a little bit like eyeglasses
10 where, if you put somebody on dialysis too early,
11 then their residual kidney function can go away,
12 and I think that can be the worst thing. And if
13 there's pressure for an unneeded unit, to try to
14 fill it up, then I worry about that sometimes.
15 But let me give you a real physician to answer
16 that question.

17 DR. PECK: But, no, I think you're
18 absolutely right. Sort of earlier management of
19 diabetes, of hypertension -- this is our main goal
20 in the office.

21 So, predialysis, this is our focus, to
22 maintain kidney function for as long as possible,
23 really use dialysis as a final, you know,
24 last-ditch effort to save lives because it's not

1 anything that anyone wants to go through, but for
2 people that need it, it is lifesaving.

3 MEMBER MC NEIL: Now, the national
4 statistic is about five years on dialysis, is the
5 average life span. It takes about 3.1 years to
6 get a kidney.

7 DR. PECK: Uh-huh. Or longer.

8 MEMBER MC NEIL: And then for -- or
9 longer. But that's average.

10 Then if you look at -- if a person doesn't
11 change their behavior and gets a new kidney, then
12 what happens?

13 So there's an entire process that you're
14 dealing with there, I would think.

15 DR. PECK: Yeah.

16 I think the transplant university centers
17 are really good at identifying who's a good
18 candidate for that. A kidney transplant is also
19 not a cure for kidney failure. It's another form
20 of renal replacement therapy with medications and
21 follow-up that's needed and, like you said,
22 adherence to a new medical protocol.

23 So, yes, it does require close follow-up.

24 MS. CRAIG: And just to add a more

1 national perspective, the National Kidney
2 Foundation has -- just last week, actually -- come
3 out with new guidelines and a new program to help
4 inform primary care physicians of when to refer to
5 nephrology because there is a large -- we saw a
6 large gap between being referred too early, so the
7 nephrologist kind of referred right back to
8 primary care, or, much more commonly, referring
9 too late.

10 There were signs of serious kidney issues
11 for a while -- protein in the urine, things that
12 we look for early on -- and the primary care
13 physicians weren't referring because they maybe
14 didn't recognize it as as much of an issue and
15 weren't keeping close enough track of the steady
16 decline -- because it is usually a steady
17 decline -- with exceptions. There are sometimes
18 when it's just -- the kidney function falls off
19 instantaneously -- or very quickly.

20 But with these new guidelines and this new
21 program, we are hoping that across the country and
22 in Illinois we'll be able to refer people earlier
23 to do things like preemptive transplants where
24 people don't go on dialysis at all, which improves

1 the long-term function of the transplanted kidney,
2 as well.

3 So we are working on it. We see the gap,
4 we see the issue, and we're trying to solve it.

5 CHAIRMAN SEWELL: Doesn't Medicare pay for
6 care for people diagnosed with ESRD regardless of
7 their age?

8 MR. O'DEA: Yes.

9 MS. CRAIG: However, the same is not true
10 for transplant. So transplant centers generally
11 will not take patients over a certain age.

12 MR. O'DEA: That's one of the issues that
13 we're working on with the Renal Physician
14 Association political action committee, is to get
15 drugs -- transplant rejection drugs paid for for
16 the life of the transport. They're only paid for
17 for a certain period of time now and then they
18 stop being paid for.

19 So you can get somebody a transplant, they
20 can get their drugs covered by insurance until a
21 date certain -- I'm sorry; I think it's two years
22 or three years --

23 MS. CRAIG: It's three years.

24 MR. O'DEA: Three years. Thank you.

1 -- and then they lose their insurance
2 coverage. And folks who can't afford their drugs
3 then lose their kidneys. It's terrible.

4 MEMBER MC NEIL: So we're talking about
5 two things. We're talking about monetary cost,
6 you being a CPA, and then we're talking about
7 human suffering and death within a given period --
8 well, for everybody -- a shorter period of time.

9 But the -- we've heard a number of like
10 \$97,500 a year for dialysis. Is that a true
11 number?

12 MR. O'DEA: I've heard it -- that's at the
13 high end of the range that I've heard. There are
14 different folks who have looked at this and done
15 studies.

16 I think it's closer to 83. You can figure
17 for -- it's about 36,000 for dialysis treatment,
18 and for the nephrologists -- an ESRD patient under
19 a nephrologist's care, if the nephrologist sees
20 him 4 times a month, 12 months a year, they'll
21 receive about \$3,000 for that effort.

22 The dialysis company -- if they -- if a
23 patient gets dialyzed, say, 144 times a year --
24 would receive about \$33,000 from CMS, and the rest

1 of that is hospitalization costs.

2 And I think that's why the advanced
3 alternative payment models have recognized this.
4 They feel, if nephrologists can take on more of
5 the care rather than just -- you know, they're
6 specially trained in the kidney and taking care of
7 the kidney. If they could expand that and take
8 care of the other comorbidities and help keep the
9 patient out of the hospital, we could save the
10 system a lot of money.

11 MEMBER MC NEIL: How about --

12 MR. O'DEA: Those costs are a lot higher
13 for commercial payers --

14 THE COURT REPORTER: I'm sorry. Excuse me
15 one second.

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

17 MR. O'DEA: And the costs that I quoted
18 are higher for in -- for commercial payers. These
19 are Medicare costs now that we're talking about.

20 THE COURT REPORTER: Thank you.

21 MEMBER MC NEIL: As a nephrologist, then,
22 versus going in three times a week for
23 approximately four hours per session versus
24 in-home seven days a week, difference in cost and

1 difference in effectiveness.

2 DR. PECK: Costs I don't know that I can
3 speak to.

4 I think the main benefit is lifestyle.
5 Patients who have to go someplace three times a
6 week, like you said, for three to four hours sort
7 of start viewing that as a part-time job; whereas,
8 being able to be patient driven, providing most of
9 your own care at home, sort of allows them to take
10 ownership of that, to be more independent.

11 So we find that those patients do better,
12 perhaps in part because they are so motivated and
13 have taken ownership and sort of recognized that
14 being an active participant in their care allows
15 them to do better and be more independent and stay
16 out of the hospital. So it's sort of a different
17 population to a degree.

18 But, yeah, I'm not sure I can speak to the
19 costs of those two.

20 MR. O'DEA: As far as the costs, if you
21 just look at what it costs the system to take care
22 of somebody who's on home therapy versus in-center
23 therapy, the studies that I've seen, it's cheaper
24 for somebody that's on home therapy.

1 Now, I'm not sure about the cart and the
2 horse here because you have to be fairly healthy;
3 you have to have a big enough home to keep all the
4 supplies. Often, if you're -- especially if
5 you're going to be on home hemo, you're going to
6 need a partner to help you with the therapy.

7 So are these folks who are more interested
8 in their health to begin with and are healthier
9 because of that? Or is it the home therapy that's
10 making them more healthy?

11 CMS is trying to encourage home therapies.
12 If you put somebody on in-center hemo, CMS will
13 not pay you for the first 90 days, but they'll pay
14 you from Day One if somebody is on home therapy.

15 MEMBER MC NEIL: Could we provide, as a
16 society, more help for those who would do in-home,
17 rather than letting them do it all themselves but
18 having a technician come in to help them
19 X number -- would that be another way of dealing
20 with it?

21 DR. PECK: I think the loss in that -- in
22 having an individual, you know, actually go to a
23 home to provide that -- you lose out on some of
24 the efficiencies of being able to provide it

1 in-center. So I can't remember what the ratios
2 are, but, you know, if you can have one nurse
3 overseeing like two to four patients, that's
4 different than having someone have to go to each
5 patient's individual homes. I think the costs
6 associated with doing it that way would be much
7 higher.

8 I think part of the reason maybe costs at
9 home are less is because they're sort of able to
10 take on more of that role and to take that active
11 role.

12 MR. O'DEA: I believe there's been some
13 local coverage determinations with Medicare, too,
14 that says if somebody -- if they're paying for the
15 dialysis treatment at home, they will not also pay
16 for a home caregiver. Some of them say they want
17 one or the other.

18 MEMBER MC NEIL: We've heard a number like
19 67,000 at home or 60-some thousand at home versus
20 97- or 83-, as you say, so there is about a
21 25 percent gap there, somewhere in that
22 neighborhood.

23 MR. O'DEA: I think that's largely the
24 hospitalizations.

1 MEMBER MC NEIL: Oh.

2 DR. PECK: And that's another good point.
3 The patients who are doing it in-home are faring
4 better and staying out of the hospital more often,
5 and so costs are lower associated with taking care
6 of those folks since they're staying home more
7 often.

8 MS. CRAIG: But, again, there's a
9 difference in the kind of patient, in general, who
10 is capable of and willing to do home hemo or home
11 peritoneal dialysis.

12 DR. PECK: Certainly.

13 MR. O'DEA: What we're hoping for, too, is
14 the new ESCO from CMS, that we're going to expand
15 it -- that CMS will choose to expand and go back
16 into CKD so that we can start looking at these
17 patients not only when their kidneys have failed
18 and they aren't being dialyzed but there can be
19 incentives for the nephrologists to take care of
20 CKD patients and keep them off of dialysis.

21 We don't want to see any incentive for
22 somebody to feel like they have to fill up a
23 center that is -- you know, may or may not have a
24 need.

1 CHAIRMAN SEWELL: Okay. We're going to
2 reconvene, and it's the point on the agenda for
3 public participation.

4 Jeannie.

5 MS. MITCHELL: May I have the first group
6 come up for Project 18-037, Cicero Dialysis.

7 Yolanda Gonzalez, Regina McPheeters,
8 Felicia Rivera, Evelyn Shumate, and Amber White.

9 You will be given two minutes each to
10 speak, and you do not have to speak in the order
11 in which you were called. You can speak in any
12 order. And when you begin your -- before you
13 begin your comments, if you can spell your name
14 for the benefit of the court reporter, that would
15 be great.

16 And if you have handwritten comments, if
17 you could please give it to Mike Constantino --

18 Mike, can you raise your hand?

19 Right there. And that's also for the
20 benefit of the court reporter so that she can make
21 sure that she types everything you say correctly.

22 Thank you.

23 MEMBER MC GLASSON: Again, this was --
24 what group are we talking on?

1 MS. MITCHELL: Cicero Dialysis,
2 Project 18-037.

3 MEMBER MC GLASSON: Thank you.

4 MS. GONZALEZ: My name is Yolanda
5 Gonzalez, and I support DaVita Cicero Dialysis.

6 Life is hard for people with kidney
7 failure. We, as Hispanics, are vulnerable to it,
8 and it hurts our poor the most, people already
9 struggling to survive.

10 Mexicans here are adopting the American
11 way of life. My son José Orduna is a university
12 professor who studies immigration, and he calls
13 this situation acculturation. This seems like a
14 good thing, but the American diet has been bad for
15 the health of Mexicans who are at a high risk of
16 diabetes.

17 Due to cultural barriers and lack of
18 access to care, poor people often wait to get care
19 until their sickness is irreversible. Kidney
20 failure affects Hispanics and African-Americans at
21 rates far more than it affects the general public.
22 Nearly 70 percent of people in Cicero are
23 minorities. 94 percent of the patients at the
24 Cicero Avenue clinic, which is full, are black or

1 Hispanics.

2 As you know, dialysis is not easy. It is
3 a struggle to be well, to pay for care, to find
4 transportation, to get to the clinic three times a
5 week, to balance your illness with your life and
6 your job. All of this is much, much harder when
7 there are not enough dialysis treatment times.
8 This is the case in Cicero.

9 Put yourself in the position of these
10 patients. If you do miss a session, you cannot
11 always make the treatment up, so the toxins build
12 in your body and you may be hospitalized. It is
13 so unnecessary with providers like DaVita ready to
14 meet the demand.

15 Please approve Cicero Dialysis.

16 CHAIRMAN SEWELL: Thank you.

17 MS. RIVERA: Felicia Rivera, F-e-l-i- --

18 MS. MITCHELL: Can you please use the
19 microphone?

20 MS. RIVERA: Sorry.

21 F-e-l-i-c-i-a. Last name, Rivera,
22 R-i-v-e-r-a.

23 I'm Felicia Rivera. And as a Puerto Rican
24 whose community is disproportionately affected by

1 kidney disease, I am here to support the DaVita's
2 planned Cicero clinic.

3 The Health Impact Collaborative of
4 Cook County study is a collaborative west suburban
5 effort including local health departments and --

6 THE COURT REPORTER: Use the microphone,
7 please.

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

9 MS. RIVERA: -- other social service
10 agencies spearheaded by Loyola Medical Center.

11 Loyola collected health to show that there
12 are many health and social issues affecting
13 people's health in Cicero. The study emphasizes
14 that social and structural determinants of health,
15 such as poverty, unequal access to community
16 resources, unequal education funding and quality,
17 racism, and environment are root causes of health
18 inequities. These inequities create health
19 disparities and impact access to screening and
20 preventative health services. Overall, Cicero
21 fares worse on most of the indicators than all of
22 suburban Cook County as a whole.

23 We have the most basic problems like food
24 insecurity. Many Cicero kids don't eat lunch --

1 or don't get lunch on days that they don't go to
2 school, yet they are also obese due to limited
3 food choices.

4 Loyola set obesity and access to care as
5 priorities, but it is not clear that they have
6 made progress due, in part, to the State budget
7 cuts impacting access. Of tens of thousands
8 lacking access, only 600 people a year get primary
9 care with the Loyola Access to Care program.

10 Also, Loyola is working to get more people
11 enrolled in Medicaid, but the State, to say it
12 nicely, is slow to process applications for
13 eligible poor people.

14 Adding a clinic in Cicero is essential.
15 This is especially true for Puerto Ricans who,
16 with assimilation, stray from their more healthy
17 native diets. People suffering from health
18 inequities need better access. With schedule
19 availability, some miss work for appointments,
20 many have unreliable cars --

21 MR. ROATE: Two minutes.

22 MS. RIVERA: Thank you.

23 MS. SHUMATE: My name is Evelyn Shumate --
24 E-v-e-l-y-n; Shumate spelled S-h-u-m-a-t-e -- and

1 I urge you to approve DaVita's proposed dialysis
2 clinic in Cicero.

3 Kidney disease has affected my family in
4 more ways than one, and I hope that by sharing my
5 story, it will help you to understand the
6 importance of dialysis access for patients.

7 As you may know, Hispanic and
8 African-American individuals are impacted by
9 kidney disease more than any other group in the
10 United States. Relatedly, we are also
11 disproportionately impacted by hypertension,
12 diabetics, and lupus that often lead to kidney
13 disease, and health care's adversely impacted by
14 lack of income, education, and health insurance.

15 This is a serious problem, and there is no
16 simple solution. With kidney transplants there is
17 a major shortage of kidneys available, and there
18 are also serious complications that can develop.
19 Our family tragedy: My sister had a transplant
20 but died from cancer caused from her antirejection
21 drugs. My mom's kidney does not work. Dialysis
22 is sparing her life, but it is only an option for
23 her if she has help getting to her appointments.

24 I take her to her appointments every

1 Friday. Thank God I have other family to share
2 this responsibility with, and I am also lucky that
3 my job as a home care aide accommodates this
4 routine so I don't lose wages. From my house to
5 my mom's house and to dialysis is well over
6 an hour one way. Even with our best efforts and
7 her treatments, my mother is frequently
8 hospitalized.

9 For many people when something comes up --
10 a car breaks down, a coworker needs coverage, the
11 patient wakes up feeling very ill, or life somehow
12 otherwise gets in the way -- people miss
13 treatments. When clinics are full, they cannot
14 make these treatments up, and they are often
15 hospitalized again. These costly hospitalizations
16 can be avoided with better access to dialysis
17 care.

18 The difference to my mom's health and the
19 health of others in her community would be night
20 and day if there were additional dialysis options
21 close to her home and with better treatment time
22 and availability.

23 Please approve Cicero Dialysis to help
24 families like mine. We really need this in the

1 neighborhood.

2 MS. WHITE: Hello. My name is Amber White,
3 A-m-b-e-r W-h-i-t-e, and I'm a registered nurse at
4 Methodist Hospital. I ask you to please approve
5 DaVita's proposed dialysis clinic in Cicero.

6 Throughout my career as a nurse, I've seen
7 many disease processes and how they affect the
8 kidneys. Some of the more notable disease
9 processes affecting the kidneys are leading to
10 renal failure such as autoimmune diseases like
11 lupus, nephritis, hypertension, and Type 2
12 diabetes.

13 According to DialysisPatients.org, there
14 are currently 18,147 people on dialysis in the
15 state of Illinois. According to the US Renal Data
16 System, of all 50 states, end stage renal disease
17 is most prevalent in the state of Illinois.

18 Due to the alarming disparity, the supply
19 of clinics compared to the population is in the
20 bottom one-third of all states. And as long as
21 there continues to be people who are noncompliant
22 in treating their hypertension, Type 2 diabetes,
23 and autoimmune diseases like lupus, centers like
24 Cicero Dialysis will continue to be an important

1 component of the community of Cicero and other
2 communities across the country to serve the
3 ever-growing population of dialysis patients.

4 As a health care provider, I can, too,
5 serve the people in the community through
6 educating them about how, in addition to being
7 compliant with their dialysis treatment, they can
8 also improve their overall health by cutting out
9 high cholesterol, high-fat processed foods out of
10 their diet, engaging in exercise three or
11 four times per week, getting rid of soda
12 and other high fructose food and drinks,
13 controlling their diabetes and hypertension by
14 eating a cardiac-friendly diet that includes
15 plenty of fruits and vegetables while also
16 following the medication regimen prescribed by
17 their health care provider, assuming they are
18 fortunate enough to have a primary care provider.

19 Until we, as individuals, become more
20 accountable for our state of health and well-being
21 by becoming more proactive instead of reactive
22 about our kidney function, communities across the
23 country like Cicero will continue to rely on
24 clinics developed by DaVita and other providers

1 because clinics like DaVita provide quality care
2 and empower patients to take critical steps to
3 improve clinical outcome and each patient's
4 quality of life.

5 MR. ROATE: Two minutes.

6 MS. WHITE: Thank you.

7 CHAIRMAN SEWELL: Thank you.

8 MS. MITCHELL: The next group --

9 THE COURT REPORTER: Wait.

10 MS. MITCHELL: Oh, sorry. My apologies.

11 MS. MC PHEETERS: I was distracted.

12 Regina McPheeters, R-e-g-i-n-a
13 M-c-P-h-e-e-t-e-r-s. I'm Regina McPheeters and
14 I support the proposed DaVita Cicero Dialysis
15 clinic.

16 Many Cicero residents are poor, and they
17 don't have access to a regular doctor, which is
18 essential to provide -- preventing chronic
19 illnesses that cause kidney failure, mainly
20 diabetes and hypertension. Cicero is designated
21 by the Federal government as a low-income health
22 professional shortage area.

23 I lost my mother-in-law to kidney failure,
24 and I have a family friend, only 35, who is obese

1 and was recently diagnosed with diabetes and
2 hypertension. He does not have health insurance,
3 so he delayed seeking treatment, and now his
4 condition has become serious and he's at risk for
5 renal failure. This is the sad reality for so
6 many people living in Cicero, which also has a
7 higher demand for kidney care due to the
8 demographics of the community.

9 While it wasn't opened long ago, the one
10 clinic in Cicero is full. So unless organ
11 donation becomes mandatory -- which we know that
12 won't happen -- transplants simply will not be a
13 viable option to address the demand for care.
14 This clinic will go a long way to addressing the
15 current demand for Cicero residents, and they will
16 be fortunate to receive their care with DaVita if
17 this Board approves its plan.

18 Your job today is important. Please don't
19 take your responsibility -- the responsibility
20 lightly and vote yes for the DaVita Cicero
21 Dialysis clinic.

22 Thank you.

23 CHAIRMAN SEWELL: Thank you.

24 MS. MITCHELL: Next group, for

1 Project 18-039, Fresenius Kidney Care Grayslake,
2 Leon Sujata, Bill Brennan, and Laura Pone.

3 Laura, I think you're for this project,
4 but if you're not for this project, just please
5 say which project you're speaking on behalf of.

6 And, again, when you begin -- before you
7 begin your remarks, if you could spell your name
8 for the court reporter, and you each will have
9 two minutes.

10 DR. SUJATA: Good morning. My name is
11 Dr. Leon Sujata, L-e-o-n S-u-j-a-t-a. I'm a
12 nephrologist with NANI and the medical director of
13 the DaVita Lake County facility in Vernon Hills.

14 My facility is only a 20-minute drive from
15 the proposed Fresenius Grayslake facility. I also
16 have a chronic kidney disease clinic in Grayslake,
17 approximately half a mile from the proposed site.
18 I am here to testify in opposition to the proposed
19 Grayslake facility.

20 As you may recall, I appeared before you
21 previously to discuss the service area and the
22 excess stations that currently exist. According
23 to your calculations, approximately 55 stations --
24 excess stations -- exist in this HSA. To my

1 knowledge, this is the highest excess in the state
2 of Illinois.

3 I know you will hear a lot about excess
4 stations, but I'd like to provide you with a more
5 clear picture of what this means for providers
6 like myself who are practicing medicine and
7 treating patients in the area.

8 Too many stations spread out over too many
9 facilities actually harms everyone. It's bad for
10 doctors, staff, economics, and for maintaining
11 quality care and, most importantly, the patients.
12 In the past my colleague, Dr. Din, another medical
13 director with DaVita, has also spoken on this
14 issue.

15 I know the area and I can confidently
16 state that there is no additional need for
17 stations in Grayslake. I can tell you that there
18 are open stations at my unit and nearby Fresenius
19 in Mundelein which are nowhere near the State's
20 target utilization rate. There are other
21 facilities that have been approved but are not yet
22 open. In addition, there's another facility
23 nearby that recently opened. Adding more at this
24 point doesn't make sense.

1 Approving this would further exacerbate
2 capacity issues that the facilities in the area
3 face and would ultimately affect patient care
4 available to those that need it. Practically
5 speaking, one of the major issues in Lake County
6 currently is finding an adequate number of staff
7 to staff these new clinics. We're already having
8 trouble finding experienced dialysis nurses. By
9 spreading more patients over more clinics, we need
10 more nurses --

11 MR. ROATE: Two minutes.

12 DR. SUJATA: Thank you again for hearing
13 me, and I urge you to oppose the Fresenius
14 Grayslake application.

15 MS. PONE: Good morning. My name is
16 Laura Pone, P-o-n-e, and I oppose the proposed
17 Fresenius Grayslake facility.

18 The proposed facility is 20 minutes away
19 from the DaVita Lake Villa location that has
20 capacity and is only 15 minutes away from the
21 DaVita North Dunes facility which is not slated to
22 open until 2020 and will be able to accommodate
23 the patients identified in this application.

24 The recent approval of the North Dunes

1 facility at your October meeting marked the
2 third dialysis facility to open in the Waukegan
3 area next door to Grayslake.

4 There are many reasons why this
5 application is different than the North Dunes
6 facility. The North Dunes facility targeted
7 Waukegan, a highly populated area and one of the
8 most population-dense communities within the
9 planning area. Grayslake has 20,000 residents,
10 Waukegan 90,000.

11 The North Dunes facility received
12 comprehensive support from community stakeholders
13 like Vista Health System, area family health
14 centers, as well as political and business
15 leaders. The Grayslake application has only seen
16 support from a handful of practitioners in the
17 planning area.

18 Your staff report shows an excess of
19 55 stations in the HSA. In this HSA there are
20 eight facilities already operating and North
21 Dunes, which has not even been constructed yet.
22 There are shifts and stations that are available
23 for new patients in existing facilities. For
24 anyone to state otherwise would be a

1 misrepresentation of the facts.

2 I appreciate how this Board gives people
3 in the community the chance to appear before you
4 and describe what you have only read about in the
5 application. The insight is invaluable and the
6 opportunity is meaningful.

7 Quite simply, there's not a need for an
8 additional facility in the planning area.
9 Approval of this facility would increase the
10 already large excess in the planning area to
11 67 stations. This would be detrimental to
12 existing facilities and those like North Dunes
13 that are not even operational yet.

14 I thank you for your time and willingness
15 to consider my comments as you vote on this
16 project. I respectfully request that you vote no
17 on the Fresenius Grayslake project as there is no
18 need for additional stations in the area.

19 Thank you.

20 MR. BRENNAN: Hello. My name is Bill
21 Brennan, B-r-e-n-n-a-n. I work with Dr. Din, the
22 medical director for a DaVita facility in
23 Waukegan, just a few short miles from the proposed
24 facility. I'm here to testify in opposition to

1 the proposed Fresenius Grayslake facility.

2 As a medical director already working just
3 a few minutes away from the -- from -- from this
4 facility, Dr. Din would confidently state today
5 there's no need for additional stations in the
6 planning area.

7 Your staff report shows an astonishing
8 excess of 55 stations in the HSA; however,
9 I wanted to highlight an interesting -- some
10 interesting information that was included in the
11 application.

12 Looking at page 53, you will see where the
13 applicant believes the proposed patients for the
14 facility -- where they will come from.
15 Importantly, they will come from communities
16 mostly outside Grayslake. The applicant says it
17 will serve nine patients from Mundelein, but you
18 can see in the staff report that there's an
19 existing Fresenius facility in Mundelein that is
20 underutilized. The applicant also states that
21 eight patients will come from Round Lake. Well,
22 there's another existing facility not at capacity,
23 not to the mention the newly approved DaVita North
24 Dunes application, which is 15, 20 minutes away.

1 This is further evidence that the facility is
2 simply not needed and that the patients can be
3 easily accommodated at other facilities.

4 Finally, the application states that it
5 will serve 12 patients from the Grayslake area.
6 These patients, again, can be easily accommodated
7 in several facilities within the service area.
8 12 patients is hardly enough to justify another
9 facility in the HSA that already has such a large
10 excess of stations.

11 Waukegan is right next door to the --
12 to -- Waukegan is right next door to Grayslake and
13 has three facilities. I know directly from our
14 doctors they can accommodate these patients from
15 Grayslake.

16 Dr. Din offers the perspective of someone
17 who has boots on the ground every day providing
18 care to patients in this community --

19 MR. ROATE: Two minutes.

20 MR. BRENNAN: -- and she would oppose this
21 project.

22 Thank you.

23 CHAIRMAN SEWELL: Thank you.

24 MS. MITCHELL: Thank you. If you could --

1 again, if you have written comments, if you can
2 give them to Mike, that concludes public
3 participation.

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Transcript of Open Session Meeting
Conducted on January 15, 2019

53

1 CHAIRMAN SEWELL: Next are items for
2 State Board action.

3 Permit renewal requests. The first one is
4 A-01, Project No. 17-018, DuPage Vascular Care.

5 MS. MITCHELL: Please don't forget to
6 sign in.

7 CHAIRMAN SEWELL: Are you ready?

8 I need a motion to approve a 24-month
9 permit renewal for Project No. 17-018, DuPage
10 Vascular Care in Woodridge.

11 MEMBER DEMUZIO: Motion.

12 CHAIRMAN SEWELL: Is there a second?

13 MEMBER MURPHY: Second.

14 CHAIRMAN SEWELL: All right. And I see we
15 have people here to represent the Applicant. They
16 need to be sworn in.

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

19 (Two witnesses sworn.)

20 THE COURT REPORTER: Thank you.

21 CHAIRMAN SEWELL: And could you also
22 identify yourselves.

23 MR. SILBERMAN: Mark Silberman on behalf
24 of the Applicant.

1 MR. MORADO: Juan Morado on behalf of the
2 Applicant.

3 CHAIRMAN SEWELL: State agency report.

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

5 In September of 2017 the State Board
6 approved Permit No. 17-018. The permit authorized
7 the establishment of an ASTC in Woodridge,
8 Illinois. The cost of the project was
9 \$1.1 million.

10 The permit holders are before you today
11 asking for a 24-month permit renewal until
12 December 1st, 2020.

13 Thank you, sir.

14 CHAIRMAN SEWELL: Any comments for the
15 Board?

16 MR. SILBERMAN: Very briefly, just to
17 provide the background and to remind the Board
18 this is a surgery center that was approved to
19 focus on vascular access procedures, very relevant
20 to what we've been discussing today.

21 And when we appeared before you, we
22 discussed the changes in reimbursement that had
23 driven these procedures out from the physician
24 practices to push them into surgery centers and

1 hospitals.

2 In the interim there was the discussion of
3 some potential reimbursement changes that would
4 have called into question some of the
5 representations that were made to the Board, and
6 so while that was in flux the project was slowed
7 down to make sure that we would be able to meet
8 the commitments that we had described to the
9 Planning Board.

10 We are pleased to let you know the
11 financial changes that were being discussed are
12 not happening. All of the representations that
13 were made still hold true, and for that reason the
14 project is proceeding full ahead.

15 We have obligated; we have filed our
16 notice of financial commitment; we have signed the
17 lease. The delay has not impacted the changes or
18 the likely expense, and, therefore, we are full
19 force ahead.

20 This is our first renewal request, and we
21 would hope the Board would approve.

22 CHAIRMAN SEWELL: Any questions for the
23 Applicant from Board members?

24 (No response.)

1 CHAIRMAN SEWELL: If not, could we have a
2 roll call?

3 MR. ROATE: Thank you, sir.
4 Senator Demuzio.

5 MEMBER DEMUZIO: Yes, based upon the
6 testimony I've heard from the Applicants to go
7 forward. And I vote yes.

8 MR. ROATE: Thank you.
9 Mr. McGlasson.

10 MEMBER MC GLASSON: Yes, based on the
11 testimony.

12 MR. ROATE: Thank you.
13 Dr. McNeil.

14 MEMBER MC NEIL: Yes, based on the
15 testimony and report.

16 MR. ROATE: Thank you, sir.
17 Ms. Murphy.

18 MEMBER MURPHY: Yes, based on today's
19 testimony.

20 MR. ROATE: Thank you.
21 Chairman Sewell.

22 CHAIRMAN SEWELL: Yes. It's consistent
23 with the State agency report.

24 MR. ROATE: 5 votes in the affirmative.

1 MR. SILBERMAN: Thank you.

2 MR. MORADO: Thank you.

3 MS. MITCHELL: I just want to make a brief
4 statement.

5 Normally first-time exemptions don't come
6 before the Board. But because we do not have a
7 Board Chair at the current moment, we do not have
8 someone that can approve these in the absence of
9 the Board, so we need to present this to the full
10 Board.

11 So just please bear with us as we go
12 through these housekeeping measures.

13 CHAIRMAN SEWELL: Yeah. I'm a substitute
14 for the absent Chair.

15 MS. MITCHELL: A great substitute.

16 CHAIRMAN SEWELL: Thank you very much.

17 MS. MITCHELL: You're welcome.

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Transcript of Open Session Meeting
Conducted on January 15, 2019

58

1 CHAIRMAN SEWELL: Next on the agenda is
2 A-02, Project No. 17-021, AMITA Health Woodridge.

3 Oh, "medical office building." That's
4 what the "MOB" is. I'm sorry.

5 Okay. May I have a motion to approve a
6 20-month permit renewal for Project No. 17-021,
7 AMITA Health Woodridge medical office building.

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER DEMUZIO: Second.

11 CHAIRMAN SEWELL: All right.

12 We have someone here to represent the
13 Applicant.

14 Could you identify yourself.

15 MR. AXEL: Good morning. I'm Jack Axel
16 representing the Applicant this morning.

17 I'm happy to answer any questions.

18 CHAIRMAN SEWELL: You need to be sworn in.

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

21 (One witness sworn.)

22 THE COURT REPORTER: Thank you.

23 CHAIRMAN SEWELL: State agency report.

24 MR. CONSTANTINO: In July of 2017 the

1 State Board approved Permit No. 17-021. The
2 permit authorized the establishment of a medical
3 office building at a cost of approximately
4 \$28.8 million.

5 The permit is obligated and this is the
6 first permit renewal request for these permit
7 holders. The permit holders asking for a 20-month
8 permit renewal from January 31st, 2019, to
9 September 30th, 2020.

10 Thank you, sir.

11 CHAIRMAN SEWELL: All right. And I
12 understand you're just prepared to answer questions.

13 MR. AXEL: I'm happy to answer questions.

14 CHAIRMAN SEWELL: Any questions by Board
15 members?

16 (No response.)

17 CHAIRMAN SEWELL: If not, roll call.

18 MR. ROATE: Thank you, sir.

19 Motion made by McNeil; seconded by
20 Demuzio.

21 Senator Demuzio.

22 MEMBER DEMUZIO: Yes. I vote yes due to
23 the fact that this is a renewal on the permit.

24 MR. ROATE: Thank you.

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1 Mr. McGlasson.

2 MEMBER MC GLASSON: Yes, based on the --
3 I really don't know what I'm basing it on.

4 (Laughter.)

5 MEMBER MC GLASSON: Other than -- other
6 than the fact that it would have happened without
7 our discussion.

8 MS. MITCHELL: And the report?

9 MEMBER MC GLASSON: And the report.

10 MR. ROATE: Dr. McNeil.

11 MEMBER MC NEIL: Yes, based on the staff
12 report.

13 MR. ROATE: Thank you.

14 Ms. Murphy.

15 MEMBER MURPHY: Yes, based on the report.

16 MR. ROATE: Thank you.

17 Chairman Sewell.

18 CHAIRMAN SEWELL: I vote yes. There were
19 no findings.

20 MR. ROATE: Thank you.

21 That's 5 votes in the affirmative.

22 MR. AXEL: Thank you.

23 CHAIRMAN SEWELL: Thank you.

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1 CHAIRMAN SEWELL: Next is A-03, Project
2 No. 17-017, Provident Hospital of Cook County.

3 I don't think there's anyone here.

4 May I have a motion to approve a 12-month
5 permit renewal for Project No. 17-017, Provident
6 Hospital of Cook County, Chicago.

7 MEMBER MC NEIL: So moved.

8 CHAIRMAN SEWELL: Is there a second?

9 MEMBER MURPHY: Second.

10 CHAIRMAN SEWELL: All right.

11 State agency report.

12 MR. CONSTANTINO: In November of 2017 the
13 State Board approved Permit No. 17-017. The
14 permit authorized the establishment of a
15 12-station ESRD facility at Provident Hospital in
16 Chicago. The estimated cost of the project is
17 approximately \$2.2 million.

18 This is the first permit renewal request
19 for this permit. They're approximately 1 percent
20 completed. They've just sent -- just provided RFP
21 for the construction of the ESRD facility.

22 The reason for the delay was the
23 completion of the construction work on the
24 pharmacy at Provident Hospital.

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1 Thank you, sir.

2 CHAIRMAN SEWELL: All right. Any comments
3 from Board members?

4 (No response.)

5 CHAIRMAN SEWELL: If not, roll call.

6 MR. ROATE: Thank you, sir.

7 Motion made by McNeil; seconded by Murphy.
8 Senator Demuzio.

9 MEMBER DEMUZIO: Yes. Based upon the fact
10 that this is a request for a renewal, I vote yes.

11 MR. ROATE: Thank you.

12 Mr. McGlasson.

13 MEMBER MC GLASSON: Yes, based on the
14 State report.

15 MR. ROATE: Thank you.

16 Dr. McNeil.

17 MEMBER MC NEIL: Yes, based on the State
18 report and the need to finish the rest of the
19 99 percent of the project.

20 MR. ROATE: Thank you.

21 Ms. Murphy.

22 MEMBER MURPHY: Yes, based on the report.

23 MR. ROATE: Thank you.

24 Chairman Sewell.

1 CHAIRMAN SEWELL: I vote yes. There are
2 no findings.

3 MR. ROATE: Thank you.

4 That's 5 votes in the affirmative.

5 CHAIRMAN SEWELL: Motion's approved.

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1 CHAIRMAN SEWELL: The next project is
2 A-04, Project No. 15-056, Transitional Care of
3 Lisle.

4 May I have a motion to approve an 18-month
5 permit renewal project for Project No. 15-056,
6 Transitional Care of Lisle.

7 MEMBER MC NEIL: So moved.

8 CHAIRMAN SEWELL: Is there a second?

9 MEMBER MURPHY: Second.

10 CHAIRMAN SEWELL: All right. Could you
11 identify yourselves.

12 MR. SHEETS: Charles Sheets and
13 Anne Cooper on behalf of the Applicants.

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

16 (Two witnesses sworn.)

17 THE COURT REPORTER: Thank you.

18 CHAIRMAN SEWELL: Thank you.

19 Staff report.

20 MR. CONSTANTINO: Thank you, sir.

21 In May of 2016 the State Board approved
22 Permit No. 15-056 for the construction and
23 establishment of a 68-bed long-term care facility
24 in Lisle, Illinois.

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1 The permit is obligated and the current
2 completion date is December 31st, 2018. The
3 approximate cost of the project is \$15.8 million.

4 This is the first permit renewal for this
5 project. The permit holders are asking for an
6 18-month permit renewal, until June 30th, 2020.
7 The reason for the permit renewal was litigation
8 concerning the CON permit.

9 Thank you, sir.

10 CHAIRMAN SEWELL: Any comments for the
11 Board?

12 MR. SHEETS: No. I'll just be happy to
13 answer any questions you might have.

14 CHAIRMAN SEWELL: Board members have any
15 questions?

16 (No response.)

17 CHAIRMAN SEWELL: Roll call, George.

18 MR. ROATE: Thank you, sir.

19 Motion made by McNeil; seconded by Murphy.
20 Senator Demuzio.

21 MEMBER DEMUZIO: Yes, based upon the
22 report.

23 MR. ROATE: Thank you.

24 Mr. McGlasson.

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1 MEMBER MC GLASSON: Yes, based on the
2 report.

3 MR. ROATE: Thank you.

4 Dr. McNeil.

5 MEMBER MC NEIL: Yes, based on the report.

6 MR. ROATE: Thank you.

7 Ms. Murphy.

8 MEMBER MURPHY: Yes, based on the report.

9 MR. ROATE: Thank you.

10 Chairman Sewell.

11 CHAIRMAN SEWELL: I vote yes; no findings.

12 MR. ROATE: Thank you.

13 That's 5 votes in the affirmative.

14 CHAIRMAN SEWELL: Thank you.

15 MR. SHEETS: Thank you.

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1 MS. MITCHELL: The remaining two are
2 second-time permit renewal requests so -- these
3 would have to come before the Board, so I just
4 want you to make the distinction.

5 CHAIRMAN SEWELL: Good to know.

6 The next project is A-05, Project
7 No. 15-008, Applewood Rehabilitation Center. This
8 is the second request on this project.

9 May I have a motion to approve a six-month
10 permit renewal for Project No. 15-008, Applewood
11 Rehabilitation Center in Matteson.

12 MEMBER DEMUZIO: Motion.

13 CHAIRMAN SEWELL: Is there a second?

14 MEMBER MURPHY: Second.

15 MEMBER MC NEIL: Second.

16 CHAIRMAN SEWELL: Okay. Could you
17 identify yourselves.

18 MR. KNIERY: Yes. Good morning.

19 My name is John Kniery, K-n-i-e-r-y,
20 CON consultant. With me today is Tom Winter,
21 representing the Applicant, and to his right is
22 Mr. Joe Ourth, legal counsel for the Applicant.

23 THE COURT REPORTER: Would you raise your
24 right hands, please.

1 (Three witnesses sworn.)

2 THE COURT REPORTER: Thank you.

3 CHAIRMAN SEWELL: All right. Thank you.

4 State Board staff report.

5 MR. CONSTANTINO: Thank you, sir.

6 In June of 2015 the State Board approved
7 Permit No. 15-008. The permit authorized a
8 modernization/construction project and to add an
9 additional 39 long-term care beds for a total of
10 154 long-term care beds in Matteson, Illinois.

11 The project is obligated and the current
12 project's completion date is December 31st, 2018.
13 The anticipated cost of the project is
14 approximately \$10.3 million. The permit holders
15 are asking for a six-month renewal, from
16 December 31st, 2018, to June 30th, 2019.

17 Thank you, sir.

18 CHAIRMAN SEWELL: All right.

19 Any comments for the Board?

20 MR. KNIERY: Yes, please. I'll try to be
21 brief.

22 As Mike said -- Mr. Constantino said --
23 this project is a modernization and expansion of
24 an existing nursing home.

1 And I'd like Mr. Winter to address, just
2 briefly, the project's status. Essentially, the
3 project is complete and awaiting final IDPH
4 licensure.

5 MR. WINTER: In August we were 99 percent
6 complete on the construction and renovation
7 project.

8 We received a life safety approval in
9 November, and we're awaiting the nursing survey
10 for that approval. We've submitted everything to
11 the regional office and been in touch with
12 Mr. Corpstein. We're just awaiting the next step.

13 CHAIRMAN SEWELL: All right. Thank you.

14 Any questions by Board members?

15 (No response.)

16 CHAIRMAN SEWELL: Roll call.

17 MR. ROATE: Thank you, sir.

18 Motion made by Demuzio; seconded by
19 Murphy.

20 Senator Demuzio.

21 MEMBER DEMUZIO: Yes, based upon testimony
22 today.

23 MR. ROATE: Thank you.

24 Mr. McGlasson.

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1 MEMBER MC GLASSON: Yes, based upon the
2 testimony.

3 MR. ROATE: Thank you.
4 Dr. McNeil.

5 MEMBER MC NEIL: Yes, based on the report
6 and the testimony.

7 MR. ROATE: Thank you.
8 Ms. Murphy.

9 MEMBER MURPHY: Yes, based on testimony
10 and report.

11 MR. ROATE: Thank you.
12 Chairman Sewell.

13 CHAIRMAN SEWELL: Yes, based on the
14 report.

15 MR. ROATE: Thank you.
16 That's 5 votes in the affirmative.

17 CHAIRMAN SEWELL: Thank you.

18 MR. KNIERY: Okay. Thank you.

19 MR. OURTH: Thank you very much.

20 MR. WINTER: Appreciate it.

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1 CHAIRMAN SEWELL: The next project is
2 A-06, Project No. 14-043, HSHS St. Elizabeth's
3 Hospital, second request.

4 May I have a motion to approve a
5 seven-month permit renewal for Project No. 14-043,
6 HSHS St. Elizabeth's Hospital in O'Fallon.

7 MEMBER MURPHY: Motion.

8 CHAIRMAN SEWELL: Is there a second?

9 MEMBER DEMUZIO: Second.

10 CHAIRMAN SEWELL: Could you identify
11 yourself.

12 MS. HOLLOWAY: I'm Susan Holloway,
13 representing St. Elizabeth's Hospital.

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

16 (One witness sworn.)

17 THE COURT REPORTER: Thank you. Please
18 print your name.

19 CHAIRMAN SEWELL: And the State agency
20 report, Mike.

21 MR. CONSTANTINO: Thank you, sir.

22 In April of 2015 the State Board approved
23 Permit No. 14-043. The permit authorized the
24 discontinuation of a 303-bed acute care hospital

1 in Belleville, Illinois, and the establishment of
2 a 144-bed acute care hospital in O'Fallon.

3 The State Board staff notes the project is
4 obligated and the current completion date is
5 December 31st, 2018. The permit amount is
6 approximately 253,500,000. The hospital in
7 O'Fallon is licensed. It was licensed
8 November 4th, 2018. What is left to be completed
9 is the audit and the final report, and this is the
10 second permit renewal request for this permit.

11 I would like to thank Ms. Holloway for
12 driving all the way from East St. Louis here
13 today.

14 MS. HOLLOWAY: Thank you.

15 MR. CONSTANTINO: That's very kind of you.

16 CHAIRMAN SEWELL: Any comments for the
17 Board?

18 MS. HOLLOWAY: I'm here to answer any
19 questions you may have.

20 CHAIRMAN SEWELL: Thank you.

21 I'm fumbling a little bit because I didn't
22 have this one facility.

23 You handed it out.

24 MR. CONSTANTINO: Yes, I handed it out.

1 I apologize.

2 CHAIRMAN SEWELL: No, no --

3 MS. MITCHELL: It was also emailed.

4 CHAIRMAN SEWELL: Well, I didn't get it.

5 All right. Any questions by Board
6 members?

7 MEMBER MC NEIL: So this is really just a
8 bureaucratic thing to get approvals that takes
9 longer than anticipated at the end of the year?

10 MS. HOLLOWAY: Yes.

11 MEMBER MC NEIL: Is that basically --

12 MS. HOLLOWAY: We're finishing out a
13 couple of change orders, and then we're going into
14 our audit, but we didn't want to, you know, exceed
15 the expiration date of our project without asking
16 for a renewal.

17 MEMBER MC NEIL: So it's a paperwork
18 issue, not a physical building issue?

19 MS. HOLLOWAY: There are still some change
20 orders, punch list change order things that are
21 being done, but we're already into our audit.

22 MEMBER MC NEIL: Sure.

23 CHAIRMAN SEWELL: Any other questions?

24 (No response.)

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1 CHAIRMAN SEWELL: Roll call.

2 MR. ROATE: Thank you, sir.

3 Motion made by Murphy; seconded by
4 Demuzio.

5 Senator Demuzio.

6 MEMBER DEMUZIO: Yes, based upon the
7 report and the testimony today.

8 MR. ROATE: Thank you.

9 Mr. McGlasson.

10 MEMBER MC GLASSON: Yes, based upon the
11 report and the testimony.

12 MR. ROATE: Thank you.

13 Dr. McNeil.

14 MEMBER MC NEIL: Yes, based on the report
15 and testimony.

16 MR. ROATE: Thank you.

17 Ms. Murphy.

18 MEMBER MURPHY: Yes, based on the report
19 and today's testimony.

20 MR. ROATE: Thank you.

21 Chairman Sewell.

22 CHAIRMAN SEWELL: Yes. There were no
23 findings.

24 MR. ROATE: Thank you.

1 5 votes in the affirmative.

2 CHAIRMAN SEWELL: The project is approved.

3 Thank you very much.

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1 CHAIRMAN SEWELL: Now for an extension
2 request. It is B-01, Project No. 17-058, Premier
3 Cardiac Surgery Center.

4 May I have a motion to approve a 12-month
5 extension of financial commitment for Project
6 No. 17-058, Premier Cardiac Surgery Center in
7 Marionette Park.

8 Is there a motion?

9 MEMBER MC NEIL: So moved.

10 CHAIRMAN SEWELL: Is there a second?

11 MEMBER DEMUZIO: Second.

12 CHAIRMAN SEWELL: All right. Could you
13 please identify yourselves.

14 MR. BERLIN: I'm Mark Berlin, chief
15 operating officer for Heart Care Centers of
16 Illinois, which is the owner of the Premier
17 Cardiac Surgery Center.

18 MR. HYLAK-REINHOLTZ: Joe Hylak-Reinholtz,
19 counsel for Applicant.

20 THE COURT REPORTER: Raise your right
21 hands, please.

22 (Two witnesses sworn.)

23 THE COURT REPORTER: Thank you.

24 CHAIRMAN SEWELL: State agency report.

1 MR. CONSTANTINO: Thank you, sir.

2 In February of 2018 the State Board
3 approved the establishment of a single-specialty
4 ASTC at a cost of approximately \$1.2 million.
5 Subsequently, in July 2018, the State Board
6 approved a permit alteration request for this
7 permit.

8 In December of 2018 the State Board
9 approved a permit renewal for this project until
10 July 31st, 2019. At the time of the approval of
11 the permit renewal, the Applicants said they would
12 be back before the Board to extend the financial
13 commitment period for one year. That is why they
14 are here today for your approval.

15 Thank you, sir.

16 CHAIRMAN SEWELL: Thank you.

17 Any statement for the Board?

18 MR. HYLAK-REINHOLTZ: I think Mike did a
19 great summary. We're happy to answer any
20 questions.

21 CHAIRMAN SEWELL: All right. Are there
22 questions by Board members?

23 (No response.)

24 CHAIRMAN SEWELL: Roll call.

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1 MR. ROATE: Thank you, sir.

2 Motion made by McNeil; seconded by
3 Demuzio.

4 Senator Demuzio.

5 MEMBER DEMUZIO: Yes, based upon the report.

6 MR. ROATE: Thank you.

7 Mr. McGlasson.

8 MEMBER MC GLASSON: Yes, based upon the
9 report.

10 MR. ROATE: Thank you.

11 Dr. McNeil.

12 MEMBER MC NEIL: Yes, based on the report.

13 MR. ROATE: Thank you.

14 Ms. Murphy.

15 MEMBER MURPHY: Yes, based on the report.

16 MR. ROATE: Thank you.

17 Chairman Sewell.

18 CHAIRMAN SEWELL: Yes, based on the report.

19 MR. ROATE: Thank you.

20 That's 5 votes in the affirmative.

21 MR. HYLAK-REINHOLTZ: Thank you.

22 CHAIRMAN SEWELL: The extension is
23 approved.

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1 CHAIRMAN SEWELL: Exemption requests.
2 This is C-01, Project No. E-061-18, Glen Endoscopy
3 Center.

4 May I have a motion to approve Exemption
5 No. E-061-18, Glen Endoscopy Center --

6 MEMBER MC NEIL: So moved.

7 CHAIRMAN SEWELL: -- in Glenview to
8 approve a change of ownership transaction for its
9 real estate.

10 I heard a motion. Is there a second?

11 MEMBER MURPHY: Second.

12 MEMBER DEMUZIO: Second.

13 CHAIRMAN SEWELL: Identify yourself.

14 MR. OURTH: Joe Ourth, Saul, Ewing,
15 Arnstein & Lehr, counsel for the Applicant.

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

18 (One witness sworn.)

19 THE COURT REPORTER: Thank you.

20 CHAIRMAN SEWELL: State agency report.

21 MR. CONSTANTINO: Thank you, sir.

22 The Applicants propose a change of
23 ownership of the physical plant housing Glen
24 Endoscopy Center, LLC, a single-specialty ASTC

1 located in Glenview, Illinois.

2 This transaction is considered a change of
3 ownership of a physical plant with no change in
4 the operating entity licensee. The fair market
5 value of the transaction is \$2.3 million.

6 There was no opposition, there was no
7 public hearing requested, and the Applicants have
8 provided all the required information of the
9 State Board.

10 Thank you, sir.

11 CHAIRMAN SEWELL: Thank you.

12 Any statement for the Board?

13 MR. OURTH: Mr. Constantino explained that
14 well. And as he said, it is only for the
15 real estate. There's no change in operations.

16 CHAIRMAN SEWELL: All right.

17 Any questions by Board members?

18 (No response.)

19 CHAIRMAN SEWELL: Roll call.

20 MR. ROATE: Thank you, sir.

21 Motion made by McNeil; seconded by
22 Demuzio.

23 Senator Demuzio.

24 MEMBER DEMUZIO: Yes, based upon the

1 report.

2 MR. ROATE: Thank you.

3 Mr. McGlasson.

4 MEMBER MC GLASSON: Yes, based on the
5 report.

6 MR. ROATE: Thank you.

7 Dr. McNeil.

8 MEMBER MC NEIL: Yes, based on the report.

9 MR. ROATE: Thank you.

10 Ms. Murphy.

11 MEMBER MURPHY: Yes, based on the report.

12 MR. ROATE: Thank you.

13 Chairman Sewell.

14 CHAIRMAN SEWELL: Yes, based on the
15 report.

16 MR. ROATE: Thank you.

17 That's 5 votes in the affirmative.

18 CHAIRMAN SEWELL: It's approved.

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1 CHAIRMAN SEWELL: Next is C-02, Project
2 No. E-062-18, Peoria Ambulatory Surgery Center.

3 May I have a motion to approve Exemption
4 No. E-062-18, Peoria Ambulatory Surgery Center, to
5 approve a change of ownership transaction.

6 MEMBER MC NEIL: So moved.

7 CHAIRMAN SEWELL: Is there a second?

8 MEMBER MURPHY: Second.

9 CHAIRMAN SEWELL: All right.

10 Could you identify yourselves.

11 MR. MORADO: Sure.

12 Good morning. Juan Morado on behalf of
13 the client, and in addition we have --

14 MR. SILBERMAN: -- Mark Silberman.

15 CHAIRMAN SEWELL: Okay.

16 THE COURT REPORTER: You've already been
17 sworn.

18 MR. MORADO: We've already been sworn.

19 CHAIRMAN SEWELL: I was just asking the
20 executive if you had to be sworn in again.

21 MR. MORADO: Thank you.

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

23 CHAIRMAN SEWELL: Mr. Constantino.

24 MR. CONSTANTINO: Thank you, sir.

1 The Applicants propose a change of
2 ownership of Peoria Ambulatory Surgery Center
3 located in Peoria, Illinois. This transaction is
4 considered a purchase resulting in no change in
5 the licensee operating entity. The cost of this
6 transaction is approximately \$2 million.

7 There was no public hearing and no
8 opposition to the change of ownership, and the
9 Applicants have met all the requirements of the
10 State Board.

11 Thank you, sir.

12 CHAIRMAN SEWELL: All right. Any
13 statement for the Board?

14 MR. MORADO: Sure. Very briefly, Chairman
15 Sewell.

16 In this instance Dr. Carl Soderstrom is
17 selling a controlling interest in the Peoria ASTC.
18 He's practiced medicine for over 40 years and
19 decided to seek some partners to assist with the
20 day-to-day operations. He's going to retain a
21 minority stake in the ASTC, and the controlling
22 interest will be held by Drs. Moad and Conroy.

23 As Mike stated, there is no public hearing
24 requested, no opposition. You should know that

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1 the ASTC will continue to be licensed as the
2 Peoria Ambulatory Surgical Treatment Center and
3 will continue to serve the community.

4 CHAIRMAN SEWELL: Any questions by Board
5 members?

6 (No response.)

7 CHAIRMAN SEWELL: Roll call.

8 MR. ROATE: Thank you, sir.

9 Motion made by McNeil; seconded by Murphy.
10 Senator Demuzio.

11 MEMBER DEMUZIO: Yes, based upon the
12 report and testimony.

13 MR. ROATE: Thank you.

14 Mr. McGlasson.

15 MEMBER MC GLASSON: Yes, based upon the
16 report.

17 MR. ROATE: Thank you.

18 Dr. McNeil.

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

21 MR. ROATE: Thank you.

22 Ms. Murphy.

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

1 MR. ROATE: Thank you.

2 Chairman Sewell.

3 CHAIRMAN SEWELL: I vote yes based on the
4 report.

5 MR. ROATE: Thank you.

6 That's 5 votes in the affirmative.

7 MR. MORADO: Thank you.

8 MR. SILBERMAN: Thank you very much.

9 CHAIRMAN SEWELL: We're going to take a
10 five-minute break at the request of Board members
11 so we'll be back.

12 (A recess was taken from 10:40 a.m. to
13 10:49 a.m.)

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1 CHAIRMAN SEWELL: Okay. We're going to
2 come back to order.

3 The next project on the agenda is C-03,
4 Project No. E-063-18, Highland Park Hospital.

5 May I have a motion to approve Exemption
6 No. E-063-18, Highland Park Hospital, to
7 discontinue a six-bed pediatric service.

8 MEMBER DEMUZZIO: Motion.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MC NEIL: Second.

11 CHAIRMAN SEWELL: All right. Could you
12 identify yourselves.

13 MS. CUMMINGS: Good morning. My name is
14 Gabrielle Cummings. I'm the president of Highland
15 Park Hospital.

16 MR. AXEL: Jack Axel.

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

19 (Two witnesses sworn.)

20 THE COURT REPORTER: Thank you.

21 CHAIRMAN SEWELL: State agency report.

22 MR. CONSTANTINO: Thank you, sir.

23 The Applicant proposes a discontinuation
24 of a six-bed pediatric category of service.

1 Impact letters were sent to hospitals
2 within 10 miles of Highland Park Hospital that
3 have maintained pediatric service. The
4 State Board staff did not receive any responses to
5 those impact letters. There is an excess of
6 41 pediatric beds in this A-09 hospital planning
7 area.

8 This exemption is before the State Board
9 because the transaction is a discontinuation of a
10 category of service. There was no opposition to
11 this project, no public hearing requested, and the
12 Applicant submitted all the information required
13 by the State Board.

14 Thank you, sir.

15 CHAIRMAN SEWELL: All right.

16 Any statement for the Board?

17 MR. AXEL: We'll be happy to answer
18 questions. Mr. Constantino has summarized the
19 project.

20 CHAIRMAN SEWELL: Do Board members have
21 any questions of the Applicant?

22 (No response.)

23 CHAIRMAN SEWELL: Roll call.

24 MR. ROATE: Thank you, sir.

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1 Motion made by Demuzio; seconded by
2 McNeil.

3 Senator Demuzio.

4 MEMBER DEMUZIO: Yes, based upon the State
5 report.

6 MR. ROATE: Thank you.

7 Mr. McGlasson.

8 MEMBER MC GLASSON: Yes, based upon the
9 State report.

10 MR. ROATE: Dr. McNeil.

11 MEMBER MC NEIL: Yes, based on the staff
12 report.

13 MR. ROATE: Thank you.

14 Ms. Murphy.

15 MEMBER MURPHY: Yes, based on the report.

16 MR. ROATE: Thank you.

17 Chairman Sewell.

18 CHAIRMAN SEWELL: Yes. There were no
19 findings.

20 MR. ROATE: Thank you.

21 5 votes in the affirmative.

22 MS. CUMMINGS: Thank you.

23 CHAIRMAN SEWELL: The project's approved.

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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-04, Project No. E-064-18, Rush Oak Brook
3 Orthopaedic Center.

4 May I have a motion to approve Exemption
5 No. E-064-18, Rush Oak Brook Orthopaedic Center,
6 to approve a change of ownership transaction.

7 MEMBER MC NEIL: So moved.

8 CHAIRMAN SEWELL: Is there a second?

9 MEMBER MURPHY: Second.

10 CHAIRMAN SEWELL: All right. Could you
11 identify yourselves.

12 MR. AXEL: Good morning.

13 Jack Axel representing the Applicants, and
14 seated with me is Mr. Randy Johnson, CFO of
15 Midwest Orthopaedics at Rush.

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

18 You don't have to.

19 (One witness sworn.)

20 THE COURT REPORTER: Thank you.

21 CHAIRMAN SEWELL: State agency report.

22 MR. CONSTANTINO: Thank you, sir.

23 The Applicants propose a change of control
24 of the real estate housing a health care facility,

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1 Rush Oak Brook Surgery Center. The operating
2 entity and owner of the site is Rush Oak Brook
3 Orthopaedic Center, LLC.

4 There was no public hearing requested for
5 this change of ownership, no opposition letters
6 received, and the Applicants have provided all the
7 information required by the State Board.

8 Thank you, Mr. Chairman.

9 CHAIRMAN SEWELL: Any statement for the
10 Board?

11 MR. AXEL: We'll be happy to answer any
12 questions.

13 CHAIRMAN SEWELL: Okay. Any questions by
14 Board members?

15 (No response.)

16 CHAIRMAN SEWELL: Roll call.

17 MR. ROATE: Thank you, sir.

18 Motion made by Dr. McNeil; seconded by
19 Ms. Murphy.

20 Senator Demuzio.

21 MEMBER DEMUZIO: Yes, based upon the
22 report.

23 MR. ROATE: Thank you.

24 Mr. McGlasson.

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1 MEMBER MC GLASSON: Yes, based upon the
2 report.

3 MR. ROATE: Thank you.

4 Dr. McNeil.

5 MEMBER MC NEIL: Yes, based on the report.

6 MR. ROATE: Thank you.

7 Ms. Murphy.

8 MEMBER MURPHY: Yes, based on the report.

9 MR. ROATE: Thank you.

10 Chairman Sewell.

11 CHAIRMAN SEWELL: I vote yes, no findings.

12 MR. ROATE: Thank you.

13 That's 5 votes in the affirmative.

14 CHAIRMAN SEWELL: The project is approved.

15 MR. AXEL: Thank you.

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1 CHAIRMAN SEWELL: Next is C-05, Project
2 No. E-065-18, Rush Oak Brook Surgery Center.

3 I need a motion to approve that exemption
4 for Rush Oak Brook Surgery Center, to approve a
5 change of ownership transaction.

6 Is there a motion?

7 MEMBER DEMUZIO: Motion.

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER DEMUZIO: Second.

11 CHAIRMAN SEWELL: And the same group is
12 representing the Applicant, and they've already
13 identified themselves and been sworn in.

14 So the State agency report.

15 MR. CONSTANTINO: Thank you, sir.

16 The Applicants propose a change of
17 ownership of a health care facility, Rush
18 Oak Brook Surgery Center, in Oak Brook, Illinois.
19 The licensed operating entity remains Rush
20 Oak Brook Surgery Center, LLC, and the owner of
21 the site is Rush Oak Brook Orthopaedic Center, LLC.

22 The State Board staff did not receive any
23 opposition letters to this exemption, there was no
24 request for a public hearing, and the Applicants

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1 provided all the necessary information required by
2 the State Board.

3 Thank you, sir.

4 CHAIRMAN SEWELL: Any statement for the
5 Board?

6 MR. AXEL: Again, we'll be happy to answer
7 any questions.

8 CHAIRMAN SEWELL: Are there questions by
9 Board members?

10 (No response.)

11 CHAIRMAN SEWELL: Roll call.

12 MR. ROATE: Thank you, sir.

13 Motion made by McNeil; seconded by
14 Demuzio.

15 Senator Demuzio.

16 MEMBER DEMUZIO: Yes, based upon the
17 report.

18 MR. ROATE: Thank you.

19 Mr. McGlasson.

20 MEMBER MC GLASSON: Yes, based on the
21 report.

22 MR. ROATE: Thank you.

23 Dr. McNeil.

24 MEMBER MC NEIL: Yes, based on the report.

1 MR. ROATE: Thank you.

2 Ms. Murphy.

3 MEMBER MURPHY: Yes, based on the report.

4 MR. ROATE: Thank you.

5 Chairman Sewell.

6 CHAIRMAN SEWELL: Yes, based on the
7 report.

8 MR. ROATE: Thank you.

9 That's 5 votes in the affirmative.

10 CHAIRMAN SEWELL: Project approved.

11 MR. JOHNSON: Thank you.

12 MR. AXEL: Thank you.

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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-06, Project No. E-066-18, Advocate Good
3 Samaritan Hospital.

4 May I have a motion to approve Exemption
5 No. E-066-18.

6 MEMBER MC NEIL: So moved.

7 CHAIRMAN SEWELL: All right. Is there a
8 second?

9 MEMBER MURPHY: Second.

10 CHAIRMAN SEWELL: All right. Could you
11 identify yourselves.

12 MR. BROCKMAN-WEBER: Sure.

13 I'm Steven Brockman-Weber. I'm the vice
14 president and chief nurse exec for Advocate
15 Children's Hospital, representing it.

16 MS. NORDSTROM LOPEZ: Susan Nordstrom
17 Lopez, president of Advocate Illinois Masonic
18 Medical Center.

19 THE COURT REPORTER: Raise your right
20 hands, please.

21 (Two witnesses sworn.)

22 THE COURT REPORTER: Thank you. And
23 please print your names.

24 CHAIRMAN SEWELL: State agency report.

1 MR. CONSTANTINO: Thank you, sir.

2 The Applicants propose the discontinuation
3 of a seven-bed category of service. These seven
4 beds will be converted to seven medical/surgical
5 beds.

6 There was no public hearing requested;
7 there was no opposition to this project. There is
8 an excess of 60 pediatric beds in the A-05 hospital
9 planning area at this time. The Applicants have
10 submitted all the information required by the
11 State Board.

12 Thank you, sir.

13 CHAIRMAN SEWELL: All right. Do you have
14 a statement for the Board?

15 MR. BROCKMAN-WEBER: We're here to answer
16 any questions the Board may have.

17 CHAIRMAN SEWELL: Do Board members have
18 questions?

19 (No response.)

20 CHAIRMAN SEWELL: If not, roll call.

21 MR. ROATE: Thank you, sir.

22 Motion made by McNeil; seconded by Murphy.
23 Senator Demuzio.

24 MEMBER DEMUZIO: Yes, based upon the State

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1 report.

2 MR. ROATE: Thank you.

3 Mr. McGlasson.

4 MEMBER MC GLASSON: Yes, based on the
5 State report.

6 MR. ROATE: Thank you.

7 Dr. McNeil.

8 MEMBER MC NEIL: Yes, based on the report.

9 MR. ROATE: Thank you.

10 Ms. Murphy.

11 MEMBER MURPHY: Yes, based on the report.

12 MR. ROATE: Thank you.

13 Chairman Sewell.

14 CHAIRMAN SEWELL: Yes, based on the
15 report.

16 MR. ROATE: Thank you.

17 That's 5 votes in the affirmative.

18 CHAIRMAN SEWELL: The project is approved.

19 Thank you.

20 MR. BROCKMAN-WEBER: Thank you.

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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-07, Project No. E-067-18, Advocate Good Shepherd
3 Hospital.

4 May I have a motion to approve Exemption
5 No. E-067-18, Advocate Good Shepherd Hospital, to
6 discontinue an eight-bed pediatric service.

7 MEMBER MC NEIL: So moved.

8 CHAIRMAN SEWELL: Is there a second?

9 MEMBER MURPHY: Second.

10 CHAIRMAN SEWELL: All right. It's the
11 same Applicant. They've been identified and
12 sworn in.

13 So the State agency report.

14 MR. CONSTANTINO: Thank you, sir.

15 The Applicants propose a discontinuation
16 of an eight-bed pediatric category of service.
17 These eight beds will be converted to
18 medical/surgical beds.

19 There was no opposition to this project;
20 there was no request for a public hearing. At the
21 current time there is an excess of 41 pediatric
22 beds in the A-09 hospital planning area. The
23 Applicants have submitted all the information
24 required by the State Board.

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1 Thank you, sir.

2 CHAIRMAN SEWELL: All right. Any
3 statement for the Board?

4 MR. BROCKMAN-WEBER: We'd be happy to
5 answer any questions that you may have.

6 CHAIRMAN SEWELL: All right. Are there
7 questions?

8 (No response.)

9 CHAIRMAN SEWELL: If not, roll call.

10 MR. ROATE: Thank you, sir.

11 Motion made by McNeil; seconded by Murphy.
12 Senator Demuzio.

13 MEMBER DEMUZIO: Yes, based upon the
14 report.

15 MR. ROATE: Thank you.

16 Mr. McGlasson.

17 MEMBER MC GLASSON: Yes, based upon the
18 report.

19 MR. ROATE: Thank you.

20 Dr. McNeil.

21 MEMBER MC NEIL: Yes, based on the report.

22 MR. ROATE: Thank you.

23 Ms. Murphy.

24 MEMBER MURPHY: Yes, based on the report.

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1 MR. ROATE: Thank you.

2 Chairman Sewell.

3 CHAIRMAN SEWELL: Yes, based on the
4 report.

5 MR. ROATE: Thank you.

6 That's 5 votes in the affirmative.

7 CHAIRMAN SEWELL: The project is approved.

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1 CHAIRMAN SEWELL: The next agenda item is
2 C-08, Project No. E-068-18, Advocate Illinois
3 Masonic Medical Center.

4 May I have a motion to approve Exemption
5 No. E-068-18, Advocate Illinois Masonic Medical
6 Center, to discontinue a 14-bed pediatric service.

7 Is there a motion?

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MURPHY: Second.

11 CHAIRMAN SEWELL: It's the same Applicant.
12 They've been identified and sworn in.

13 State agency report.

14 MR. CONSTANTINO: Thank you, sir.

15 The Applicants propose a discontinuation
16 of a 14-bed pediatric category of service. These
17 14 beds will be converted to neonatal beds. There
18 is an excess of 225 pediatric beds in the
19 A-01 hospital planning area at this time.

20 There was no opposition to this project,
21 there was no request for a public hearing, and the
22 Applicants have submitted all the information
23 required by the State Board.

24 Thank you, sir.

1 CHAIRMAN SEWELL: All right. Do you have
2 a statement for the Board?

3 MS. NORDSTROM LOPEZ: We're just here for
4 questions.

5 Thank you.

6 CHAIRMAN SEWELL: Any questions by Board
7 members?

8 MEMBER MC NEIL: I have one.

9 So you -- this is the third one of these.
10 So you're getting out of this segment of the
11 market or whatever we want to call it; is that
12 true?

13 MS. NORDSTROM LOPEZ: Of pediatric
14 inpatient care.

15 We still provide pediatric care in the
16 emergency department, we do pediatric same-day
17 surgery, but we will not be having pediatric
18 patients stay in the hospital longer than
19 observation patients.

20 CHAIRMAN SEWELL: Are there other
21 questions by Board members?

22 (No response.)

23 CHAIRMAN SEWELL: Roll call.

24 MR. ROATE: Thank you, sir.

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1 Motion made by McNeil; seconded by Murphy.

2 Senator Demuzio.

3 MEMBER DEMUZIO: Yes, based upon the
4 report.

5 MR. ROATE: Thank you.

6 Mr. McGlasson.

7 MEMBER MC GLASSON: Yes, based on the
8 report.

9 MR. ROATE: Thank you.

10 Dr. McNeil.

11 MEMBER MC NEIL: Yes, based on the report
12 and the information given by the hospital.

13 MR. ROATE: Thank you.

14 Ms. Murphy.

15 MEMBER MURPHY: Yes, based on the report.

16 MR. ROATE: Thank you.

17 Chairman Sewell.

18 CHAIRMAN SEWELL: Yes, based on the
19 report.

20 MR. ROATE: Thank you.

21 That's 5 votes in the affirmative.

22 CHAIRMAN SEWELL: Thank you.

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1 CHAIRMAN SEWELL: The next project is
2 C-09, Project No. E-069-18, Advocate La Grange
3 Medical Center.

4 May I have a motion to approve Exemption
5 No. E-069-18, Advocate La Grange Medical Center,
6 to discontinue a 12-bed obstetric service.

7 Is there a motion?

8 MEMBER MC NEIL: So moved.

9 MEMBER DEMUZIO: Motion.

10 CHAIRMAN SEWELL: Is there a second?

11 MEMBER MURPHY: Second.

12 CHAIRMAN SEWELL: All right. Could you
13 identify yourselves.

14 MR. MURRILL: Yes. Hi. My name is
15 Mike Murrill. I'm the CEO for Adventist La Grange
16 Medical Center -- AMITA Health Adventist La Grange
17 Medical Center.

18 MR. AXEL: I'm still Jack Axel.

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

21 (One witness sworn.)

22 THE COURT REPORTER: Thank you. Please
23 print your name.

24 CHAIRMAN SEWELL: This State agency report

1 should say "Adventist" then? Or not? Or I'm on
2 the wrong one?

3 Oh, 067. Sorry about that.

4 MS. MITCHELL: 069.

5 CHAIRMAN SEWELL: That one. All right.

6 The Chairman is confused.

7 MS. AVERY: It's okay.

8 CHAIRMAN SEWELL: All right. State agency
9 report.

10 MR. CONSTANTINO: Thank you, sir.

11 The Applicants propose a discontinuation
12 of a 12-bed obstetric category of service.
13 Currently there's an excess of 64 OB beds in the
14 A-04 hospital planning area.

15 There was no opposition to this project,
16 there was no request for a public hearing, and the
17 Applicant submitted all the information required
18 by the State Board.

19 Thank you, sir.

20 CHAIRMAN SEWELL: All right. Any
21 statement for the Board?

22 MR. MURRILL: We're here to answer any of
23 your questions.

24 Thank you.

1 CHAIRMAN SEWELL: All right. Are there
2 questions from Board members?

3 Yes.

4 MEMBER MC NEIL: The only question is --
5 you were operating at like a 23 percent occupancy
6 rate historically?

7 MR. MURRILL: That's correct.

8 We have a sister hospital in Hinsdale,
9 2.3 miles away, and we work very closely with
10 them. And so this allows us to have an
11 opportunity to work really collaboratively in our
12 community with Hinsdale being the OB provider for
13 our community.

14 MEMBER MC NEIL: Okay. So the provider is
15 a sister hospital?

16 MR. MURRILL: Right. We work very closely
17 together in our community.

18 CHAIRMAN SEWELL: Other questions?

19 (No response.)

20 CHAIRMAN SEWELL: If not, roll call.

21 MR. ROATE: Thank you, sir.

22 Motion made by McNeil; seconded by Murphy.
23 Senator Demuzio.

24 MEMBER DEMUZIO: Yes, based upon the

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1 report and testimony.

2 MR. ROATE: Thank you.

3 Mr. McGlasson.

4 MEMBER MC GLASSON: Yes, based on the
5 report.

6 MR. ROATE: Thank you.

7 Dr. McNeil.

8 MEMBER MC NEIL: Yes, based on the report
9 and the testimony.

10 MR. ROATE: Thank you.

11 Ms. Murphy.

12 MEMBER MURPHY: Yes, based on the report.

13 MR. ROATE: Thank you.

14 Chairman Sewell.

15 CHAIRMAN SEWELL: Yes, based on the
16 report.

17 MR. ROATE: Thank you.

18 That's 5 votes in the affirmative.

19 CHAIRMAN SEWELL: The project's approved.

20 MR. MURRILL: Thank you.

21 MR. AXEL: Thank you so much.

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1 CHAIRMAN SEWELL: Next is C-10, Project
2 No. E-070-18, Presence Saint Joseph Hospital,
3 Chicago.

4 May I have a motion to approve Exemption
5 No. E-070-18, Presence Saint Joseph Hospital in
6 Chicago, to discontinue an open-heart surgery
7 service.

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER DEMUZIO: Second.

11 MEMBER MURPHY: Second.

12 CHAIRMAN SEWELL: Mr. Axel has identified
13 himself and been sworn in.

14 State agency report.

15 MR. CONSTANTINO: Thank you, sir.

16 The Applicants propose a discontinuation
17 of an open-heart category of service at Presence
18 Saint Joseph Hospital in Chicago.

19 There were no letters in opposition, there
20 was no request for a public hearing, and the
21 Applicants provided all the information required
22 by the State Board.

23 Thank you, sir.

24 CHAIRMAN SEWELL: All right. Any

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1 statement for the Board?

2 MR. AXEL: I'm happy to answer your
3 questions.

4 CHAIRMAN SEWELL: Any questions by Board
5 members?

6 (No response.)

7 CHAIRMAN SEWELL: If not, roll call.

8 MR. ROATE: Thank you, sir.

9 Motion made by McNeil; seconded by
10 Demuzio.

11 Senator Demuzio.

12 MEMBER DEMUZIO: Yes, based upon the
13 report.

14 MR. ROATE: Thank you.

15 Mr. McGlasson.

16 MEMBER MC GLASSON: Yes, based on the
17 report.

18 MR. ROATE: Thank you.

19 Dr. McNeil.

20 MEMBER MC NEIL: Yes, based on the report.

21 MR. ROATE: Thank you.

22 Ms. Murphy.

23 MEMBER MURPHY: Yes, based on the report.

24 MR. ROATE: Thank you.

1 Chairman Sewell.

2 CHAIRMAN SEWELL: Yes, based on the
3 report.

4 MR. ROATE: Thank you.

5 That's 5 votes in the affirmative.

6 CHAIRMAN SEWELL: The project's approved.

7 MR. AXEL: Thank you.

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1 CHAIRMAN SEWELL: Next is C-11, Project
2 No. 17-006, NorthShore University HealthSystem.

3 May I have a motion to relinquish Permit
4 No. 17-006, NorthShore University HealthSystem at
5 Round Lake.

6 MEMBER MC NEIL: So moved.

7 CHAIRMAN SEWELL: Is there a second?

8 MEMBER DEMUZIO: Second.

9 CHAIRMAN SEWELL: All right. It appears
10 that there's no one to present the project.

11 So the State agency report.

12 MR. CONSTANTINO: Thank you, sir.

13 In May of 2017 the permit holder was
14 approved to construct a medical clinics building
15 in Round Lake Beach, Illinois, at a cost of
16 approximately \$14.9 million.

17 On November 26th of 2018, the State Board
18 received a request to relinquish Permit
19 No. 17-006. Per the permit holder, the
20 relinquishment was due to the reduction in the
21 medical clinics building from two stories to one,
22 which reduced the square footage from
23 approximately 35,000 gross square feet to
24 approximately 18,000 gross square feet. The cost

1 is anticipated to drop from approximately
2 14.9 million to 12 million.

3 At the time of approval of this permit,
4 the capital expenditure minimum was 19 -- excuse
5 me -- \$12.9 million. They're before you today
6 because the permit is now below the capital
7 expenditure minimum, which is currently
8 \$13.5 million.

9 Thank you, sir.

10 CHAIRMAN SEWELL: Mr. Axel, do you have a
11 statement?

12 MR. AXEL: I have no statement. I'm happy
13 to answer any questions.

14 CHAIRMAN SEWELL: All right. Are there
15 questions?

16 (No response.)

17 CHAIRMAN SEWELL: Since there are none,
18 roll call.

19 MR. ROATE: Thank you, sir.

20 Motion made by McNeil; seconded by
21 Demuzio.

22 Senator Demuzio.

23 MEMBER DEMUZIO: Yes, based upon the
24 report.

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1 MR. ROATE: Thank you.

2 Mr. McGlasson.

3 MEMBER MC GLASSON: Yes, based on the
4 report.

5 MR. ROATE: Thank you.

6 Dr. McNeil.

7 MEMBER MC NEIL: Yes, based on the report.

8 MR. ROATE: Thank you.

9 Ms. Murphy.

10 MEMBER MURPHY: Yes, based on the report.

11 MR. ROATE: Thank you.

12 Chairman Sewell.

13 CHAIRMAN SEWELL: Yes, based on the
14 report.

15 MR. ROATE: Thank you.

16 That's 5 votes in the affirmative.

17 CHAIRMAN SEWELL: It's approved.

18 MR. AXEL: Thank you.

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1 CHAIRMAN SEWELL: C-12, Project
2 No. 15-044, Transformative Care of McHenry.

3 May I have a motion to relinquish Permit
4 No. 15-044, Transformative Care of McHenry.

5 Is there a motion?

6 MEMBER MURPHY: Motion.

7 CHAIRMAN SEWELL: Is there a second?

8 MEMBER DEMUZIO: Second.

9 CHAIRMAN SEWELL: All right.

10 Could you -- you've both been identified
11 and sworn in, I believe.

12 MR. KNIERY: Yes, sir.

13 MR. MORADO: Yes, sir.

14 CHAIRMAN SEWELL: But names on the record,
15 as Ms. Avery says.

16 MR. KNIERY: John Kniery representing the
17 Applicant, along with Juan Morado.

18 CHAIRMAN SEWELL: Okay. State agency
19 report.

20 MR. CONSTANTINO: Thank you, sir.

21 In June of 2016 the permit holder was
22 approved to construct and operate a 98-bed
23 long-term care facility on the campus of Centegra
24 Hospital in McHenry, Illinois, Permit No. 15-044.

1 Subsequently, the permit holder submitted Permit
2 No. 18-016 to be located in close proximity to the
3 original site of the Centegra Hospital facility.

4 At the October meeting the State Board
5 approved Permit 18-016 for the establishment of an
6 84-bed skilled care facility at a cost of
7 approximately \$17.4 million. At the time of that
8 approval, the Applicant stated that they would
9 relinquish Permit No. 15-044. They are here
10 before you today for that relinquishment.

11 Thank you, sir.

12 CHAIRMAN SEWELL: Any statement for the
13 Board?

14 MR. KNIERY: Mr. Chairman, no real
15 statement other than this is the last part of --
16 as Mr. Constantino stated -- of closing out that
17 project and moving forward with the new,
18 lower-cost, smaller alternative that we got
19 approved in October.

20 Thank you.

21 CHAIRMAN SEWELL: All right. Any
22 questions for the Applicant?

23 (No response.)

24 CHAIRMAN SEWELL: Roll call.

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1 MR. ROATE: Thank you, sir.
2 Motion made by Murphy; seconded by
3 Demuzio.
4 Senator Demuzio.
5 MEMBER DEMUZIO: Yes, based upon the report.
6 MR. ROATE: Thank you.
7 Mr. McGlasson.
8 MEMBER MC GLASSON: Yes, based on the
9 report.
10 MR. ROATE: Thank you.
11 Dr. McNeil.
12 MEMBER MC NEIL: Yes, based on the report.
13 MR. ROATE: Thank you.
14 Ms. Murphy.
15 MEMBER MURPHY: Yes, based on the report.
16 MR. ROATE: Thank you.
17 Chairman Sewell.
18 CHAIRMAN SEWELL: Yes, based on the report.
19 MR. ROATE: Thank you.
20 5 votes in the affirmative.
21 CHAIRMAN SEWELL: The project's approved.
22 MR. KNIERY: Appreciate it. Thank you.
23 MR. MORADO: Thank you.
24 - - -

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1 CHAIRMAN SEWELL: This is an alteration
2 request. It is D-01, Project No. 17-021, AMITA
3 Health Woodridge medical office building.

4 May I have a motion to approve an
5 alteration to increase project cost 2.6 percent
6 for Project No. 17-021, AMITA Health Woodridge
7 medical office building.

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MURPHY: Second.

11 CHAIRMAN SEWELL: All right.

12 Mr. Axel is here; you've been sworn in.
13 State agency report.

14 MR. CONSTANTINO: Thank you, sir.

15 In July of 2017 the State Board approved
16 Permit No. 17-021 to establish a medical clinics
17 building in approximately 65,000 gross square feet
18 of space in Woodridge, Illinois. On December 7,
19 2018, the permit holder submitted a permit
20 alteration request for Permit No. 17-021.

21 The permit holder's request was to
22 increase the cost of the project from
23 approximately 28.7 million to approximately
24 29.5 million or 2.6 percent.

1 Additionally, the permit holders are
2 asking to increase the gross square footage of the
3 imaging space from 6,500 gross square feet to
4 7,750 departmental gross square feet.

5 There was no opposition to this project,
6 there was no request for a public hearing, and the
7 Applicants have submitted -- and the Applicants
8 have met all the requirements of the State Board.

9 Thank you, sir.

10 CHAIRMAN SEWELL: All right. Is there a
11 statement for the Board?

12 MR. AXEL: I'd be happy to answer any
13 questions. I just want to point out that this is
14 the same project that a renewal request was
15 approved for about a half hour ago.

16 Thank you.

17 CHAIRMAN SEWELL: Okay. Any questions for
18 the Applicant?

19 (No response.)

20 CHAIRMAN SEWELL: Roll call.

21 MR. ROATE: Thank you, sir.

22 Motion made by McNeil; seconded by Murphy.
23 Senator Demuzio.

24 MEMBER DEMUZIO: Yes, based upon the

1 report.

2 MR. ROATE: Thank you.

3 Mr. McGlasson.

4 MEMBER MC GLASSON: Yes, based on the
5 State report.

6 MR. ROATE: Thank you.

7 Dr. McNeil.

8 MEMBER MC NEIL: Yes, based on the report
9 and the testimony that it's taking longer and
10 costing a little bit more.

11 MR. ROATE: Thank you.

12 Ms. Murphy.

13 MEMBER MURPHY: Yes, based on the report.

14 MR. ROATE: Thank you.

15 Chairman Sewell.

16 CHAIRMAN SEWELL: Yes based on the report.

17 MR. ROATE: Thank you.

18 That's 5 votes in the affirmative.

19 MR. AXEL: Thank you.

20 CHAIRMAN SEWELL: Thank you.

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Transcript of Open Session Meeting
Conducted on January 15, 2019

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1 CHAIRMAN SEWELL: Now, applications
2 subsequent to initial review.

3 H-01, Project No. 18-037, DaVita Cicero
4 Dialysis.

5 May I have a motion to approve Project
6 No. 18-037, DaVita Cicero Dialysis, to establish a
7 12-station ESRD facility in Cicero.

8 Is there a motion?

9 MEMBER MC NEIL: So moved.

10 CHAIRMAN SEWELL: Is there a second?

11 MEMBER MURPHY: Second.

12 CHAIRMAN SEWELL: If you all could
13 identify yourselves and then be sworn in.

14 MS. FRIEDMAN: Hi. I'm Kara Friedman from
15 Polsinelli.

16 MS. THOMAS: Hi. I'm Dawn Thomas from
17 DaVita.

18 DR. SHAH-KHAN: I'm Dr. Shah-Khan.

19 MS. COOPER: I'm Anne --

20 CHAIRMAN SEWELL: I'm sorry. I didn't
21 hear you.

22 DR. SHAH-KHAN: Farheen Shah-Khan.

23 MS. COOPER: Anne Cooper from Polsinelli.

24 THE COURT REPORTER: Would you raise your

1 right hands, please.

2 (Four witnesses sworn.)

3 THE COURT REPORTER: Thank you. And
4 please print your names.

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

6 CHAIRMAN SEWELL: Okay. I'm sorry.
7 State agency report.

8 MR. CONSTANTINO: Thank you, sir.

9 The Applicants propose to establish a
10 12-station ESRD facility in approximately
11 6800 gross square feet of leased space at a cost
12 of approximately \$4.7 million. The expected
13 completion date is January 31st, 2021.

14 No public hearing was requested and no
15 opposition letters were received by the
16 State Board staff. We did receive two letters of
17 support, one from Senator Dick Durbin and one from
18 State Senator Steven Landek after we had published
19 these reports, but due to the holidays, I bring
20 this to your attention in case you didn't -- just
21 to further state, there's a calculated excess of
22 42 ESRD stations in the HSA 7 ESRD planning area
23 per the December 2008 inventory update.

24 The Applicants addressed a total of

1 21 criteria and failed to adequately address
2 2 criteria, really, which are pointed out to you
3 on pages 2 and 3 of the State Board staff report.

4 Thank you, sir.

5 CHAIRMAN SEWELL: All right. Do you have
6 a statement for the Board?

7 MS. FRIEDMAN: Thank you.

8 MS. THOMAS: Good morning.

9 So I'm Dawn Thomas, director of operations
10 for the greater metro Chicagoland area, and it
11 includes the Cicero planned clinic.

12 With me today is Dr. Shah-Khan, the
13 medical director for our planned Cicero clinic,
14 as well as our CON attorneys Kara Friedman and
15 Anne Cooper.

16 I would like to thank the Board staff for
17 their thorough assessment of this planned clinic
18 and the generally positive State Board report.
19 Kara will touch on the details of the report in a
20 moment.

21 I'd like to thank our supporters here
22 today that took the time to represent our
23 community of patients, the primary stake holders
24 in the delivery of dialysis services. We also

1 appreciate Senator Dick Durbin, State Rep Lisa
2 Hernandez, and State Senator Landek for providing
3 letters of support. A couple of those letters are
4 not in the record due to the holidays, but we
5 appreciate their support nonetheless.

6 At your last meeting Dr. Shubhada Ahya
7 from Northwestern's Feinberg School of Medicine
8 provided an excellent overview of the primary
9 kidney replacement modalities. One of the
10 takeaways from her presentation was that there
11 continue to be many barriers to the administration
12 of renal replacement in the home setting. Of the
13 nearly 125,000 patients diagnosed with end stage
14 renal disease in the US in 2016, over 85 percent
15 receive dialysis staff-assisted, in-center care.

16 Despite these obstacles DaVita and
17 Dr. Shah-Khan strongly advocate for and focus on
18 supporting patients with home modalities. We have
19 touched on these programs in the past, but we're
20 always happy to provide more information.

21 Our calculations show that at a macrolevel
22 there is a need for at least 26 stations in the
23 planning area as well as a need for stations in
24 the immediate Cicero service area. Four of the

1 five closest dialysis clinics, which are all
2 within 3 1/2 miles of the proposed Cicero clinic,
3 are operating above the State Board's 80 percent
4 utilization standard.

5 Fresenius is completing a small,
6 two-station expansion of its Cicero clinic, but
7 those stations are only a drop in the bucket for
8 the additional services that are required in
9 Cicero. This addition comes on the heels of
10 another two-station expansion it completed there
11 in August, and as of September 2018 it was already
12 again operating well in excess of target
13 utilization at 88 percent.

14 In its application Fresenius documented
15 58 of Dr. Anderson's CKD patients -- he's a
16 Nephrology Associates physician -- who will
17 require dialysis within the next two years,
18 projecting 98 percent utilization by 2021.

19 One other point we wanted to add, too, was
20 DaVita does not oppose the Grayslake project. We
21 just wanted to clarify because it didn't seem
22 clear at the beginning of the presentation.

23 And Dr. Shah-Khan will discuss in greater
24 detail the challenges the Cicero community faces

1 in accessing health care, which leads to higher
2 incidence and prevalence of ESRD.

3 DR. SHAH-KHAN: Good morning.

4 As Dawn mentioned, I'm Farheen
5 Shah-Khan --

6 CHAIRMAN SEWELL: Bring that closer.

7 DR. SHAH-KHAN: I'll be the medical
8 director for the planned DaVita clinic in Cicero.
9 I am so appreciative of the time spent today by
10 the National Kidney Foundation to advocate for
11 kidney patients as well as for the learning
12 session that Dr. Shubhada Ahya provided in
13 December. Coincidentally, I completed my
14 fellowship from Northwestern, and Dr. Shubhada
15 Ahya was my program director and mentor.

16 After my fellowship I have been in private
17 practice. I serve a low-income minority
18 community, and many of my patients reside in
19 Cicero. 93 percent of Cicero's residents are
20 Hispanic and African-Americans. Nearly 20 percent
21 are in poverty, and many other families live from
22 paycheck to paycheck. Some of these residents
23 face not only economic but also cultural and
24 language barriers to access primary care services

1 which would help them avoid kidney failure. Many
2 are uninsured. Despite the Affordable Care Act,
3 many forgo health care due to high out-of-pocket
4 cost and high deductibles.

5 The cost of health care along with other
6 significant necessary living expenses like housing
7 and food often forces low-income patients to
8 prioritize housing and food over access to health
9 care. Often people in communities like Cicero --
10 and maybe this is just a general statement --
11 people don't even know that they are compromising
12 health with food and lifestyle choices they make,
13 and it is nearly impossible to reverse their
14 development of comorbid conditions and renal
15 diseases.

16 As you know, kidney disease as well as
17 hypertension and diabetes are known as silent
18 diseases because symptoms do not manifest
19 themselves until at later stages. As a result,
20 without regular preventative screening, kidney
21 disease is undiagnosed until it has advanced and
22 kidney failure is imminent.

23 In my CKD clinic I emphasize a lot on
24 prevention and strict control of hypertension and

1 diabetes to prevent these complications like CKD
2 progressing into end stage renal disease; however,
3 many of these -- the population which I serve,
4 they do not receive routine medical care and are
5 more vulnerable to being diagnosed in the later
6 stage of the kidney disease.

7 Given the economic and cultural barriers
8 that exist in the Cicero community, the high
9 incidence and prevalence of end stage renal
10 disease is not surprising. Accordingly, the area
11 needs an additional clinic to ensure patients have
12 continued access to this life-sustaining
13 treatment.

14 Finally, regarding the modality -- which
15 we had heard a discussion earlier, too, regarding
16 in-center versus home dialysis -- I run a home
17 program, as well, and I face these challenges with
18 the patients when I discuss the different
19 modalities. I believe the quality of life and
20 patient outcomes are better for capable patients
21 who select a home modality, and I strongly
22 advocate my patients to consider home modalities,
23 but for the vast majority of patients it is not a
24 viable option. Some patients don't have a

1 permanent home; they fear needles; they have space
2 restraints for equipment and supplies. For low-
3 income patients, higher utility costs may be a
4 barrier. Finding a care partner who can learn to
5 dialyze a home patient and monitor treatment can
6 be problematic.

7 This Board needs to help us ensure that
8 the residents of Cicero have access to dialysis
9 performed in a culturally competent manner to
10 ensure better patient care and outcomes. With a
11 clinic this -- decided to these impending cases,
12 it will also give me an opportunity to better
13 serve my patients.

14 I get new patient referrals from the
15 hospitals and the primary care physicians every
16 week, and as my practice grows, I am increasingly
17 challenged to help these patients with their
18 admissions. If I have to send these patients
19 outside the area, I cannot follow them because
20 I cannot afford the time to travel and see them in
21 multiple clinics and multiple shifts.

22 This is a Medicare requirement, and if the
23 patients cannot dialyze in my immediate area,
24 I have to refer them to other unaffiliated

1 nephrologists to maintain my commitment to my
2 current patients. Though it isn't technically
3 abandonment, I feel that I have let these patients
4 down by declining to follow them, especially if
5 they have to leave the town to get dialysis.

6 Thank you for your time. Before we
7 conclude, Ms. Friedman has a few comments
8 regarding the Board staff report.

9 Thank you.

10 MS. FRIEDMAN: Thank you.

11 As Mike mentioned, this Board staff report
12 is fully possible -- positive -- on the Part 1120
13 financial viability criteria, and we met 12 of the
14 requirements in the 1110 criteria.

15 There are several key pieces of
16 information about service utilization and
17 demographic information you should consider in
18 assessing the merits of this project. There is a
19 strong demand for additional dialysis services in
20 Cicero. We don't believe there will be any
21 duplication of services, and our calculations,
22 based on Mike Mitchell's data -- and Mike Mitchell
23 is your demographer in the Office of Planning and
24 Statistics at IDPH -- your data shows that there

1 continues to be a need for stations in this
2 planning area.

3 Anne Cooper will spend a little bit more
4 in detail to show you that data -- well, she can
5 show you now.

6 MS. COOPER: Okay.

7 MS. FRIEDMAN: I'll hold it and you can go
8 over it.

9 MS. COOPER: So this is essentially --
10 this is the data that -- as Mike had referred to,
11 there's a 42-station excess, and so this is the
12 Board's data.

13 The only thing that we really changed in
14 coming up with our Board -- our calculation was we
15 updated the end stage ESRD patients to reflect the
16 December 2017 data. This number reflects
17 December 2015, so we just brought it up a little
18 bit more currently. Obviously, we don't have
19 December 2018 so that's why we're using
20 December 2017.

21 That, in effect, changed the use rate
22 because it's a factor of the ESRD patients and the
23 population, which then it kind of -- it kind of
24 trickles down, and that eventually affects the

1 number of projected patients and the number of
2 projected treatments.

3 So based upon the number of projected
4 treatments in 2020, we estimated that there was a
5 need for 1,498 stations, and there are currently
6 1,472 stations in the planning area, which is how
7 we came up with a need for 26 stations.

8 And I'd also like to add that within the
9 immediate GSA of Cicero it's currently operating
10 at 78 percent and historically that service area
11 has been -- has experienced about 5.2 percent
12 growth. So by the time this clinic comes online
13 in a year or two, we anticipate that that GSA will
14 be at 80 percent or above.

15 MS. FRIEDMAN: So with respect to the
16 immediate area, the Cicero residents that we're
17 looking to serve, there are twice as many patients
18 with kidney failure in the clinics closest to this
19 clinic than there was in 2014. The number went
20 from 225 patients to 448 patients, a 223-patient
21 increase. That represents a 20 percent census
22 increase per year.

23 With the typical clinic accommodating
24 about 58 patients for their ongoing dialysis

1 treatments, that number of new patients justifies
2 about four additional clinics. Three were built
3 but now they're operating at 88 percent,
4 81 percent, and 104 percent. That last one, the
5 Lawndale clinic on the west side of Chicago, is a
6 DaVita clinic. It is operating now at eight
7 shifts, a fourth shift in the evening, to
8 accommodate the influx of patients until
9 additional resources are available. Typically, as
10 you know, we like to only operate three shifts a
11 day so that people can leave by the kind of close
12 of business time of day.

13 Fresenius will add the two chairs in the
14 Cicero clinic. They did provide a physician
15 referral letter to show they have more patients,
16 but, honestly, they're operating at 88 percent
17 utilization. So once they add those two stations,
18 they'll be around 80 percent again.

19 This expanded clinic clearly won't be able
20 to accommodate Dr. Shah-Khan's patients. Dr. Khan
21 submitted a letter showing that she has over a
22 hundred kidney patients. She's not affiliated
23 with NANI.

24 It's also important to note that less than

1 half of patients starting dialysis in this area
2 have been cared for by a nephrologist before they
3 begin treatments. So beyond Dr. Shah-Khan's
4 identified patients, there are urgent, unplanned
5 dialysis starts in the industry -- they call that
6 crash starts -- where you're initiating dialysis
7 for the first time on an urgent basis in an
8 emergency room.

9 So we, you know, can't really quantify
10 that number of people, but when we bring new
11 patients into the clinics, a lot of them have
12 never been followed by a nephrologist before.

13 This clinic will be a backup facility for
14 the highly utilized Lawndale clinic, but they will
15 not -- it will not be drawing patients away from
16 any of the other clinics in the area.

17 Though some of you are probably familiar
18 with Cicero, I did want to describe it a bit. The
19 prosperity that many associate with metropolitan
20 Chicago as a booming area does not filter down to
21 Cicero, which is a disenfranchised community. In
22 theory, you think there are a lot of opportunities
23 as opposed to some of the rural areas that we see
24 suffering, but without a strong manufacturing

1 base, people living just miles from the bustle of
2 the Loop have trouble attaining and maintaining
3 full-time positions. This is Cicero. Many people
4 piece together part-time, minimum-wage jobs with
5 no insurance to have what we consider to be
6 full-time employment.

7 Public policies play a role in reinforcing
8 the walls around disadvantaged communities like
9 Cicero. Cicero is a Federally designated health
10 care professional shortage area. This exacerbates
11 problems with primary care access and further
12 disadvantages people living there. This
13 designation relates to a lack of access to primary
14 care providers. The Federal government doesn't
15 specifically assess access to dialysis care, but
16 if people aren't getting basic preventative health
17 services and screening, they may not know that
18 they are sick. This has been discussed before.

19 But this screening and early intervention
20 could prevent or delay ESRD. As all of us who
21 know, you know, with your annual exams that you go
22 to every year, you're getting your hypertension
23 levels -- you know, making sure that your blood
24 pressure is in check; they're checking your blood

1 sugar, and they're checking your kidney function.
2 If you go five years without going to a doctor and
3 you're 50 years old, chances are that you're not
4 really keeping tabs on some of that very important
5 data.

6 Loyola Medical Center has studied Cicero
7 because it's part of its service area. It was
8 identified in its most recent community needs
9 assessment as having many barriers to community
10 health.

11 It includes high rates of negative health
12 indicators and poor health outcomes, such as high
13 rates of emergency department visits, high burden
14 of chronic disease, high crime rates. This
15 affects the economy generally. Low level of
16 educational attainment. This affects access to
17 insurance, health services, and self-care.

18 Many in the community struggle with food
19 insecurity, and, as you know, there's a paradox
20 with that, in that when you have food scarcity
21 you're at a higher risk for obesity and then at
22 higher risk for hypertension and diabetes.

23 The vast majority of its population is
24 minority. I think someone stated before that

1 94 percent of the patients at the Cicero clinic
2 are minority. 20 percent of Cicero residents live
3 below the Federal poverty level. Many people --
4 20 percent -- are uninsured, and, as you know, the
5 poorest are receiving Medicaid, so this is an
6 additional segment of that population that is not
7 receiving insurance.

8 Insurance is generally better for people
9 with kidney failure because of the special program
10 through the Medicare program that was described
11 earlier, but this coverage is not available until
12 your kidneys no longer work. A community with a
13 high rate of uninsurance means many in the
14 community do not get the access to primary care to
15 prevent kidney disease.

16 DaVita goes where demand exists despite a
17 difficult payer mix. It has demonstrated this
18 time and again with our recent new clinics in
19 Waukegan, Chicago, Belleville, East St. Louis, and
20 Joliet, all medically underserved communities.

21 Further, this population is significantly
22 more dense than nearly anywhere in the state, even
23 more dense than the city of Chicago, so this is an
24 important location to place another clinic.

1 In sum, it's predictable that there will
2 continue to be strong demand for ESRD care in
3 Chicago. We urge you to support this project and
4 approve it, and we're happy to answer any
5 questions.

6 CHAIRMAN SEWELL: Could you hold that
7 chart up again?

8 MS. COOPER: (Complied.)

9 CHAIRMAN SEWELL: So you used more recent
10 use data than the State agency report, and that's
11 how you got the difference in the number of
12 stations needed; is that right?

13 MS. COOPER: That's correct.

14 MS. FRIEDMAN: It's still somewhat old --
15 it's the end of 2017 -- but yes.

16 CHAIRMAN SEWELL: Yeah.

17 What's the year? I can't see the year for
18 our use. Is that '15 or '13?

19 MS. COOPER: 2015.

20 CHAIRMAN SEWELL: '15. I see.

21 Okay. Here's the other thing: You know,
22 when we had -- you don't have to hold it -- for
23 me, at least, you don't have to hold it up
24 anymore.

1 When we had the public testimony, there
2 were five people that spoke in support of this
3 project. And I guess I don't have a sense of --
4 I mean, even if we buy into the need for 26 more
5 stations, I don't have a sense of the barrier for
6 use for most Cicero residents, especially those
7 whose primary language is something other than
8 English for the other -- to the other providers'
9 services, the existing providers of dialysis.

10 MS. FRIEDMAN: So I mentioned there had
11 been an increase in utilization in the area.
12 We've had a 5.2 percent increase in the broader
13 area. And in the immediate area, Fresenius is
14 here today expanding their clinic. They expanded
15 it once before in August. So our -- we only have
16 one clinic in the area, and it's operating a
17 fourth shift. So there's not a lot of shift
18 availability.

19 If you require them to go a further
20 direction, they're not going to be able to follow
21 this nephrologist, as she said. I think she's
22 already at four other clinics.

23 DR. SHAH-KHAN: Uh-huh.

24 CHAIRMAN SEWELL: Yeah.

1 Mike, I guess I would ask you. How often
2 do we update our use data and our calculations of
3 planning area need?

4 MR. CONSTANTINO: We use five years.
5 They're in the process of working on that data
6 now. We have to use the State demographer's data.

7 CHAIRMAN SEWELL: Sure.

8 MR. CONSTANTINO: We'll get those
9 estimates probably in September of this year.
10 Mohammed is the State demographer, and he'll issue
11 a report in September.

12 CHAIRMAN SEWELL: Go ahead.

13 MS. MITCHELL: Mike mentioned that we use
14 five years, and that is required by statute, that
15 we use five years.

16 I just want to make a comment to the
17 Board. I want to thank DaVita for bringing their
18 own numbers, but the Board is bound by the need
19 figures in our rules, not the ones presented by
20 the Applicant.

21 CHAIRMAN SEWELL: Right. Yeah.

22 MS. FRIEDMAN: Right. I think you're
23 assessing whether or not the demand -- you know,
24 based on the area's growth -- which is really high

1 in the immediate Cicero area -- that's the
2 20 percent a year that we showed you. And the
3 5.2 percent means that, by the time this clinic is
4 online, all the facilities in the area will be
5 operating above 80 percent utilization.

6 And to me, this is health planning. We
7 don't want to look at just a snapshot. We need to
8 look to see where we're going to be when this
9 facility comes online to make sure that we're
10 anticipating the demands of the community.

11 CHAIRMAN SEWELL: Uh-huh.

12 Do other Board members have comments or
13 questions?

14 Yes.

15 MEMBER MURPHY: I have a question.

16 Mike, the report we get in September -- if
17 we're using 2015 now, what will that give us?

18 MR. CONSTANTINO: We'll be using 2017.

19 MEMBER MURPHY: So it will bring us
20 forward two years? Okay.

21 MR. CONSTANTINO: And we'll estimate
22 five years forward, project five years forward.

23 MEMBER MURPHY: But it will already be
24 almost the end of 2019 then.

1 MR. CONSTANTINO: It could be, yes.

2 MEMBER MURPHY: Okay. Thank you.

3 CHAIRMAN SEWELL: Other -- yes.

4 MEMBER MC NEIL: No, the other question
5 is -- from the testimony this morning and what
6 you've said, there would appear to be a diagnostic
7 issue, that a lot of patients are being missed in
8 this population.

9 So are you getting them really end stage
10 where the organ has been very damaged and they
11 can't --

12 DR. SHAH-KHAN: A lot of them come at a
13 later stage. But the patients who we see at
14 Stage III, IV, we do try to control their
15 underlying disease process so that they don't
16 progress as rapidly as the ones who are not being
17 seen by the nephrologist.

18 So a lot of them, yes, we do see them at
19 Stage IV, almost to Stage V, GFR 20, 22, 18. We
20 see them.

21 MEMBER MC NEIL: So their projection for
22 life is very short at that point in time?

23 DR. SHAH-KHAN: They have more comorbid
24 condition, yes.

1 They are in heart failure; they're wildly
2 overloaded; they have hyperkalemia. Yes, their
3 risk and their mortality is higher.

4 MEMBER MC NEIL: So the real area to
5 address is how to get the diagnosis earlier, but
6 that's not being -- the way we do things, public
7 policy, whatever -- isn't being done.

8 So what we're looking at is a population
9 with the two highest groups in the US with
10 diabetes and then needing dialysis?

11 MS. FRIEDMAN: Yeah. You know, I was --
12 one of the things that I saw in the Loyola report
13 that was -- you know, they made it as a
14 statement -- that they are trying to impact care
15 in the community, that they treated 600 patients
16 through an access program that they have in a
17 primary care clinic.

18 And, you know, Cicero is 80,000 people.
19 Berwyn is about 60,000 people, and there are other
20 underserved areas in that immediate area. So that
21 600 people is really a drop in the bucket.

22 CHAIRMAN SEWELL: Other questions by Board
23 members?

24 (No response.)

Transcript of Open Session Meeting
Conducted on January 15, 2019

1 CHAIRMAN SEWELL: Okay. Roll call.

2 MR. ROATE: Thank you, sir.

3 Motion made by McNeil; seconded by Murphy.
4 Senator Demuzio.

5 MEMBER DEMUZIO: Well, in looking at the
6 State report and one of the comments made in the
7 summary, it appears that you, as the Applicants,
8 are providing services to residents in that area,
9 planning area. But based upon the number of
10 physician referrals, there appears to be
11 sufficient demand for the number of stations
12 requested.

13 So even though you may not have complied
14 with a couple of the criteria, I'm still going to
15 go ahead and vote yes based upon the other
16 criteria that was met.

17 MR. ROATE: Thank you.

18 Mr. McGlasson.

19 MEMBER MC GLASSON: Yes, based on the
20 testimony.

21 MR. ROATE: Thank you.

22 Dr. McNeil.

23 MEMBER MC NEIL: Yes, based on the
24 testimony. And the main issue is -- how do we

1 back this up?

2 In other words, for diabetes as we go
3 forward. And it's necessary or these people die
4 very quickly --

5 MR. ROATE: Thank you.

6 MEMBER MC NEIL: -- have kidney failure.

7 MR. ROATE: Thank you.

8 THE COURT REPORTER: I'm sorry. I didn't
9 hear your last statement.

10 MEMBER MC NEIL: "Have kidney failure."

11 THE COURT REPORTER: Thank you.

12 MEMBER MC NEIL: That's a better way of
13 saying what I just said.

14 MR. ROATE: Ms. Murphy.

15 MEMBER MURPHY: I'm going to vote yes.

16 I'm going to echo Senator Demuzio's
17 comments and then include based on today's
18 testimony and relevant parts of the State Board
19 staff report.

20 MR. ROATE: Thank you.

21 Chairman Sewell.

22 CHAIRMAN SEWELL: With all due respect to
23 what we're bound by with respect to rules, we
24 already know that the use rate from 2017 puts us

1 from excess capacity to a need category, and this
2 project's going to come on line in January of
3 2021, and it's pretty hard to argue that there
4 wouldn't be capacity for what's being proposed
5 here.

6 So I vote yes.

7 MR. ROATE: All right. Thank you.

8 That's 5 votes in the affirmative.

9 MR. FRIEDMAN: Thank you very much.

10 MS. COOPER: Thank you.

11 THE COURT REPORTER: Please leave your
12 comments with Mike, if you would.

13 MS. FRIEDMAN: Okay.

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

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Transcript of Open Session Meeting
Conducted on January 15, 2019

1 CHAIRMAN SEWELL: The next project is
2 H-02, Project No. 18-038, Barrington Pain & Spine
3 Institute.

4 I need a motion to approve Project
5 No. 18-038, Barrington Pain & Spine Institute, to
6 add surgical specialties to an existing ambulatory
7 surgery treatment center in Barrington.

8 Is there a motion?

9 MEMBER MC NEIL: So moved.

10 CHAIRMAN SEWELL: Is there a second?

11 MEMBER MURPHY: Second.

12 CHAIRMAN SEWELL: Okay. Could you
13 identify yourselves and be sworn in.

14 MS. FRIEDMAN: I'm Kara Friedman from
15 Polsinelli.

16 DR. PRUNSKIS: I'm Dr. John Prunskis.

17 MS. NORMAN: Francine Norman.

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

20 (Two witnesses sworn.)

21 THE COURT REPORTER: Thank you. And
22 please print your names if you haven't yet.

23 CHAIRMAN SEWELL: Okay. State agency
24 report.

1 MR. CONSTANTINO: Thank you, sir.

2 The Applicant proposes to add orthopedic
3 and podiatric surgery services to its current
4 limited-specialty ASTC located in Barrington,
5 Illinois. The approximate cost of the project is
6 \$800,000, and the expected completion date is
7 February 28th, 2021.

8 We had no findings related to this
9 project, no opposition letters received, no
10 request for a public hearing. The Applicants have
11 met all of the requirements of the State Board.

12 Thank you, sir.

13 CHAIRMAN SEWELL: Do you have a statement
14 for the Board?

15 MS. FRIEDMAN: Good morning.

16 My name is Kara Friedman from Polsinelli.
17 With me are Dr. John Prunskis and his colleague
18 Francine Norman, representing Barrington Pain &
19 Spine.

20 We thank the staff for their fully
21 positive Board staff report, and we're happy to
22 answer any questions.

23 CHAIRMAN SEWELL: Do Board members have
24 questions of the Applicant?

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1 (No response.)

2 CHAIRMAN SEWELL: Roll call.

3 MR. ROATE: Thank you, sir.

4 Motion made by McNeil; seconded by Murphy.

5 Senator Demuzio.

6 MEMBER DEMUZIO: Yes, based upon the State
7 findings.

8 MR. ROATE: Thank you.

9 Mr. McGlasson.

10 MEMBER MC GLASSON: Yes, based on the
11 staff report.

12 MR. ROATE: Thank you.

13 Dr. McNeil.

14 MEMBER MC NEIL: Yes, based on the report.

15 MR. ROATE: Thank you.

16 Ms. Murphy.

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

19 MR. ROATE: Thank you.

20 Chairman Sewell.

21 CHAIRMAN SEWELL: I vote yes based on the
22 report.

23 MR. ROATE: Thank you.

24 That is 5 votes in the affirmative.

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1 MS. FRIEDMAN: Thank you.

2 DR. PRUNSKIS: Thank you.

3 CHAIRMAN SEWELL: The project is approved.

4 We're going to break for lunch now, and we
5 will reconvene at -- what, 12:45? -- at 12:45.

6 Thank you.

7 (A recess was taken from 11:46 a.m. to
8 12:50 p.m.)

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1 CHAIRMAN SEWELL: Okay. We'll come back
2 to order.

3 The next project is H-03, Project
4 No. 18-039, Fresenius Kidney Care Grayslake.

5 Can I get a motion to approve Project
6 No. 18-039, Fresenius Kidney Care Grayslake, to
7 establish a 10-station ESRD facility in Grayslake?

8 MEMBER DEMUZIO: Motion.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MC NEIL: Second.

11 CHAIRMAN SEWELL: All right. Could you
12 identify yourselves.

13 DR. MUNIR: Dr. Jawad Munir.

14 MS. WRIGHT: Lori Wright.

15 MS. GURCHIEK: Teri Gurchiek.

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

18 (Three witnesses sworn.)

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

21 CHAIRMAN SEWELL: State Board staff
22 report.

23 MR. CONSTANTINO: Thank you, sir.

24 The Applicants propose to establish a

1 10-station facility in Grayslake, Illinois, at a
2 cost of approximately \$6.1 million. The
3 anticipated project completion date is March 31st,
4 2021.

5 There was no public hearing requested and
6 no letters of opposition. We did have opposition
7 here at the State Board meeting for this project.
8 We did receive letters of support, which are
9 documented in your State Board staff report.

10 The proposed facility will be located in
11 the HSA 8 ESRD planning area, which includes Kane,
12 Lake, and McHenry Counties. There's a calculated
13 excess of 55 stations in this planning area.

14 The Applicants addressed a total of
15 21 criteria, and they did not meet 2 criteria that
16 are listed in your report.

17 Thank you, sir.

18 CHAIRMAN SEWELL: Thank you.

19 Do you have a presentation for the Board?

20 MS. WRIGHT: Yes, we do.

21 Again, my name is Lori Wright. I'm the
22 senior CON specialist for Fresenius Medical Care.

23 To my right is Dr. Munir, who will be the
24 medical director at the Grayslake facility, and to

1 my left is Teri Gurchiek, the vice president of
2 operations for Fresenius.

3 First of all, I'd like to thank the Board
4 staff for their review of this project, and I also
5 want to thank Board members for their time in
6 coming out here today.

7 Before I go further, I would like to point
8 out, just for the record, that although we partner
9 at times with the NANI physicians, their recent
10 four administrative appeals that have been brought
11 against the Board and DaVita were entered into
12 solely by the NANI physicians. Fresenius had no
13 knowledge or a part in any of these actions.

14 And then I'd like to turn it over to Teri.

15 MS. GURCHIEK: Thank you.

16 As stated, my name is Teri Gurchiek, and
17 I am the vice president of operations for
18 Fresenius Kidney Care.

19 In my lengthy career here, I've become
20 very aware of the growing health care needs in
21 Illinois as they pertain to dialysis services.
22 Over the past year we have been very conservative
23 and mindful in planning for our new facilities.
24 Out of the total record 21 facilities that were

1 approved last year, only 3 were Fresenius
2 facilities, with 2 of them located in medically
3 underserved areas. They will serve the south
4 Chicago suburbs, central Illinois, and southwest
5 Illinois.

6 In 2018 we submitted just two projects,
7 one that has already been permitted and the one
8 that we're about to present to you now. During
9 this time we made cost-effective use of facilities
10 already in existence by expanding where we were
11 able to to accommodate and relieve the high
12 utilization.

13 This brings us to Grayslake, where we are
14 witnessing an imminent need for access despite the
15 excess stations in the HSA; however, we are
16 conservatively asking for only 10 stations, a
17 smaller facility, that will allow us to have room
18 for expansion in the future, if that's needed,
19 rather than building another facility.

20 Grayslake is centrally located in
21 Lake County and is immediately encircled by three
22 overutilized facilities. They are Fresenius
23 Round Lake, which is operating at 84 percent
24 utilization; Gurnee, which is operating at

1 82 percent utilization dispute the fact that we
2 added six stations last year; and Mundelein, which
3 currently is at 81 percent as of today, after
4 adding two stations there, as well.

5 The Board staff report lists the facility
6 at 77 percent; however, that was in September, and
7 currently, as I've said, the Fresenius Mundelein
8 clinic has grown to 68 patients and does hit the
9 81 percent utilization today.

10 All clinics in the 10-mile radius are
11 above 80 percent except for one, and that would be
12 DaVita Lake County, which is almost 8 miles away.
13 Only 19 more patients will bring this clinic to
14 80 percent.

15 The Associates in Nephrology physicians
16 who are supporting the Grayslake facility have
17 been serving the Chicago area for nearly 40 years.
18 Their practice and patient volume have continually
19 grown during this time.

20 Dr. Munir, who is with us today, and his
21 partner Joshua Trob serve the residents of
22 Lake County and currently have over 170 dialysis
23 patients at their clinics listed in the 10-mile
24 radius of Grayslake. As well, over the past year

1 they've referred almost 50 new ESRD patients for
2 treatment.

3 These numbers are growing despite the
4 strong support for home dialysis, which they see
5 patients in home programs at DaVita Lake County,
6 Lake Villa, and Lake Bluff, where Dr. Trob is the
7 medical director.

8 As evidenced by the number of patients
9 that AIN historically referred within Grayslake
10 service area, the 54 pre-ESRD patients they have
11 identified for Grayslake combined with a high
12 utilization of area clinics are a clear picture
13 painting the need for additional stations to
14 maintain access for new ESRD patients. We want to
15 provide that access by establishing a Grayslake
16 facility.

17 I'll now turn it over to Dr. Munir for his
18 presentation.

19 DR. MUNIR: Good afternoon, Mr. Chairman
20 and Board members. My name is Jawad Munir.

21 I'm a nephrologist serving the Grayslake
22 and Libertyville community for the last eight or
23 so years. I am part of Associates in Nephrology,
24 and I see patients out of Advocate Condell,

1 Northwestern Lake Forest, and Vista Hospitals. We
2 have dialysis patients in essentially all the
3 clinics in Lake County.

4 I am here today as my patients' advocate.
5 ESRD is devastating. It has a huge -- it takes a
6 huge emotional and physical toll on the patient,
7 and the economic burden that it imposes on the
8 health care system we are all well aware of.

9 The majority of these dialysis patients
10 are in the geriatric age group -- that is, greater
11 than 65 years of age -- with multiple comorbid
12 conditions, diabetes, heart disease, stroke.
13 A lot of them have mobility problems; you'll see a
14 lot of them in wheelchairs.

15 A lot of them can't drive because of the
16 diabetic kidney and eye disease. Their family
17 members are driving them to dialysis. A lot of
18 them are forced to take Pace buses or other modes
19 of public transportation.

20 What I see in central Lake County is a
21 situation of a high utilization of dialysis
22 clinics. ESRD imposes a significant amount of
23 stress on these patients as they have to travel
24 longer distances six times a week and as they have

1 to go farther and farther to seek their dialysis
2 care. And having to accept evening times, which
3 is basically what's available these days, further
4 increases the hardship on these patients.

5 Patients are going for dialysis in the
6 evening hours, and that takes away time from their
7 families, and it poses significant hardships on
8 them. Some of these clinics are now operating a
9 fourth shift, which doesn't end until midnight.
10 So imagine a 79-year-old driving in the evening in
11 the snow six times a week. It is very challenging
12 for them.

13 I'll give you one example of my elderly
14 patient. He was forced to move into a nursing
15 home last month because his wife could not drive
16 him in the evening hours to take him to the
17 dialysis center and the transportation was getting
18 impossible for him.

19 Myself and my partners take care of
20 450-plus chronic kidney disease patients in the
21 Grayslake and Libertyville area, and, of those, we
22 have identified around 55 -- 54, 55 -- patients
23 who will be on dialysis in the next couple of
24 years.

1 I worry about those patients because the
2 three clinics in the immediate surroundings, as
3 Teri mentioned -- the Fresenius Round Lake,
4 Fresenius Gurnee, and Fresenius Mundelein -- are
5 operating near capacity. They are greater than
6 80 percent utilized, and patients are now -- the
7 only thing that is available to them are the
8 evening shifts, which is becoming a significant
9 problem for the patients.

10 And someone earlier in the day already
11 mentioned that patients are having to travel
12 farther and farther and the providers are having
13 to travel farther and farther, making patient care
14 more challenging for everyone.

15 While there -- you know, people can crunch
16 the numbers and make them sound like there is no
17 need for a dialysis center in this area, I would
18 point out to you that this center will serve the
19 needs of this community very well, not only my
20 55 patients but there are several other
21 nephrologists who have patients in that area, and
22 I see that when -- in a couple years -- when this
23 unit is built and completed, the resulting numbers
24 will be at or greater than capacity.

1 So I respectfully ask the Board members to
2 support and vote yes for this project, and I'll be
3 happy to answer any questions. And other than
4 that, I'll turn it over to Lori.

5 MS. WRIGHT: Thank you, Dr. Munir.

6 I would like to wrap up this presentation
7 by addressing the two negatives that are in the
8 Board staff report.

9 First, we do not meet planning area need
10 because there is an excess of 55 stations in
11 HSA 8. This seems to be the elephant in the room;
12 however, there is a reason why this does not
13 realistically apply to this application, just as
14 the HSA excess of stations did not apply on the
15 previous, much needed ESRD application approved
16 today.

17 HSA 8 is made up of three counties, Lake,
18 McHenry, and Kane. Lake County, which is where
19 Grayslake is located, is in the far northeast
20 corner of Illinois, along Lake Michigan. It is
21 the most highly populated of the three counties
22 with over 700,000 residents; however, it is the
23 smallest in area. It includes Waukegan, which is
24 the third largest county in Illinois -- I mean

1 city in Illinois.

2 Lake County saw a 9 percent growth in
3 population between 2000 and 2010, and projections
4 are remaining at 9 percent. There is an
5 increasing elderly population at 12 percent and a
6 7 percent growth rate of ESRD versus the state's
7 growth rate of only 3 percent. There are
8 currently a thousand ESRD patients in Lake County.

9 Just west of Lake County is McHenry County
10 with half the population of Lake County, with just
11 over 300,000 residents, yet it is the largest in
12 area. It is rural in nature and has no large
13 urban areas. There are only about 250 ESRD
14 patients in McHenry County.

15 South of McHenry County is Kane County,
16 which in size and population sits midway in
17 between Lake and McHenry Counties. It includes
18 the second and ninth largest cities in Illinois,
19 which are Elgin and Aurora, and there are
20 approximately 800 ESRD patients in Kane County.

21 So in HSA 8 what you have is two more
22 highly populated counties that include three of
23 the largest cities in Illinois, which are
24 medically underserved, exhibiting increased rates

1 of ESRD, demanding additional access for dialysis.
2 Fresenius currently has six facilities that serve
3 these three underserved areas. That leaves
4 McHenry County. It is mostly rural, less
5 populated with lower numbers of ESRD patients, so
6 it's a much lower need for stations than in Lake
7 and Kane Counties.

8 However, to see exactly where the excess
9 of stations lie in this HSA, you can look at the
10 average clinic utilization in each county. The
11 average utilization of operating clinics in
12 Kane County is 77 percent. There does not appear
13 to be an excess of stations here.

14 The average utilization of operating
15 clinics in Lake County is 70 percent. It appears
16 Lake County is on the threshold of needing access;
17 however, the need is already witnessed in
18 Grayslake, as exhibited by high utilization there.

19 Lastly, the average utilization of the
20 clinics operating in McHenry County is only
21 41 percent. It would seem that this is the
22 leading factor in the excess of stations for
23 HSA 8. This is largely in part because rural
24 clinics do not generally operate the full

1 six shifts that the need calculation is based on.
2 This is where the conundrum comes in. There is an
3 excess of stations overall in the HSA; however,
4 the Grayslake area is at 82 percent utilization,
5 and there is no surplus here.

6 Having said this, I'm aware that this is
7 how the rules apply today and perhaps soon a
8 reconfiguring of the HSAs to account for growth
9 could be in the works.

10 Secondly, this project does not meet only
11 one of the items under unnecessary duplication and
12 maldistribution because all 10 clinics within --
13 all the clinics within 10 miles are not above
14 80 percent. Table 5 -- excuse me.

15 Table 5 of the Board staff report on
16 page 14 shows that there are two clinics in
17 operation under 80 percent; however as Teri
18 mentioned, the Mundelein facility is now at
19 81 percent with 68 patients. The one clinic in
20 DaVita -- in Lake County that is under 80 percent
21 is DaVita Lake County, which can only take 19 more
22 patients before it is full.

23 Given the current high area utilization of
24 82 percent, the high ESRD growth rate of

1 7 percent, those 19 spots are going to be filled
2 long before the Grayslake facility is open.

3 I'd also like to point out that, as DaVita
4 mentioned earlier, they did not oppose this
5 project.

6 Also, as part of this criteria, the
7 Applicant has shown that there is sufficient
8 population to utilize the clinic and that it will
9 not lower the utilization at any other facility.
10 If you look at page 15 in the Board staff report,
11 first paragraph, the ratio of stations to
12 population in the 10-mile radius shows that there
13 are two times less available stations per resident
14 in Grayslake than there are in the state.

15 In Grayslake there is one station for
16 every 4,254 residents. In the state there's one
17 station for every 2,367 residents. As the report
18 states, there is no surplus of stations in this
19 10-mile radius; therefore, the need for access
20 here has been validated.

21 This project is very important to
22 Dr. Munir, his Grayslake patients, and to
23 Fresenius as we have carefully sought to focus on
24 addressing need where we see high utilization.

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1 I thank you for your patience during our
2 presentation, and we would be happy to answer any
3 questions you have.

4 CHAIRMAN SEWELL: Do Board members have
5 questions?

6 (No response.)

7 CHAIRMAN SEWELL: Let's have a roll call.

8 MR. ROATE: Thank you, sir.

9 Motion made by Demuzio; seconded by
10 McNeil.

11 Senator Demuzio.

12 MEMBER DEMUZIO: Yes, based upon the State
13 report and, also, the testimony I've just heard.

14 MR. ROATE: Thank you.

15 Mr. McGlasson.

16 MEMBER MC GLASSON: Yes, based on the
17 testimony.

18 MR. ROATE: Thank you.

19 Dr. McNeil.

20 MEMBER MC NEIL: Yes, based on the report
21 and testimony.

22 MR. ROATE: Thank you.

23 Ms. Murphy.

24 MEMBER MURPHY: Yes, based on the report

1 and today's testimony.

2 MR. ROATE: Thank you.

3 Chairman Sewell.

4 CHAIRMAN SEWELL: I vote no, failure to
5 meet the planning area need. And the testimony of
6 the Applicant was not compelling in terms of a
7 reason to ignore these two standards.

8 MR. ROATE: Thank you, sir.

9 We have 4 votes in the affirmative, 1 in
10 the negative.

11 MS. MITCHELL: You have received an intent
12 to deny. You will receive another opportunity to
13 come before the Board. You will receive a letter
14 in the mail explaining your opportunity to do so.

15 MS. WRIGHT: Thank you.

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

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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-04, Project No. 18-040, OSF St. Francis Medical
3 Center.

4 May I have a motion to approve
5 Project 18-040, OSF St. Francis Medical Center,
6 to establish a heart transplant program at its
7 hospital in Peoria.

8 MEMBER DEMUZIO: Motion.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MC NEIL: Second.

11 CHAIRMAN SEWELL: Okay. Could you
12 identify yourselves.

13 MR. HOHULIN: Mark Hohulin.

14 MR. ANDERSON: Hi. I'm Bob Anderson. I'm
15 president of St. Francis Medical Center.

16 DR. CLEMSON: Dr. Barry Clemson, a heart
17 service specialist.

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

20 (Three witnesses sworn.)

21 THE COURT REPORTER: Thank you. Please
22 print your names.

23 CHAIRMAN SEWELL: State agency report.

24 MR. CONSTANTINO: Thank you, sir.

1 The Applicant proposes to establish a
2 heart transplant program at OSF HealthCare,
3 St. Francis Hospital, in Peoria, Illinois.

4 The State would like to note the
5 State Board does not have a need methodology for
6 this service. The Applicants have provided a
7 methodology estimating the number of open-heart
8 transplants that will be performed in
9 OSF St. Francis Medical Center that will be
10 discussed in the application for permit.
11 Additionally, the State Board does not have a
12 utilization standard for this service.

13 There was no request for a public hearing;
14 no letters of opposition were received by the
15 State Board staff. Letters of support were
16 received. There were no findings related to this
17 project, and there is no cost.

18 Thank you, sir.

19 CHAIRMAN SEWELL: Thank you.

20 Do you have a presentation for the Board?

21 MR. HOHULIN: Good afternoon. Mark
22 Hohulin with OSF HealthCare system. With me is
23 Bob Anderson, who's the president of St. Francis
24 Medical Center, and Dr. Barry Clemson, who's the

1 OSF HealthCare heart failure medical director, and
2 we're happy to answer any questions you may have.

3 CHAIRMAN SEWELL: Do the Board members
4 have questions?

5 Yes, Doctor.

6 MEMBER MC NEIL: Where do your patients go
7 now for heart transplant?

8 DR. CLEMSON: Predominantly they go to the
9 centers in Chicago. Probably Northwestern, the
10 University of Chicago, and Advocate would be the
11 three most likely places for them to go.

12 On a rare occasion they may go elsewhere,
13 just depending on demographics and their
14 insurance. Some may go to St. Louis, rarely
15 Iowa City.

16 MEMBER MC NEIL: Prairie Heart Center
17 ever?

18 DR. CLEMSON: Prairie Heart Center does
19 not offer heart transplant services.

20 MEMBER MC NEIL: Heart transplants. So
21 we're really dealing then -- you already do
22 coronary operations. We're dealing with the
23 entire transplant, which is unique and --

24 MR. HOHULIN: Correct.

1 MEMBER MC NEIL: -- very limited in where
2 you get them done.

3 DR. CLEMSON: That is correct.

4 CHAIRMAN SEWELL: Do they do this service
5 at Loyola in Maywood?

6 DR. CLEMSON: They do currently. That
7 program's fluctuated over the years, but, yes,
8 they do at the moment.

9 CHAIRMAN SEWELL: All right.

10 Other questions?

11 MEMBER MC NEIL: How many are we talking
12 about in a year?

13 It's in --

14 DR. CLEMSON: Yeah. So I think pretty
15 much we looked at demographics within our
16 population area and we have an estimated growth
17 rate in there starting at around 3 to 4 a year but
18 hopefully not well above 10. I will tell you
19 that's a very conservative estimate, and I'm
20 pretty confident we'll be probably in the range of
21 10 to 20 a year.

22 MEMBER MC NEIL: Unless we can change all
23 the habits of people so they don't get coronary
24 artery disease and all of that that follows.

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1 DR. CLEMSON: That would be true.

2 MEMBER MC NEIL: But that's unlikely.

3 DR. CLEMSON: I don't see that coming
4 anytime soon.

5 MEMBER MC NEIL: Yeah.

6 CHAIRMAN SEWELL: All right. If there are
7 no other questions by Board members, roll call.

8 MR. ROATE: Thank you, sir.

9 Motion made by Demuzio; seconded by
10 McNeil.

11 Senator Demuzio.

12 MEMBER DEMUZIO: Yes. I'm going to vote
13 yes based upon the report and from what I've heard
14 today.

15 MR. ROATE: Thank you.

16 Mr. McGlasson.

17 MEMBER MC GLASSON: Yes, based on the
18 report.

19 MR. ROATE: Thank you.

20 Dr. McNeil.

21 MEMBER MC NEIL: Yes, based on the report
22 and testimony.

23 MR. ROATE: Thank you.

24 Ms. Murphy.

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1 MEMBER MURPHY: Yes, based on the positive
2 staff report.

3 MR. ROATE: Thank you.
4 Chairman Sewell.

5 CHAIRMAN SEWELL: Yes, based on the
6 report.

7 MR. ROATE: Thank you.
8 That's 5 votes in the affirmative.

9 MR. HOHULIN: Thank you.

10 DR. CLEMSON: Thank you very much.

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1 CHAIRMAN SEWELL: The next project is
2 H-04, Project No. 18-040, OSF St. Francis --

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

4 CHAIRMAN SEWELL: Oh, I sure am. What am
5 I doing? Must have been the lunch. I'm sorry.

6 H-05, Project 18-041, OSF Allied Agencies
7 building.

8 Can I have a motion to approve this
9 project, 18-041, OSF Allied Agencies building, to
10 relocate a medical office building in Peoria?

11 MEMBER DEMUZIO: Motion.

12 CHAIRMAN SEWELL: Second?

13 MEMBER MC NEIL: Second.

14 CHAIRMAN SEWELL: All right. And you need
15 to identify yourself because the other two have
16 already --

17 MS. POGUE: Tracy Pogue, OSF vice
18 president of ambulatory development.

19 CHAIRMAN SEWELL: Okay. And she needs to
20 be sworn in.

21 (One witness sworn.)

22 THE COURT REPORTER: Thank you.

23 CHAIRMAN SEWELL: State agency report.

24 MR. CONSTANTINO: Thank you, sir.

1 The Applicants propose to establish,
2 essentially, a medical office building in Peoria,
3 Illinois, at a cost of about \$19.3 million. The
4 expected completion date is August 31st, 2020.

5 There was no public hearing requested, no
6 letters of opposition were received, and we did
7 receive letters of support. There were no
8 findings related to this project.

9 Thank you, sir.

10 CHAIRMAN SEWELL: Okay.

11 Do y'all have a statement for the Board?

12 MR. HOHULIN: Again, Mark Hohulin with
13 OSF HealthCare, Bob Anderson with St. Francis
14 Medical Center. You met Tracy.

15 We're just here to answer any questions
16 that you may have.

17 CHAIRMAN SEWELL: Do Board members have
18 questions?

19 (No response.)

20 CHAIRMAN SEWELL: If not, we'll have a
21 roll call.

22 MR. ROATE: Thank you, sir.

23 Motion made by Ms. Demuzio; seconded by
24 Dr. McNeil.

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1 Senator Demuzio.

2 MEMBER DEMUZIO: Yes, based on the fact
3 that they have met all the criteria according to
4 the State report.

5 MR. ROATE: Thank you.

6 Mr. McGlasson.

7 MEMBER MC GLASSON: Yes, based on the
8 State report.

9 MR. ROATE: Thank you.

10 Dr. McNeil.

11 MEMBER MC NEIL: Yes, based on the State
12 report.

13 MR. ROATE: Thank you.

14 Ms. Murphy.

15 MEMBER MURPHY: Yes, based on the staff
16 report.

17 MR. ROATE: Thank you.

18 Chairman Sewell.

19 CHAIRMAN SEWELL: I vote yes based on the
20 State agency report.

21 MR. ROATE: Thank you.

22 That's 5 votes in the affirmative.

23 CHAIRMAN SEWELL: The project is approved.

24 MR. HOHULIN: Thank you.

1 MR. ANDERSON: Thank you.

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1 CHAIRMAN SEWELL: The next project is
2 H-06, Project No. 18-045, Fresenius Medical Care
3 West Belmont.

4 May I have a motion to approve Project
5 No. 18-045, Fresenius Medical Care West Belmont,
6 to add 4 ESRD stations to an existing 17-station
7 ESRD facility in Chicago.

8 MEMBER DEMUZIO: Motion.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MC NEIL: Second.

11 CHAIRMAN SEWELL: All right. And you have
12 been identified and sworn in.

13 So State agency report.

14 MR. CONSTANTINO: Thank you, sir.

15 The Applicants propose to add 4 stations
16 to an existing 17-station facility in Chicago,
17 Illinois. The cost of the project is
18 approximately 1.2 million, and the expected
19 completion date is March 31st, 2020.

20 A public hearing was offered but none was
21 requested. The project file contains no letters
22 of support and no letters of opposition. The
23 Applicants addressed a total of 18 criteria and
24 successfully addressed them all.

1 Thank you, sir.

2 CHAIRMAN SEWELL: Any statement for the
3 Board?

4 MS. WRIGHT: No. This is just a simple
5 addition of four stations, and we meet all your
6 criteria. So if you have any questions, I can
7 answer those.

8 CHAIRMAN SEWELL: Are there questions by
9 Board members of the Applicant?

10 (No response.)

11 CHAIRMAN SEWELL: If not, we'll have a
12 roll call.

13 MR. ROATE: Thank you, sir.

14 Motion made by Senator Demuzio; seconded
15 by Dr. McNeil.

16 Senator Demuzio.

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

19 MR. ROATE: Thank you.

20 Mr. McGlasson.

21 MEMBER MC GLASSON: Yes, based on the
22 staff report.

23 MR. ROATE: Thank you.

24 Dr. McNeil.

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1 MEMBER MC NEIL: Yes, based on the report.

2 MR. ROATE: Thank you.

3 Ms. Murphy.

4 MEMBER MURPHY: Yes, based on the report.

5 MR. ROATE: Thank you.

6 Chairman Sewell.

7 CHAIRMAN SEWELL: I vote yes based on the
8 report.

9 MR. ROATE: 5 votes in the affirmative.

10 CHAIRMAN SEWELL: Thank you.

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1 CHAIRMAN SEWELL: Okay. The next project
2 is H-07, Project No. 18-046, Fresenius Medical
3 Care Cicero.

4 May I have a motion to approve
5 Project 18-046, Fresenius Medical Care Cicero, to
6 add 2 ESRD stations to an existing 18-station ESRD
7 facility in Cicero.

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER MURPHY: Second.

11 CHAIRMAN SEWELL: State agency report.

12 MR. CONSTANTINO: Thank you, sir.

13 The Applicants propose to add 2 stations
14 to an existing 18-station facility for a total of
15 20 stations, at a cost of about \$46,000. The
16 completion date is expected to be December 31st,
17 2019.

18 No public hearing was requested, no
19 letters of support or opposition were received by
20 the State Board staff. The Applicants have
21 successfully addressed all the 18 criteria
22 required by the State Board.

23 Thank you, sir.

24 CHAIRMAN SEWELL: Thank you.

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1 Do you have anything to say?

2 MS. WRIGHT: Again, we meet all criteria,
3 so I'll be happy to answer any questions.

4 CHAIRMAN SEWELL: Are there questions by
5 Board members?

6 (No response.)

7 CHAIRMAN SEWELL: If not, the roll call.

8 MR. ROATE: Thank you, sir.

9 Motion made by Dr. McNeil; seconded by
10 Ms. Murphy.

11 Senator Demuzio.

12 MEMBER DEMUZIO: Yes, based upon the staff
13 report and meeting all the criteria.

14 MR. ROATE: Thank you.

15 Mr. McGlasson.

16 MEMBER MC GLASSON: Yes, based on the
17 report.

18 MR. ROATE: Thank you.

19 Dr. McNeil.

20 MEMBER MC NEIL: Yes, based on the report.

21 MR. ROATE: Thank you.

22 Ms. Murphy.

23 MEMBER MURPHY: Yes, based on the report.

24 MR. ROATE: Thank you.

1 Chairman Sewell.

2 CHAIRMAN SEWELL: Yes, based on the
3 report.

4 MR. ROATE: Thank you.

5 That's 5 votes in the affirmative.

6 CHAIRMAN SEWELL: Thank you.

7 MS. WRIGHT: Thank you.

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1 CHAIRMAN SEWELL: Do we have other
2 business?

3 MS. AVERY: No.

4 MS. MITCHELL: Yes.

5 CHAIRMAN SEWELL: Somebody said yes;
6 somebody said no.

7 MS. MITCHELL: Yes.

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

9 MS. AVERY: Next on the agenda is the
10 financial report. That was included in your
11 packets. Any questions, please let me know.

12 And, again, Kim Palmer, who is the
13 accountant for IDPH, is available to answer any
14 questions that I cannot.

15 CHAIRMAN SEWELL: Can I ask a question?
16 This is only moderately related to this.

17 Do we know who the director of IDPH is
18 going to be?

19 MS. AVERY: No.

20 CHAIRMAN SEWELL: We don't?

21 MS. AVERY: Nope.

22 CHAIRMAN SEWELL: Just checking.

23 MR. ROATE: Are you free?

24 MS. AVERY: Do y'all know?

1 No, he's not free.

2 MS. MITCHELL: Are you volunteering?

3 CHAIRMAN SEWELL: I'm not qualified to do
4 that.

5 MEMBER DEMUZIO: Courtney will be the new
6 director.

7 CHAIRMAN SEWELL: Okay.

8 Any questions on the financial report on
9 the Health Facilities Planning Fund?

10 Cash balance of \$2.4 million. Okay. Is
11 that good?

12 MS. AVERY: I would say it's not good,
13 it's not bad. Our revenues have declined over
14 the years.

15 CHAIRMAN SEWELL: I see. All right.

16 Are these other categories part of the
17 business we have to address?

18 MS. MITCHELL: Bed changes are.

19 CHAIRMAN SEWELL: Bed changes. Who has
20 that? Mike?

21 MR. CONSTANTINO: We had -- we didn't have
22 any bed changes.

23 We do have one profile correction to the
24 2017 profile for Riverside Medical Center that we

1 need your voice vote approval. They want to
2 change the number of observation beds from 13
3 to 4.

4 CHAIRMAN SEWELL: Okay. Do we need a
5 motion and a voice vote?

6 MS. AVERY: Voice vote.

7 CHAIRMAN SEWELL: Could someone move that
8 in the profile we change the number of observation
9 beds at Riverside Medical Center in Kankakee from
10 13 to 4?

11 MEMBER DEMUZIO: I'll make a motion.

12 CHAIRMAN SEWELL: Is there a second?

13 MEMBER MC NEIL: Second.

14 CHAIRMAN SEWELL: Any discussion?

15 (No response.)

16 CHAIRMAN SEWELL: Voice vote. All in
17 favor say aye.

18 (Ayes heard.)

19 CHAIRMAN SEWELL: Opposed?

20 (No response.)

21 CHAIRMAN SEWELL: All right. Motion
22 passes.

23 And there's an update on the guidelines
24 for public participation?

1 MS. MITCHELL: Yes.

2 CHAIRMAN SEWELL: Do you have something
3 else, Mike?

4 MR. CONSTANTINO: No, sir. No.

5 CHAIRMAN SEWELL: Okay.

6 MS. MITCHELL: You received today some
7 updates on the public participation guidelines,
8 and this is a result of -- the public access
9 counselor in the Attorney General's office is
10 charged with interpreting the Open Meetings Act
11 and FOIA laws, and they issue guidance in the form
12 of binding advisory opinions.

13 So based on some guidance that I received
14 from them through that, we had to update our
15 public participation guidelines to be more
16 compliant with what the Open Meetings Act requires
17 and allows for.

18 So this is what the update is and if
19 I could get these approved so they could go in
20 effect at the next meeting. If you have any
21 questions, I could answer them.

22 CHAIRMAN SEWELL: Looks like they go into
23 effect tomorrow.

24 MS. MITCHELL: Yes.

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1 CHAIRMAN SEWELL: Have Board members had a
2 chance to review these changes? And if so --

3 MS. MITCHELL: If you want, I could go
4 through -- if you guys want me to go through the
5 changes --

6 CHAIRMAN SEWELL: Is there a motion to
7 approve these?

8 MEMBER MC NEIL: So moved.

9 CHAIRMAN SEWELL: Is there a second?

10 MEMBER DEMUZIO: Second.

11 CHAIRMAN SEWELL: Any questions of Jeannie
12 on any of the details?

13 MEMBER MC GLASSON: Just an observation.

14 CHAIRMAN SEWELL: Yes.

15 MEMBER MC GLASSON: As I recall, most of
16 the written statements that have been read have
17 been on the part of office holders who passed
18 these.

19 MS. MITCHELL: "On the part of office
20 holders" -- you mean like legislators?

21 MEMBER MC GLASSON: Yes. Is that --

22 MS. AVERY: In the past?

23 MS. MITCHELL: Yeah.

24 MS. AVERY: Yes. I try to catch it but

1 I don't always catch it.

2 Would you like us to --

3 MEMBER MC GLASSON: Just an observation.

4 And presumably they will, at some point, have to
5 approve this.

6 MS. MITCHELL: We approve it. We
7 approve it.

8 MEMBER MC GLASSON: I know. But do they
9 ultimately, the General Assembly?

10 MS. MITCHELL: No. It's just us.

11 CHAIRMAN SEWELL: I think it's just us.

12 MS. AVERY: The Attorney General's office
13 gives us guidance on it but not approval.

14 MS. MITCHELL: We're the final authority
15 on this.

16 MEMBER MC GLASSON: Then Jeannie will be
17 the one telling them they can't read the
18 statement?

19 MS. MITCHELL: If I am so charged.
20 I don't mind being the bad guy.

21 MS. AVERY: Yes.

22 CHAIRMAN SEWELL: Okay. The motion is to
23 approve these public participation guidelines
24 changes.

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1 It's already been made -- right? -- and
2 second?

3 MR. ROATE: Yes, sir.

4 CHAIRMAN SEWELL: Any discussion?

5 (No response.)

6 CHAIRMAN SEWELL: That's right. I allowed
7 for that, too, didn't I?

8 Voice vote. All in favor say aye.

9 (Ayes heard.)

10 CHAIRMAN SEWELL: Opposed?

11 (No response.)

12 CHAIRMAN SEWELL: All right. The next
13 meeting of the Board is March 5th, here at the
14 Bolingbrook Golf Club.

15 Is there a motion to adjourn?

16 MEMBER MC NEIL: So moved.

17 CHAIRMAN SEWELL: Is there a second -- oh,
18 have you got something?

19 MR. ROATE: May I collect jump drives
20 before we adjourn.

21 CHAIRMAN SEWELL: Okay.

22 All in favor say aye.

23 (Ayes heard.)

24 CHAIRMAN SEWELL: Opposed?

1 (No response.)

2 CHAIRMAN SEWELL: Well, we are adjourned.

3 Thank you all very much.

4 (Off the record at 1:26 p.m.)

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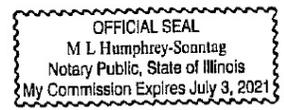
CERTIFICATE OF SHORTHAND REPORTER

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 14th day of February, 2019.

My commission expires July 3, 2021.





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

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