Transcript of Full Meeting

Date: June 4, 2019
Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Full Meeting

Bolingbrook, Illinois 60490

Tuesday, June 4, 2019

9:07 a.m.

BOARD MEMBERS PRESENT:

RICHARD SEWELL, Chairman

SENATOR DEANNA DEMUZIO

MARIANNE ETERNO MURPHY

BARBARA HEMME

JOHN MC GLASSON, SR.

RON MC NEIL

Job No. 223748A

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Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CRC, FAPR

1 EX OFFICIO MEMBERS PRESENT:
2 DAN JENKINS, Department of Healthcare
3 and Family Services
4 DULCE QUINTERO, Department of Human Services
5
6 ALSO PRESENT:
7 COURTNEY AVERY, Administrator
8 JEANNIE MITCHELL, General Counsel
9 MICHAEL CONSTANTINO, IDPH Staff
10 ANN GUILD, Compliance Manager
11 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. Good morning.
4 Let's start with a -- oh, no. I better
5 wait because George is not at his seat.
6 MR. ROATE: I'm on my way.
7 CHAIRMAN SEWELL: In the meantime, I want
8 to introduce two liaisons to the Board.
9 Mr. Dan Jenkins is here from the Illinois
10 Department of Healthcare and Family Services, and
11 Ms. Dulce Quintero is here from the Department of
12 Human Services.
13 So that was perfect timing to get George
14 back in his seat. Let's do a roll call.
15 MR. ROATE: Thank you, Chairman.
16 Senator Demuzio.
17 MEMBER DEMUZIO: Present.
18 MR. ROATE: Ms. Hemme.
19 MEMBER HEMME: Present.
20 MR. ROATE: Mr. McGlasson is still absent.
21 Dr. McNeil.
22 MEMBER MC NEIL: Present.
23 MR. ROATE: Ms. Murphy.
24 MEMBER MURPHY: Here.

1 MR. ROATE: Chairman Sewell.
2 CHAIRMAN SEWELL: Here.
3 MR. ROATE: That's five in attendance.
4 CHAIRMAN SEWELL: Thank you.
5 I want to thank Dr. Goyal for his service
6 as the liaison from Healthcare and Family
7 Services. We're sure that Mr. Jenkins will follow
8 in his footsteps.
9 All right. Okay. We are now going to go
10 into executive session, and we would respectfully
11 ask that all nonmembers and nonstaff could clear
12 the room, and we'll call you back in shortly.
13 I need a motion to go into closed session.
14 MEMBER DEMUZIO: Motion.
15 MEMBER MC NEIL: Second.
16 CHAIRMAN SEWELL: Moved and seconded.
17 All in favor, aye.
18 (Ayes heard.)
19 CHAIRMAN SEWELL: Opposed?
20 (No response.)
21 CHAIRMAN SEWELL: All right.
22 ///
23 ///
24 ///

1 (Member McGlasson joined the proceedings.
2 At 9:09 a.m. the Board adjourned into executive
3 session. Open session proceedings resumed at
4 9:17 a.m. as follows:)
5 CHAIRMAN SEWELL: Okay. We'll come back
6 to order.
7 There are no compliance issues, settlement
8 arrangement, or final orders; right?
9 MS. MITCHELL: Correct.
10 MS. AVERY: George, are the mics on?
11 MR. ROATE: Yes, ma'am.
12 CHAIRMAN SEWELL: May I have a motion to
13 approve today's meeting agenda.
14 MEMBER MC NEIL: So moved.
15 MEMBER DEMUZIO: Second.
16 CHAIRMAN SEWELL: Is there any discussion?
17 (No response.)
18 CHAIRMAN SEWELL: All in favor say aye.
19 (Ayes heard.)
20 CHAIRMAN SEWELL: Opposed?
21 (No response.)
22 CHAIRMAN SEWELL: May I have a motion to
23 approve the April 30, 2019, meeting transcript.
24 MEMBER DEMUZIO: Motion.

1 MEMBER MC NEIL: Second.
2 CHAIRMAN SEWELL: Any discussion?
3 (No response.)
4 CHAIRMAN SEWELL: All in favor, aye.
5 (Ayes heard.)
6 CHAIRMAN SEWELL: Opposed?
7 (No response.)
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1 CHAIRMAN SEWELL: Public participation.
2 MS. MITCHELL: Yes. You're going to be
3 called --
4 MS. AVERY: Jeannie, use your microphone.
5 MS. MITCHELL: You will be called up in
6 groups. When your name is called, please approach
7 this table. You'll be limited to two minutes when
8 speaking. At the beginning of your remarks,
9 please state and spell your name for the court
10 reporter.
11 And because these groups are not
12 necessarily by project number, if you can indicate
13 which project you're providing comments on, that
14 will be great.
15 First group, for OAK Ambulatory Surgical
16 Center, Project No. 19-001, Chris Shride and
17 Matthew M. Olszewski.
18 For Project 18-002, Retina Surgery Center,
19 Jackie Benacka and Shelly Roinas.
20 Please come up.
21 MR. SHRIDE: It's Chris Shride, C-h-r-i-s
22 S-h-r-i-d-e.
23 Good morning. My name is Chris Shride.
24 I'm the president of AMITA Health St. Mary's

1 Hospital, Kankakee. I'm here today to speak in
2 support of Project 19-001, OAK Ambulatory Surgery
3 Center.
4 This project proposes the replacement of a
5 surgery center in Bradley with a newer facility in
6 Bourbonnais, about 10 minutes away.
7 OAK Orthopedics is a pillar of both our
8 medical community and the Kankakee County
9 community and was the sole provider of orthopedic
10 services in the area for decades.
11 I know the members of the group to be
12 caring providers of high-quality contemporary
13 orthopedic services and members of our medical
14 community who have held numerous positions of
15 leadership. Their proposed project will enhance
16 their ability to provide those contemporary
17 services in a cost-effective manner to our
18 community.
19 The members of OAK Orthopedics take call
20 in our emergency department and routinely provide
21 needed care to area residents without insurance.
22 I am proud to have the members of
23 OAK Orthopedic on the AMITA St. Mary's Hospital
24 medical staff, and I encourage you to support

1 their commitment to our community by approving
2 their project today.
3 MS. BENACKA: I'm Jackie Benacka.
4 B-e-n-a-c-k-a. I'm with the Retina Surgery
5 Center.
6 We have many patients -- we have many
7 examples of everyday insurance issues that arise
8 with our patients. We do everything we can for
9 the patient to get the surgeries done in a timely
10 manner, all the while facing vigorous situations
11 and roadblocks that can occur. It is not just
12 about us doing the surgeries; it is about the
13 patients and what is best for them.
14 A lot of the patients are geriatric. They
15 are on fixed incomes with Medicaid insurances. It
16 is not always possible financially for us to take
17 the patients to surgery at a hospital that is out
18 of network. Finding a hospital with the correct
19 equipment that is insurance approved while being
20 close to the patient's home can be challenging.
21 One example of such a situation is a
22 patient who had a retinal detachment and was seen
23 July 11th, 2018, in our office. He needed to get
24 medically cleared and get surgery scheduled as

1 soon as possible.
2 It took until July 13th at 3:00 p.m., more
3 than 48 hours after the patient was seen, for an
4 approval for standard treatment of care surgery.
5 It took numerous phone calls on our behalf and an
6 exception letter and medical records sent to the
7 insurance company, to show the patient needed this
8 surgery emergently.
9 When calling to check in on the status of
10 the authorization of the surgery, I expressed my
11 concern for the patient and the circumstances.
12 I told the insurance -- I told the insurance
13 company the patient has a retinal detachment and
14 waiting for surgery could result in an
15 irreversible vision loss.
16 I was told and I quote, "You need to stop
17 being so dramatic. They will give the approval or
18 denial after reviewing the information."
19 At that time I knew I needed to speak to a
20 manager. Mind you, this was a nurse I was
21 speaking to, someone in the medical field. She
22 knows or should know the importance of a retinal
23 detachment.
24 I knew at that time if they were not going

1 to be advocates for the patient I needed to be.
2 This patient would have lost all vision if we did
3 not take the extreme steps on the patient's
4 behalf.
5 This was a story with a happy ending.
6 Unfortunately, it doesn't always end up that way.
7 It is not just the insurance companies dictating
8 where the patients can go but the hospitals not
9 taking the insurances. Patients are forced to
10 travel great lengths to be scheduled at surgeries
11 in network.
12 MR. ROATE: Two minutes.
13 MS. BENACKA: Thank you.
14 CHAIRMAN SEWELL: Could you tell us what
15 project you were speaking to?
16 MS. BENACKA: The Retina Surgery Center.
17 CHAIRMAN SEWELL: Okay.
18 MS. ROINAS: I'm Shelly Roinas. Last
19 name's R-o-i-n-a-s. I'm with the Retina Surgery
20 Center, too.
21 I have known since I began wearing glasses
22 at age 3 that there may be problems because of the
23 severe nearsightedness I inherited from my mom.
24 My vision never stopped me until February 2018.

1 My greatest fear came true when in a moment my
2 vision was greatly impaired. I was referred to
3 Dr. Michael because of my presenting condition and
4 my insurance.
5 Dr. Michael and his staff were incredible
6 from the very first moment we met. With each of
7 the four surgeries, I witnessed how Dr. Michael
8 and his staff worked long hours to schedule
9 procedures. There were times when I would get
10 phone calls late at night or early the next
11 morning outside of regular working hours.
12 My surgery to repair a macular hole and
13 retinal tear stands out because the time-sensitive
14 procedure just couldn't get scheduled. Between my
15 health insurance and the OR unavailability at
16 multiple hospitals, the time and energy spent was
17 unbelievable.
18 My family was on hold for three days, and
19 I didn't eat or drink each day until I was told
20 the procedure wouldn't occur.
21 Ultimately, Dr. Michael made special calls
22 and pleaded for an operating room on Saturday,
23 May 5th. It was an unsettling experience going
24 through the emergency room instead of a day

1 surgery. It was clear we were doing something out
2 of the norm given how every person we encountered
3 was confused why I was there.
4 The hospital had a skeletal staff, given
5 the special circumstances, and the nurses and
6 anesthesiologist were quick and often to comment
7 how they had to come in on a Saturday. Imagine
8 how that made me feel. If it weren't for
9 Dr. Michael's reassurances, connections, and
10 expertise, I'm not sure what would have happened.
11 Furthermore, not being able to schedule
12 this procedure until a Saturday meant Dr. Michael
13 needed to interrupt his Sunday, along with my
14 family member, to have the necessary follow-up
15 appointment the next day after surgery.
16 This was not the first time Dr. Michael
17 had gone out of his way for me. At the hospital
18 bedside, just minutes before my first surgery, he
19 was still helping my sister procure facedown
20 medical equipment. So much happens when --
21 MR. ROATE: Two minutes.
22 MS. ROINAS: Thank you for supporting
23 Dr. Michael's efforts.
24 THE COURT REPORTER: Please leave your

1 comments on the table.
2 MS. MITCHELL: Did you speak, sir?
3 MR. OLSZEWSKI: I have not.
4 Good morning, members of the Board. My
5 name is Matthew Olszewski. I am a vice president
6 and chief credit officer with Peoples Bank of
7 Kankakee County.
8 I'm here today both in support of
9 OAK Orthopedics' plans to develop a surgery center
10 in Bourbonnais and to explain the letter that's
11 been provided by the bank relating to our desire
12 to provide the financing for this project.
13 Last month our bank provided a letter that
14 included the statement, quote, "This letter
15 confirms the commitment of Peoples Bank of
16 Kankakee County, that, should the Illinois Health
17 Facilities and Services Review Board approve
18 Project No. 19-001, it will loan OAK ASC, LLC,
19 $6.707 million in accordance with the terms and
20 conditions documented in the application for
21 permit."
22 The letter goes on to say, "Said
23 commitment is subject to customary lender due
24 diligence on the proposed property and is

1 conditioned on there being no material change to
2 the financial condition of the borrower or
3 guarantors," end quote. That second sentence, as
4 I understand it, caused concern and a negative
5 finding by your staff.
6 I'm here to assure you that, one,
7 OAK Orthopedics is a long-standing and cherished
8 client of the bank and the members of OAK are
9 highly respected members of our community.
10 Two, the wording in the letter is standard
11 wording included in all such letters issued by our
12 bank.
13 Three, given that the loan will not be
14 needed for approximately another six months, any
15 bank would be remiss in not providing similar
16 language.
17 Four, we fully intend to live up to the
18 commitment we set forth in our letter.
19 And, five, our bank is interested in
20 supporting endeavors that benefit our community,
21 and OAK's proposed surgery center certainly fits
22 that description.
23 Should you have any questions relating to
24 the position of our bank on this project, let me

1 assure you that this is a project that we look
2 forward to funding.
3 Thank you.
4 CHAIRMAN SEWELL: Thank you.
5 MS. MITCHELL: Next up for Jackson Park,
6 Exemption No. E-016-19, Dan Bailey, Yulonda Clark,
7 Myrna Dennis, and Harriet Moore.
8 You may begin.
9 MR. BAILEY: Okay. I'm Dan Bailey. I'm a
10 member of National Nurses Organizing Committee/
11 National Nurses United. My union represents more
12 than 155,000 registered nurses across the country
13 and over 6,000 in Illinois.
14 In congruence with our right and duty of
15 patient advocacy, we are compelled to strongly
16 oppose the closure of the labor and delivery
17 services of Jackson Park Hospital, JPH.
18 After careful review of the petition
19 submitted by JPH, its own community health needs
20 assessment, as well as other publicly available
21 data related to the health and safety of mothers
22 and infants in the region that is served by JPH,
23 it is clear that the health needs of the community
24 demand expansion of perinatal services rather than

1 elimination of vital safety net care.
2 Through this careful evaluation, National
3 Nurses Organizing Committee/NNU has concluded that
4 elimination of obstetric services at Jackson Park
5 Hospital does not serve the health, welfare, and
6 safety interests of the public and patients in
7 this vulnerable community.
8 There are many issues of concern. The
9 elimination of obstetric services will endanger an
10 already vulnerable population, and that's what the
11 community needs assessment performed by Jackson
12 Park Hospital said.
13 The community served by Jackson Park
14 Hospital has high poverty rates, household poverty
15 rates. Elimination of services will further
16 exacerbate racial health care disparities. The
17 JPH community service area has low rates of
18 mothers that receive early and adequate prenatal
19 care. Infant mortality is high, higher than
20 average. The disruption of the Illinois
21 Department of Public Health perinatal care network
22 will occur. Taxpayers spent over $10 million
23 improving women's health services spaces at that
24 hospital.

1 So given that, we have three demands: The
2 application for elimination of obstetric services
3 submitted by JPH must be denied; an independent
4 audit of JPH finances must be conducted; an impact
5 analysis of the State of Illinois perinatal care
6 network must be conducted before any services are
7 eliminated at JPH.
8 MR. ROATE: Two minutes.
9 MR. BAILEY: We have submitted something
10 already -- this -- and we have a white paper that
11 will be given to you by the end of the week.
12 MR. ROATE: Two minutes.
13 MR. BAILEY: Thank you.
14 MS. CLARK: Good morning.
15 My name is Yulonda Clark, Y-u-l-o-n-d-a
16 C-l-a-r-k.
17 Good morning, ladies and gentlemen of the
18 Illinois health care facilities Board. After a
19 rather long, nearly 60-minute difficult commute
20 from my Chicago South Side safety net hospital,
21 Jackson Park, where the majority of my patients
22 look like me and where the majority of the
23 families coming to my hospital struggle under high
24 rates of unemployment and poverty, to this country

1 club setting surrounded by green grass and
2 affluence, please give me a moment to reorientate
3 myself with the hope that those sitting on this
4 Board can see, feel, and hear what I, as a
5 registered nurse for over 28 years, must see and
6 experience delivering much-needed care as a
7 bedside nurse at Jackson Park Hospital.
8 I have made this difficult journey because
9 I am alarmed that my hospital, Jackson Park, has
10 made an extremely wrong calculation about their
11 decision to close maternal child services for the
12 community I just described. With higher rates of
13 infant mortality, mothers accessing prenatal care
14 and the poverty that drives some of this, I felt
15 that I would be derelict as a nurse not to make
16 this journey.
17 I find that I am confused about JPH
18 administration's decision to close these services
19 knowing that every administration --
20 administrator -- is given a bonus of $25,000
21 quarterly regardless of how the hospital is
22 performing financially. I'm deeply concerned
23 about the decisions when administration earns
24 salaries that are comparable to salaries of

1 administrators in hospitals that are much better
2 financially situated than JPH.
3 I'm confused because the very outreach and
4 improvement recommendations that hospital
5 administrators pledged to make to expand the
6 maternal-child services at JPH have all been
7 ignored.
8 I have to question why JPH received nearly
9 $11 million to upgrade and improve ob-gyn
10 facilities --
11 MR. ROATE: Two minutes.
12 MS. CLARK: -- only to close those
13 services a year later.
14 What -- I am saying that we have to keep
15 this facility open.
16 MR. ROATE: Two minutes.
17 CHAIRMAN SEWELL: Please, Ms. Clark.
18 Thank you.
19 MS. DENNIS. Good morning. My name is
20 Myrna Dennis, M-y-r-n-a D-e-n-n-i-s.
21 I'm a registered nurse at Jackson Park
22 Hospital for six years. I've worked -- I've been
23 a registered nurse for 20 years, worked at Jackson
24 Park for 6 years.

1 I've -- I am today -- I'm here today
2 because I cannot be silent about Jackson Park's
3 application to end ob-gyn service.
4 I am also proud -- I'm also a proud member
5 of the National Nursing Association community. As
6 a member of this union, I know and I have certain
7 protection and right, not necessarily affordable
8 to nurses who do not belong to a union.
9 As such, I want this committee to clearly
10 understand that nurses working in the ob-gyn
11 department here have to advocate for the
12 community, women and children who have -- who have
13 and should continue to benefit from these
14 important critical services.
15 Indeed, because we are union nurses, we
16 know there are processes in place to protect us,
17 and so our concern is not for the job but for
18 the -- but our concern is there is -- again -- for
19 the -- that -- sorry -- for the impacted
20 community. I don't have my glasses on.
21 We believe that the infant mortality rate
22 and maternal -- and maternal health must be --
23 must be the only consideration when looking at
24 this issue. It is shameful that in 2019 we still

1 have preventable infant mortality and maternal
2 deaths in the community of color, like the
3 community surrounding Jackson Park Hospital.
4 We became nurses in order to provide
5 the best care possible so that our patients are
6 able to achieve the best health outcome possible.
7 For us --
8 MR. ROATE: Two minutes.
9 MS. DENNIS: We realize that the goal of
10 safety of the hospital in Jackson Park must be our
11 mission.
12 Thank you.
13 CHAIRMAN SEWELL: Thank you.
14 MS. MOORE: Good morning, ladies and
15 gentlemen of the health care facility.
16 My name is Harriet Moore, H-a-r-r-i-e-t
17 M-o-o-r-e. I've been an OB technician for
18 35 years. I have worked at Jackson Park Hospital
19 for seven.
20 I am here to speak in opposition of the
21 application of JPH to close their ob-gyn service.
22 I, along with the other nursing colleagues, spent
23 time knocking on doors of the community
24 surrounding Jackson Park Hospital.

1 We went to get -- we wanted to get to know
2 our neighbors, but, more importantly, we wanted to
3 hear directly from them the impact of the outreach
4 JPH claimed they conducted as a part of the
5 million dollars of monies to improve the
6 maternal-child health care.
7 We did a sampling of about a hundred-plus
8 families and discovered that not one door that we
9 knocked on knew about the newly remodeled
10 state-of-the-art ob-gyn department.
11 Not only that, not only one family we
12 spoke with said that they received or heard any
13 information or been invited to the facility to
14 tour the newly -- or any other engagement of the
15 hospital, their mission of improving the maternal-
16 child health care.
17 We were -- our canvassing is decidedly
18 informal. We believed we should have run into at
19 least one small percentage of these families that
20 were familiar with the maternal-child program JPH
21 is part of. We wanted to share with you the
22 signatures of getting out to canvass, indicating
23 that they are opposed to the closing of these
24 services.

1 Again, we urge this body to, therefore,
2 investigate the impact of the closing of the
3 service before allowing them to close.
4 Thank you very much.
5 CHAIRMAN SEWELL: Thank you.
6 MS. MITCHELL: Was there anyone else who
7 signed up to speak whose name was not called and
8 who wishes to speak?
9 (No response.)
10 MS. MITCHELL: All right. That concludes
11 public participation.
12 If you have written comments, if you'd
13 please leave them on the table, at the edge of the
14 table -- at the end of the table.
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1 CHAIRMAN SEWELL: There are no items
2 approved by the Chair, and we need to take about a
3 half-a-minute break right here. Nobody leave.
4 That wasn't even half a minute. We're
5 back in order.
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1 CHAIRMAN SEWELL: Now we're dealing with
2 items for the State Board action, permit renewal
3 requests.
4 First project is A-01, Project No. 16-048,
5 Ferrell Hospital in Eldorado.
6 May I have a motion to approve a 24-month
7 permit renewal for this project.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN SEWELL: All right.
12 THE COURT REPORTER: Would you raise your
13 right hands, please.
14 (Two witnesses sworn.)
15 THE COURT REPORTER: Thank you. And
16 please print your names.
17 CHAIRMAN SEWELL: Okay.
18 (An off-the-record discussion was held.)
19 CHAIRMAN SEWELL: State agency report.
20 MR. CONSTANTINO: Thank you, Mr. Sewell.
21 In March of 2017 Ferrell Hospital in
22 Eldorado was approved for a large modernization of
23 the hospital at a cost of approximately
24 $37.4 million. The hospital is requesting a

1 24-month permit renewal, from the original
2 March 31st, 2019, completion date until
3 March 31st, 2021.
4 At the March 2019 State Board meeting, the
5 State Board asked the permit holder to submit
6 additional information to address some concerns of
7 the State Board with the permit renewal request.
8 That information has been provided to the Board
9 members.
10 The reason for this renewal is -- was the
11 delay in securing the financing commitment from
12 the USDA. The hospital does not -- does have that
13 commitment now.
14 There were no letters of opposition
15 received by the Board.
16 Thank you.
17 CHAIRMAN SEWELL: All right. Do you have
18 any comments for the Board?
19 MS. COLEMAN: Good morning. I'm Alisa
20 Coleman. I'm the chief executive officer of
21 Ferrell Hospital. On behalf of all of our
22 community, we want to thank you for your
23 consideration this morning.
24 With me here today is Ed Parkhurst, our

1 CON consultant, and behind me is our regulatory
2 legal counsel, Dan Lawler.
3 We are here with respect to the Review
4 Board deferred permit renewal, which was
5 originally on the March agenda. The State Board
6 staff report indicates that we have submitted all
7 the information required for the permit renewal.
8 As you are aware, there was a question
9 raised regarding our proposed financing structure
10 which we were requested to address. Related
11 documentation has been submitted and is included
12 in the staff report.
13 Before specifically responding to the
14 Board request regarding our financing, let me
15 first review the approved project status.
16 Our USDA permanent long-term loan was
17 approved and funds obligated in letters dated
18 August 28th, 2018, and February 7, 2019. The USDA
19 does not typically fund construction, hence our
20 requirement for phased financing including
21 construction and permanent financing. More on
22 this in just a moment.
23 The initial construction began in late
24 2018, as indicated in our formal filing with the

1 Illinois Department of Public Health.
2 Our first annual progress report was filed
3 on March 1st, 2019, indicating approximately
4 5.3 percent of the approved CON capitalized
5 project cost was expended.
6 The approved CON project was financially
7 committed and obligated in our notification to the
8 Illinois financing -- Illinois Facilities Services
9 Review Board, in a letter dated March 13, 2019.
10 At this point approximately 60 percent of the CON
11 approved capitalized project cost was legally
12 obligated.
13 At the Review Board's March request,
14 additional information pertaining to our financial
15 structure was submitted in documentation dated
16 April 2nd, 2019.
17 To the best of my knowledge, we have
18 submitted all the information required by or
19 requested by the State agency.
20 More specifically, in response to the
21 Board's request to clarify our financing strategy,
22 let me summarize the information included in the
23 State Board staff report.
24 The USDA does not generally finance

1 construction but provides community development
2 loans for permanent financing, hence our need to
3 provide construction financing, which will be
4 repaid by the USDA loan when construction and
5 occupancy is completed.
6 The financing plan has two major
7 components: Construction or interim financing and
8 permanent financing.
9 The construction financing has two
10 components, initial and construction with an
11 average interest rate over its duration of
12 3.91 percent. The permanent USDA financing has an
13 average interest rate of 3.875 percent.
14 The calculated combined average interest
15 rate for both construction and permanent financing
16 over the approved project's duration is
17 3.876 percent. Comparative hospital project
18 interest rates as submitted in our additional
19 information ranged from 5.98 percent to
20 3.88 percent.
21 Again, to the best of my knowledge, the
22 financing structure and related interest rates are
23 comparable to other hospital financing as well as
24 being the most appropriate and least costly. We

1 trust this information complies with the Review
2 Board's March request.
3 Let me also add that Ferrell Hospital is
4 one of the largest employers in a county of
5 24,000; therefore, the prospect of continued
6 existence as an employer, the continued existence
7 as a health care provider in southern Illinois
8 provides stability to the local communities we
9 serve.
10 I must also underscore the enthusiasm.
11 Because of this project, we now have recruited
12 enough primary care providers as a foundation to
13 support this project, in addition to support
14 specialties -- such as general surgery, colorectal
15 surgery, cardiology, urology, podiatry -- and
16 we're currently recruiting ENT and orthopedic
17 specialties. These primary care and specialty
18 providers, coupled with a modernized facility,
19 will provide an excellent opportunity to meet the
20 health care needs of the community now and well
21 into the future.
22 We are prepared to answer your questions,
23 and we respectfully ask our permit renewal be
24 approved.

1 Thank you.
2 CHAIRMAN SEWELL: Thank you.
3 Are there questions of this Applicant?
4 MEMBER MC GLASSON: I have some.
5 CHAIRMAN SEWELL: Yes.
6 THE COURT REPORTER: Use your mic, please.
7 MEMBER MC GLASSON: You may be familiar
8 with Streator, Illinois. Streator is a community
9 of about 13,000 people, actually more than
10 four times the size of your community. It exists
11 in a county of 110,000; again, more than
12 four times the size of your county.
13 Streator's hospital was sold and then
14 closed, and this Board facilitated the addition of
15 a freestanding emergency room and a medical office
16 building, and that project was completed -- or
17 nearly complete at this point -- at a cost of
18 about a third of your project.
19 In Streator's case the nearest hospitals
20 were 20 and 26 miles from Streator. In your case
21 you have a hospital 7 miles away and another
22 hospital barely 30 miles away.
23 Did you consider an alternative such as
24 this as a better expenditure of the taxpayer

1 dollar than the project you're currently
2 undertaking?
3 MS. COLEMAN: I believe we presented that
4 information, Mr. McGlasson, when we first applied
5 for the CON permit initially, so all of those
6 items were clearly addressed in our initial
7 application. So, yes, we did.
8 MEMBER MC GLASSON: That's all I have.
9 CHAIRMAN SEWELL: Other questions of this
10 Applicant?
11 Yes, Doctor.
12 MEMBER MC NEIL: Just some technical
13 questions.
14 How many bed hospital are you?
15 MS. COLEMAN: We're a critical-access
16 hospital, 25 beds.
17 MEMBER MC NEIL: 25 beds. And you have an
18 ER, emergency room?
19 MS. COLEMAN: Yes. We have a 24-hour
20 emergency department, 25-bed facility, yes.
21 MEMBER MC NEIL: And your gross revenues
22 approximately?
23 MS. COLEMAN: Around 34 million.
24 MEMBER MC NEIL: And you're borrowing

1 almost that much, paid back over time?
2 MS. COLEMAN: Right.
3 The critical-access hospital reimbursement
4 model does allow for facilities in this category
5 to accelerate depreciation. And so the
6 reimbursement model allows for the cost-based
7 reimbursement, which depreciation is one of those
8 allowable costs, and so that accelerated
9 depreciation does insert cash into the project,
10 especially in the early years.
11 MEMBER MC NEIL: Now, the hospitals close
12 by, they have ERs, all kinds of things?
13 MS. COLEMAN: Yes, they do.
14 MEMBER MC NEIL: And what do you do that
15 they don't do?
16 MS. COLEMAN: We're an acute care
17 hospital. There are other acute care hospitals
18 surrounding us. Some of those hospitals have
19 specialty services; some do not.
20 We are prepared to add orthopedic
21 services, a full-time orthopedic service. That's
22 not currently being provided in a hospital in our
23 near location. There are the hospitals within
24 an hour that are providing those types of

1 services, but it's difficult when you're in a
2 rural community to make those long distances to
3 travel for care, so having that care close to home
4 is ideal.
5 CHAIRMAN SEWELL: Are there other
6 questions of this Applicant?
7 (No response.)
8 CHAIRMAN SEWELL: If not, roll call.
9 MR. ROATE: Thank you, sir.
10 Motion made by McNeil; seconded by
11 Demuzio.
12 Senator Demuzio.
13 MEMBER DEMUZIO: I vote yes, based upon
14 the staff findings and also the verbal
15 communication and explanation today.
16 MR. ROATE: Thank you.
17 Ms. Hemme.
18 MEMBER HEMME: Yes, based on staff reports
19 and based on testimony here today.
20 MR. ROATE: Thank you.
21 Mr. McGlasson.
22 MEMBER MC GLASSON: No, based on my
23 concerns for the financing issues.
24 MR. ROATE: Thank you.

1 Dr. McNeil.
2 MEMBER MC NEIL: Yes, based on the
3 testimony and the written report.
4 MR. ROATE: Ms. Murphy.
5 MEMBER MURPHY: Yes, based on the
6 State Board staff report and today's testimony.
7 MR. ROATE: Thank you.
8 Chairman Sewell.
9 CHAIRMAN SEWELL: I vote yes, based on the
10 State agency report.
11 MR. ROATE: Thank you.
12 That's 5 votes in the affirmative; 1 vote
13 in the negative.
14 CHAIRMAN SEWELL: The permit renewal is
15 approved. Thank you.
16 MS. COLEMAN: Thank you very much.
17 MR. PARKHURST: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 A-02, Project No. 17-020, AMITA Health Bartlett,
3 MOD.
4 MS. AVERY: "Medical office building."
5 CHAIRMAN SEWELL: Oh, "medical office
6 building," yes, in Bartlett.
7 May I have a motion to approve a
8 four-month permit renewal for this project?
9 MEMBER DEMUZIO: Motion.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER MURPHY: Second.
12 CHAIRMAN SEWELL: Please identify
13 yourselves and be sworn in.
14 MR. AXEL: Good morning, Mr. Sewell.
15 I'm Jack Axel with Axel & Associates.
16 Seated with me is Joe Stark, representing AMITA
17 Health this morning.
18 THE COURT REPORTER: Would you raise your
19 right hands, please.
20 (Two witnesses sworn.)
21 THE COURT REPORTER: Thank you. And print
22 your names, as well, if you wouldn't mind.
23 CHAIRMAN SEWELL: State agency report.
24 MR. CONSTANTINO: Thank you, Mr. Sewell.

1 In July of 2017 the permit holders were
2 approved to establish a medical clinics building
3 in Bartlett, Illinois, at a cost of $26.5 million.
4 The permit holders are requesting a four-month
5 permit renewal, from January 31st to May 31st,
6 2019.
7 The reason for the renewal request is to
8 complete the necessary paperwork to file the final
9 cost report for the State Board.
10 No opposition was received.
11 Thank you.
12 CHAIRMAN SEWELL: Thank you.
13 Do you have a statement for the Board?
14 MR. AXEL: Yes, very briefly.
15 As Mike mentioned, we requested an
16 extension to complete the final cost report. We
17 have received all of the invoices from the various
18 contractors now, and, in fact, we intend to file
19 this, our final cost report, by the end of this
20 week. The project is coming in approximately
21 8 percent below budget.
22 Thank you. We'd be happy to answer any
23 questions you have.
24 CHAIRMAN SEWELL: Board members have

1 questions of this Applicant?
2 (No response.)
3 CHAIRMAN SEWELL: If not, roll call.
4 MR. ROATE: Thank you, sir.
5 Senator Demuzio.
6 MEMBER DEMUZIO: Yes, based on the staff
7 report.
8 MR. ROATE: Ms. Hemme.
9 MEMBER HEMME: Yes, based upon the staff
10 report.
11 MR. ROATE: Mr. McGlasson.
12 MEMBER MC GLASSON: Yes, based on the
13 staff report.
14 MR. ROATE: Dr. McNeil.
15 MEMBER MC NEIL: Yes, based on the
16 testimony of May 31st, the report due in the next
17 week or so to complete this. So yes.
18 MR. ROATE: Ms. Murphy.
19 MEMBER MURPHY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Chairman Sewell.
23 CHAIRMAN SEWELL: Yes, based on the staff
24 report.

1 MR. ROATE: Thank you.
2 That's 6 votes in the affirmative.
3 CHAIRMAN SEWELL: All right. The permit
4 renewal is approved.
5 MR. AXEL: Thank you.
6 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 A-03, Project No. 17-051, St. Anthony Cancer
3 Treatment Center in Alton.
4 May I have a motion to approve a six-month
5 permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 MEMBER DEMUZIO: Second.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN SEWELL: Is there anyone here to
11 represent the Applicant?
12 MR. CONSTANTINO: No.
13 MS. MITCHELL: No.
14 CHAIRMAN SEWELL: No. All right.
15 State agency report.
16 MR. CONSTANTINO: Thank you, Mr. Sewell.
17 In January of 2018 the permit holders were
18 approved to construct a cancer treatment center on
19 the campus of St. Anthony Health Center in Alton,
20 Illinois. The cost of the project was
21 approximately $14.1 million.
22 The permit holders are requesting a
23 six-month permit renewal, from June 30th, 2019, to
24 December 31st, 2019. The reason for the renewal

1 request is the extreme weather of 2018 and early
2 2019 that delayed construction.
3 No letters of opposition were received.
4 Thank you.
5 CHAIRMAN SEWELL: All right.
6 Any questions of staff on this one?
7 (No response.)
8 CHAIRMAN SEWELL: If not, the roll call.
9 MR. ROATE: Thank you, sir.
10 Motion made by McNeil; seconded by
11 Demuzio.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based upon the staff
14 report.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: Yes, based upon the staff
18 report.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based upon the
22 staff report.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the staff report.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the staff report.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

CHAIRMAN SEWELL: All right. The permit is approved.

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1 CHAIRMAN SEWELL: Next is A-04, Project
2 No. 17-3017, Provident Hospital of Cook County in
3 Chicago. It's the second request.
4 May I have a motion to approve a 12-month
5 permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 CHAIRMAN SEWELL: Would you please
10 identify yourself and be joined in.
11 MS. PATEL: Sure.
12 My name is Amee Patel, spelled A-m-e-e
13 P-a-t-e-l. I'm CON counsel to Cook County
14 Hospital and Health Services.
15 MR. WILLIAMS: Good morning. My name is
16 John Williams.
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: All right. State agency
22 report.
23 MR. CONSTANTINO: In November of 2017 the
24 permit holders were approved to establish a

1 12-station ESRD facility at a cost of
2 approximately $2.23 million at Provident Hospital.
3 The permit holders are requesting a
4 12-month permit renewal, from December 31st, 2019,
5 to December 31st, 2020. This is the second permit
6 renewal request for this project.
7 The reasons for the permit renewal are the
8 hospital had higher priority construction projects
9 to complete. It's our understanding the permit
10 holders have let the RFP for this project.
11 And there has been no opposition received.
12 Thank you.
13 CHAIRMAN SEWELL: Thank you.
14 Do you have a presentation for the Board?
15 MS. PATEL: We do not. We have just a few
16 brief comments.
17 We'd like to concur with the State agency
18 report. I want to turn it to Mr. Williams to give
19 a statement about the status of the project.
20 MR. WILLIAMS: Good morning again. So
21 thank you for hearing us for this extension.
22 We basically asked for the extension
23 because initially we had a problem getting our
24 RFP, getting qualified candidates in. I wanted to

1 get people that knew how to do a dialysis center
2 and do it well. My initial responses for the RFP
3 did not have those type of contractors that
4 responded, so we went back out for bid.
5 We recently had a meeting with six
6 different vendors, and two of those vendors I'm
7 assured have -- based on their references -- have
8 that experience.
9 So, subsequently, we can build a dialysis
10 center that's going to be built the right way.
11 I'm kind of a stickler about those type of things.
12 I don't want to build anything that's not going to
13 be profitable, so that's what has taken us so
14 long.
15 And now we have a qualified candidate --
16 at least two candidates in -- and I believe that
17 we will probably have the construction completed
18 by the end of 2020 without a doubt.
19 CHAIRMAN SEWELL: All right. Just for
20 clarification, this is a permit renewal, not an
21 exemption?
22 MR. WILLIAMS: Yes, a permit renewal.
23 I'm sorry.
24 CHAIRMAN SEWELL: Questions of this

1 Applicant?
2 Yes, sir.
3 MEMBER MC NEIL: And what size dialysis
4 center is it? How many patients do you intend to
5 have at any given time?
6 MR. WILLIAMS: I believe we had put in for
7 12 seats, a 12-seat dialysis unit.
8 MEMBER MC NEIL: Yes. And that's
9 multiplied over -- probably a hundred patients
10 or so?
11 MR. WILLIAMS: You mean how many patients?
12 MEMBER MC NEIL: At any given time.
13 MS. PATEL: We wouldn't -- I don't have
14 that information in front of me. We did put that
15 as part of the application, but I don't have it at
16 this time.
17 MEMBER MC NEIL: Okay.
18 (An off-the-record discussion was held.)
19 MS. AVERY: Do you want to comment about
20 it being --
21 MR. CONSTANTINO: It would be between
22 50 and 60 patients at any one given time.
23 MS. AVERY: Because of the ratio?
24 CHAIRMAN SEWELL: Did you all hear that?

1 MEMBER HEMME: No.
2 MR. CONSTANTINO: It would be approximately
3 50 to 60 patients at any one given time for a
4 12-station facility.
5 MS. AVERY: And as inpatients. Just for
6 patients?
7 CHAIRMAN SEWELL: Just for inpatients?
8 MR. CONSTANTINO: For inpatients, yes.
9 CHAIRMAN SEWELL: Okay. Other questions
10 of the Applicant?
11 (No response.)
12 CHAIRMAN SEWELL: Okay. If not, roll call.
13 MR. ROATE: Thank you.
14 Motion made by McNeil; seconded by Murphy.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Yes, based upon the staff
17 report and testimony today.
18 MR. ROATE: Thank you.
19 Ms. Hemme.
20 MEMBER HEMME: Yes, based on the staff
21 report and testimony here.
22 MR. ROATE: Mr. McGlasson.
23 MEMBER MC GLASSON: Yes, based on the
24 staff report.

1 MR. ROATE: Dr. McNeil.
2 MEMBER MC NEIL: Yes, based upon the staff
3 report and additional information.
4 MR. ROATE: Thank you.
5 Ms. Murphy.
6 MEMBER MURPHY: Yes, based on the staff
7 report and today's testimony.
8 MR. ROATE: Thank you.
9 Chairman Sewell.
10 CHAIRMAN SEWELL: Yes, based on the staff
11 report.
12 MR. ROATE: Thank you.
13 That's 6 votes in the affirmative.
14 CHAIRMAN SEWELL: Your permit renewal is
15 approved.
16 Thank you.
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1 CHAIRMAN SEWELL: Next is A-05,
2 Project 17-058, Premier Cardiac Surgery Center in
3 Merrionette Park.
4 May I have a motion to approve a
5 five-month permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER DEMUZIO: Second.
9 CHAIRMAN SEWELL: Seconded.
10 You got that? Okay.
11 All right. Could you identify yourself
12 and be sworn in?
13 MR. BERLIN: Yes. I'm Mark Berlin. I'm
14 the chief operating officer for Heart Care Centers
15 of Illinois, who is the owner of the Premier
16 Cardiac Surgery Center.
17 THE COURT REPORTER: Would you raise your
18 right hand, please.
19 (One witness sworn.)
20 THE COURT REPORTER: Thank you. And print
21 your name, please.
22 CHAIRMAN SEWELL: State agency report.
23 MR. CONSTANTINO: Thank you.
24 In February of 2018 the permit holders

1 were approved to establish a single-specialty ASTC
2 at a cost of approximately $1.3 million. The
3 permit holders are requesting a five-month permit
4 renewal, from January 31st to December 31st, 2019.
5 The reason for the permit renewal is the
6 delay in receiving the emergency generator that is
7 required by the Illinois Department of Health.
8 This is the second permit renewal request
9 for this project. No opposition was received.
10 Thank you, sir.
11 CHAIRMAN SEWELL: Do you have comments for
12 the Board?
13 MR. BERLIN: Yes, if I could just give you
14 some background.
15 At the location there was a generator, an
16 emergency generator that was on-site. We learned
17 that there is a standard, NFPA 99 -- it's actually
18 4.4.1.1.17 -- that requires that your emergency
19 generator be hard-wired to an annunciator.
20 Basically, it's a panel that says that they're on
21 emergency power.
22 The generator that was there worked
23 wireless and there was no capacity to have it be
24 hard-wired, so we had to go out and purchase a

1 generator. And the generator -- the request was
2 made. Expedited delivery takes 16 weeks, so it
3 gives you an idea how fast things turn around.
4 It's scheduled to ship the week of June 19th.
5 In between that time construction's
6 basically been completed. Applications have been
7 sent for the initial review as well as the
8 certification requirements of the physical plant.
9 In that time, as well, I've spoken to the
10 Illinois Department of Public Health, and they
11 allowed us to accept the certifications knowing
12 that we did not have the generator because of the
13 fact that our original permit end date was the end
14 of July.
15 So we're asking for this extension to the
16 end of the year because who knows if the generator
17 will actually ship on the week of June 19th.
18 So -- and I'll take any questions.
19 CHAIRMAN SEWELL: Are there questions for
20 this Applicant?
21 (No response.)
22 CHAIRMAN SEWELL: If not, we'll have the
23 roll call.
24 MR. ROATE: Thank you, sir.

1 Motion made by McNeil; seconded by
2 Demuzio.
3 Senator Demuzio.
4 MEMBER DEMUZIO: Yes, based upon the staff
5 report and testimony I just heard.
6 MR. ROATE: Thank you.
7 Ms. Hemme.
8 MEMBER HEMME: Yes, based on the staff
9 report and testimony today.
10 MR. ROATE: Thank you.
11 Mr. McGlasson.
12 MEMBER MC GLASSON: Yes, based on the
13 staff report and testimony.
14 MR. ROATE: Thank you.
15 Dr. McNeil.
16 MEMBER MC NEIL: Yes, based on the staff
17 report and the testimony.
18 And if anything happens with tornadoes and
19 all, emergency generators go -- wherever.
20 MR. BERLIN: Yes.
21 MR. ROATE: Thank you.
22 Ms. Murphy.
23 MEMBER MURPHY: Yes, based on the staff
24 report and testimony.

1 MR. ROATE: Chairman Sewell.
2 CHAIRMAN SEWELL: Yes, based on the State
3 agency report.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 CHAIRMAN SEWELL: The permit renewal is
7 approved.
8 MR. BERLIN: Thank you.
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1 CHAIRMAN SEWELL: Next is A-06, Project
2 No. 17-014, DaVita Rutgers Park Dialysis in
3 Woodridge.
4 May I have a motion to approve a 15-month
5 permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER DEMUZIO: Second.
9 THE COURT REPORTER: Would you raise your
10 right hand, please.
11 (One witness sworn.)
12 THE COURT REPORTER: Thank you. And
13 please print your name.
14 CHAIRMAN SEWELL: State agency report.
15 MR. CONSTANTINO: Thank you, sir.
16 In June of 2018 the permit holders were
17 approved to establish a 12-seat-station ESRD
18 facility at a cost of approximately $4.1 million
19 in Woodridge, Illinois.
20 The permit holders are requesting a
21 15-month renewal, from June 30th, 2019, to
22 December -- September 30th, 2020.
23 The renewal is needed because the landlord
24 is working on site issues in preparation of

1 construction modernization, and additional time
2 is being requested for IDPH inspection and
3 Medicare certification.
4 No letters of opposition were received.
5 Thank you, sir.
6 CHAIRMAN SEWELL: Thank you.
7 Any comments for the Board?
8 MS. FRIEDMAN: Hi. I'm Kara Friedman,
9 Polsinelli, counsel for the permit holder.
10 This is our first renewal for this
11 project. I forgot my glasses but I'll do my best
12 to answer any questions.
13 CHAIRMAN SEWELL: Are there questions of
14 the Applicant?
15 (No response.)
16 CHAIRMAN SEWELL: If not, we have a roll
17 call.
18 MR. ROATE: Thank you, sir.
19 Motion made by McNeil; seconded by Senator
20 Demuzio.
21 Senator Demuzio.
22 MEMBER DEMUZIO: Yes, based upon the staff
23 report.
24 MR. ROATE: Thank you.

1 Ms. Hemme.
2 MEMBER HEMME: Yes, based on the staff
3 report.
4 MR. ROATE: Thank you.
5 Mr. McGlasson.
6 MEMBER MC GLASSON: Yes, based on the
7 staff report.
8 MR. ROATE: Dr. McNeil.
9 MEMBER MC NEIL: Yes, based on the staff
10 report.
11 MR. ROATE: Thank you.
12 Ms. Murphy.
13 MEMBER MURPHY: Yes, based on the staff
14 report.
15 MR. ROATE: Thank you.
16 Chairman Sewell.
17 CHAIRMAN SEWELL: Yes, based on the staff
18 report.
19 MR. ROATE: Thank you.
20 That's 6 votes in the affirmative.
21 CHAIRMAN SEWELL: The permit renewal is
22 approved.
23 MS. FRIEDMAN: Thank you.
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1 CHAIRMAN SEWELL: Next is A-07, Project
2 No. 17-016, DaVita Salt Creek Dialysis in
3 Villa Park.
4 May I have a motion to approve a six-month
5 permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 THE COURT REPORTER: She's already been
10 sworn.
11 CHAIRMAN SEWELL: She's already been
12 sworn in.
13 State agency report.
14 MR. CONSTANTINO: Thank you, sir.
15 In June of 2018 the permit holders were
16 approved to establish a 12-seat station ESRD
17 facility in Villa Park at a cost of approximately
18 $3.8 million.
19 The permit holders are asking for a permit
20 renewal, from June 30th, 2019, to December 31st,
21 2019. The renewal is needed because of the
22 necessity for completing IDPH inspection and
23 Medicare certification.
24 No letters of opposition were received.

1 Thank you.
2 CHAIRMAN SEWELL: Do you have a
3 presentation?
4 MS. FRIEDMAN: Hi, I'm Kara Friedman,
5 counsel for DaVita, the permit holder.
6 This is also their first renewal request.
7 They're waiting for the State to inspect at this
8 point, and I'm happy to answer any questions.
9 CHAIRMAN SEWELL: Are there questions of
10 the Applicant?
11 (No response.)
12 CHAIRMAN SEWELL: If not, we'll have the
13 roll call.
14 MR. ROATE: Thank you, sir.
15 Motion made by McNeil; seconded by Murphy.
16 Senator Demuzio.
17 MEMBER DEMUZIO: Yes, based on the staff
18 report.
19 MR. ROATE: Thank you.
20 Ms. Hemme.
21 MEMBER HEMME: Yes, based upon the staff
22 report.
23 MR. ROATE: Thank you.
24 Mr. McGlasson.

1 MEMBER MC GLASSON: Yes, based on the
2 staff report.
3 MR. ROATE: Thank you.
4 Dr. McNeil.
5 MEMBER MC NEIL: Yes, based on the staff
6 report and how bureaucracies work slowly.
7 MR. ROATE: Thank you.
8 Ms. Murphy.
9 MEMBER MURPHY: Yes, based on the staff
10 report.
11 MR. ROATE: Thank you.
12 Chairman Sewell.
13 CHAIRMAN SEWELL: Yes, based on the staff
14 report.
15 MR. ROATE: Thank you.
16 That's 6 votes in the affirmative.
17 CHAIRMAN SEWELL: The permit renewal is
18 approved.
19 MS. FRIEDMAN: Thank you.
20 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: Next is A-08, Project
2 No. 16-002, Transitional Care of Fox Valley in
3 Aurora.
4 May I have a motion to approve a 26-month
5 permit renewal for this project.
6 MEMBER DEMUZIO: Motion.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 THE COURT REPORTER: Would you raise your
10 right hand, please.
11 (One witness sworn.)
12 THE COURT REPORTER: Thank you.
13 CHAIRMAN SEWELL: Do you have a
14 presentation for the Board?
15 MR. MORADO: This is our first -- good
16 morning, members of the Board. My name is
17 Juan Morado. I'm counsel for the permit holders.
18 This is our first permit renewal request.
19 We had some bumps in the road, but we are
20 well on our way now. We expect to be breaking
21 ground relatively soon on this project, and I'm
22 happy to answer any questions that you may have.
23 CHAIRMAN SEWELL: Are there questions of
24 the Applicant?

1 MEMBER MC NEIL: Yes.
2 Would you explain "bumps in the road,"
3 please.
4 MR. MORADO: Absolutely.
5 So the first bump in the road came from
6 the Aurora Planning and Zoning Commission. Near
7 the 11th hour when we were getting ready to begin
8 construction -- this is a 6-acre parcel -- the
9 Planning Commission decided that they did not want
10 the long-term care facility to take up the entire
11 6-acre parcel, which necessitated a zoning change.
12 And speaking of bureaucracy, Member
13 McNeil, that took quite awhile to get through, so
14 that was the first bump.
15 The second, which is a -- not really a
16 bump as much as it is an ongoing issue -- again,
17 with bureaucracy -- is with funding from the
18 Department of Housing and Urban Development, which
19 still underway.
20 And we expect to be closing on that loan
21 relatively soon and breaking ground in November of
22 this year.
23 CHAIRMAN SEWELL: Other questions?
24 Comments?

1 (No response.)
2 CHAIRMAN SEWELL: All right. Roll call.
3 MR. ROATE: Thank you, sir.
4 Motion made by Demuzio; seconded by
5 Murphy.
6 Senator Demuzio.
7 MEMBER DEMUZIO: Yes, based upon the staff
8 report and then the testimony.
9 MR. ROATE: Thank you.
10 Ms. Hemme.
11 MEMBER HEMME: Yes, based on the staff
12 report and testimony.
13 MR. ROATE: Thank you.
14 Mr. McGlasson.
15 MEMBER MC GLASSON: Yes, based on the
16 staff report.
17 MR. ROATE: Dr. McNeil.
18 MEMBER MC NEIL: Yes, based on the staff
19 report and the testimony here today.
20 MR. ROATE: Thank you.
21 Ms. Murphy.
22 MEMBER MURPHY: Yes, based on the staff
23 report and today's testimony.
24 MR. ROATE: Thank you.

1 Chairman Sewell.
2 CHAIRMAN SEWELL: Yes, based on the staff
3 report.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 MR. MORADO: Thank you.
7 CHAIRMAN SEWELL: The permit renewal is
8 approved.
9 Thank you.
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1 CHAIRMAN SEWELL: Next is A-09, Project
2 No. 16-012, Transitional Care of Lake County in
3 Mundelein.
4 May I have a motion to approve an 18-month
5 permit renewal for this project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER DEMUZIO: Second.
9 CHAIRMAN SEWELL: All right. The
10 Applicant was already sworn in.
11 MR. MORADO: Good morning. It's still me.
12 So this project is also continuing on its
13 way. This was an exciting project because it
14 brought together the County of Lake, their
15 discontinuation of Winchester House, which was a
16 224-bed facility. This is going to be a
17 replacement facility of 185 beds.
18 We are currently about 10 to 15 percent
19 through the project at this point. It's been
20 financially committed. We've signed our
21 construction agreement. And so at this point,
22 we're just looking for additional time to continue
23 working on the project and bringing it online.
24 I'd be happy to answer any more questions

1 that you have.
2 CHAIRMAN SEWELL: The State agency report
3 on this.
4 MR. CONSTANTINO: Thank you, Mr. Sewell.
5 In June of 2016 the permit holders were
6 approved for the establishment of a 185-bed
7 facility in Mundelein, Illinois, at a cost of
8 approximately $29.2 million.
9 The permit holders are requesting an
10 18-month permit renewal, from June 30th to
11 December 31st, 2021.
12 The reason for the renewal is delays in
13 the HUD financing and the delays in the zoning of
14 the property. The cost and the scope of the
15 project are not changing. The project has been
16 obligated, and there has been a change of
17 ownership of the facility.
18 Thank you.
19 CHAIRMAN SEWELL: Any questions of this
20 Applicant?
21 MEMBER MC GLASSON: Yes, I have --
22 CHAIRMAN SEWELL: Yes. Go ahead.
23 MEMBER MC GLASSON: -- more for the State
24 staff.

1 At the time this was originally presented
2 and approved, was there opposition in regard to
3 saturation in the area?
4 MR. CONSTANTINO: To the establishment?
5 Yes, there was opposition.
6 MEMBER MC GLASSON: Yes. I -- this
7 concerns me a little bit, that this is going on
8 for quite some time and -- not to imply that this
9 is the case but -- the ability of an applicant to
10 tie up an area for quite some time seems
11 inappropriate to me.
12 CHAIRMAN SEWELL: When you say
13 "saturation," Mr. McGlasson, you mean too much
14 capacity?
15 MEMBER MC GLASSON: Exactly.
16 CHAIRMAN SEWELL: Okay. I -- I'm just --
17 I just didn't want it to refer to water or
18 something like that. All right.
19 Any other questions or comments?
20 MEMBER MC NEIL: Let me ask the
21 Applicant -- what do you see as saturation right
22 now with the closing of one 225-bed and the
23 opening of a new one? There is this huge gap.
24 MR. MORADO: Well, Mr. McGlasson raises

1 some very interesting points, and something that
2 I think we've talked before at this Board, this
3 idea of oversaturation or this idea of a
4 phenomenon called ghost beds.
5 And so we, as a Board, know that over
6 the years there has been a significant overbedding
7 in nursing beds throughout the state, long-term
8 care beds.
9 Part of the reason that we've discovered
10 this through the work of your long-term care
11 subcommittee is that facilities in the -- they're
12 a little bit older, maybe came online with, let's
13 say, 300 beds. Now, as time has gone on, those
14 300 beds were used in ways where you would have
15 doubles, triples -- in some cases, quads -- we've
16 come to find out.
17 That's not what we are seeing in health
18 care. People want single-occupancy rooms; at
19 most, they'll accept a double bed. And so you
20 have a facility that's approved for 300 beds but
21 maybe, in practice, they're only really using a
22 hundred. That affects your inventory, and it --
23 your ability to add an accurate count of beds. So
24 while it may seem as though there's this

1 oversaturation, those beds actually aren't being
2 used.
3 And one of the problems is we found out
4 that financing -- through organizations like HUD
5 and some more traditional financing through banks,
6 they tie their financing to the number of beds
7 utilized in the facility.
8 So if I come to you and I get approval for
9 300 beds 25 years ago, I'm still paying off my
10 loan. I can't give up the beds that I'm not using
11 because they're tied to that loan. And so it's a
12 problem that we've -- we've kind of wrestled with
13 back and forth. We've had different opinions on
14 it, as well.
15 But that is probably the best explanation
16 I can give on why we see overbedding throughout
17 the state in the long-term arena.
18 MEMBER MC NEIL: Are you saying there, in
19 reality, is not overbedding in the sense that
20 ghosts -- we don't deal with them at all in ghost
21 beds but numerically we do because of this?
22 MR. MORADO: I think it really depends on
23 the area, too. In an area like Lake County where
24 you're seeing a higher population of older adults

1 who are in need of this type of service, there
2 probably is not overbedding. Maybe somewhere
3 throughout the state, where there may not be as
4 high a population of older adults, there's
5 probably capacity.
6 So it's very difficult to just give a very
7 general answer on that particular issue, especially
8 when we have an inventory that might not accurately
9 reflect what's actually going on on the ground.
10 CHAIRMAN SEWELL: Staff comments on this?
11 Do you have any?
12 MR. CONSTANTINO: Yeah. I'd just comment
13 the Board is required to look at authorized beds,
14 which are the licensed beds.
15 Unfortunately, so many beds are out of
16 service and aren't reported to us or they use the
17 space for office space. But the Board looks at
18 authorized beds. So when we do their need
19 calculation in most of the areas of the state,
20 there is an excess of beds.
21 The other thing that's happening -- what
22 we're seeing anyway -- is there's short-term stay
23 in these nursing homes. And so when you have that
24 situation, they're not going to be using a lot of

1 these beds when they're short-term stays and
2 constant turnover. So, yeah, there was opposition
3 to this project.
4 One last comment on that mortgage issue
5 and the beds: It's hard for me to understand --
6 and I still don't -- how an asset, this bed asset,
7 is unused. And generally speaking, when you have
8 an unused asset, it is worth nothing, and you're
9 supposed to take that out of service, not use it.
10 That's the general practice in any business.
11 Why these do these nursing homes -- why
12 the Federal government has tied these mortgages to
13 the beds that are not generating any revenue does
14 not make any sense to me. It never has and it
15 still doesn't.
16 MR. MORADO: I'm not in a position to
17 defend the Federal government at this time.
18 MR. CONSTANTINO: Well, that's the
19 argument that your agency -- your folks make to us
20 every time we discuss this with them --
21 MR. MORADO: You're absolutely right.
22 MR. CONSTANTINO: -- that they've got this
23 mortgage that the Federal government ties to
24 the beds.

1 MR. MORADO: You're right.
2 MR. CONSTANTINO: It doesn't make any
3 sense when you're not generating any revenue from
4 that asset.
5 MR. MORADO: Yes.
6 CHAIRMAN SEWELL: Any other questions or
7 comments from the Board?
8 (No response.)
9 CHAIRMAN SEWELL: The roll call.
10 MR. ROATE: Motion made by McNeil;
11 seconded by Demuzio.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based upon the staff
14 report and testimony.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: Yes, based on the staff
18 report and testimony.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: No, based on the -- my
22 feeling that they should have to reapply rather
23 than just continue it.
24 MR. ROATE: Thank you.

1 Dr. McNeil.
2 MEMBER MC NEIL: Yes, based on the
3 testimony and the materials.
4 MR. ROATE: Thank you.
5 Ms. Murphy.
6 MEMBER MURPHY: Yes, based on the report
7 and today's testimony.
8 MR. ROATE: Thank you.
9 Chairman Sewell.
10 CHAIRMAN SEWELL: I vote yes, based on the
11 State agency report.
12 MR. ROATE: Thank you.
13 That's 5 votes in the affirmative; 1 in
14 the negative.
15 CHAIRMAN SEWELL: The permit renewal is
16 approved.
17 MR. MORADO: Thank you.
18 CHAIRMAN SEWELL: We're going to take a
19 five-minute break.
20 MS. MITCHELL: Five minutes.
21 (A recess was taken from 10:18 a.m. to
22 10:28 a.m.)
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1 CHAIRMAN SEWELL: Coming back to order,
2 we have -- I don't see them -- public
3 participation -- oh, there they are.
4 We have one additional --
5 MS. MITCHELL: Three.
6 CHAIRMAN SEWELL: -- well -- three
7 additional public participation presentations, so
8 we're going back into that phase of our meeting.
9 And this is for the Jackson Park
10 Hospital -- which one is this?
11 MS. MITCHELL: E, dash -- Exemption --
12 CHAIRMAN SEWELL: It's an exemption.
13 MS. MITCHELL: -- Exemption E-016-19.
14 CHAIRMAN SEWELL: Good. Thanks. Do you
15 have their names?
16 MS. MITCHELL: I do not have -- if you
17 could please come up to this table, the three
18 speakers. Just come up to the table.
19 You'll be given two minutes to speak. At
20 the beginning of your remarks, please state and
21 spell your name for the court reporter. And if
22 you have written remarks, if you could leave them
23 at the end of the table, that would be helpful.
24 Were there two other individuals who were

1 going to speak?
2 UNIDENTIFIED MALE: Yes.
3 MS. WALKER: One.
4 MS. MITCHELL: Okay. You may begin.
5 MS. WALKER: Thank you so much for
6 allowing us to be entered into the meeting and
7 our minutes added to the session.
8 MS. AVERY: Bring the mic closer.
9 MS. WALKER: I'm sorry. I'm way over
10 45 and I just ran so -- I can't breathe.
11 I'm a physician in Jackson Park Hospital.
12 I have been on staff for two years and they need
13 us. We and the community desperately needs care
14 for their maternal and young girls.
15 We have under -- five young ladies under
16 25 with HIV; we have mothers as young as 11. We
17 have morbidity and mortality of preeclampsia. We
18 have twins -- the social issues go on and on
19 and on.
20 We've made a commitment to the community,
21 to the young ladies of that community, to be there
22 for them. I literally drive back and forth from
23 Detroit, Michigan, every other weekend to give my
24 services to Jackson Park. I can work at any

1 hospital on earth, but the need is there.
2 I usually give my young ladies my personal
3 cell phone number and text message throughout the
4 night and show support throughout any situation,
5 and they are so appreciative.
6 Two of our young ladies have applied for
7 college, and we have took -- we have trained many
8 physicians here that are behind me who now are
9 sympathetic to the urban community.
10 There are many patients nowadays, as if
11 you look at Representative Kelly, who has an
12 initiative for maternity mortality. We have done
13 leaps and bounds at our hospital in such a short
14 time in that regard and in that area. We wanted
15 to continue to do our successful work at our
16 hospital.
17 We understand the financial burden that
18 ob-gyn has on hospitals and the community; but if
19 there was anything that we could do, we are
20 willing to do it to save that community.
21 I'm sorry. Breathing. Running.
22 MR. ROATE: Two minutes.
23 MS. WALKER: I'm going to give it to my
24 chairman. Thank you for the opportunity.

1 THE COURT REPORTER: Excuse me. State
2 your name and spell it, please.
3 MS. WALKER: Angela M. Walker,
4 W-a-l-k-e-r. I'm sorry. I ran and I'm tired.
5 I apologize.
6 THE COURT REPORTER: Thank you.
7 DR. PALMER: Dr. Mary Palmer, chairman of
8 ob-gyn at Jackson Park Hospital.
9 I've been at Jackson Park for about
10 four years now, and prior to that, except for
11 perhaps five years of my total time as an
12 obstetrician-gynecologist, has been serving
13 underserved populations and communities of black
14 and brown people. That short period of time was
15 when I was initially out of training and when
16 I was in Texas, but that population was still very
17 black and brown.
18 The population that we serve in the
19 Jackson Park/South Shore area is a critical one.
20 We do have patients that walk to see us. We do
21 have patients that walk into that hospital not
22 just for obstetric care, for other care, and that
23 is a very fertile population. Where are these
24 women going to go?

1 If they were going to go to the University
2 of Chicago, they would have went. Anybody in
3 South Shore that's going to go to the University
4 of Chicago is already there.
5 They're not coming to us. We have
6 patients that walk to see us, that get on a bus to
7 see us, and they're so grateful that we're there
8 providing the services.
9 And they're extremely ecstatic there are
10 two women of color who are providing service
11 because it is a community of color, and that's
12 something that many of them have craved because we
13 understand their social circumstances. We can buy
14 into what's going on in their lives, and we can
15 begin a system in addressing a myriad of other
16 services or issues that they have. That we
17 continue to provide this service to that community
18 is critical.
19 Like I said before, if these people are
20 going -- if these patients were going to go to the
21 University of Chicago or Advocate Trinity
22 Hospital -- Advocate Trinity Hospital is 2300 East
23 93rd Street, and University of Chicago is
24 5700 South Cottage Grove -- they'd already be

1 there. They would already be there because the
2 patients who opt to go to those institutions go
3 off the top. They don't come to us.
4 As a matter of fact, we had a patient
5 who --
6 MR. ROATE: Two minutes.
7 DR. PALMER: Sorry.
8 MR. KOSKI: All right. Good morning.
9 My name is Amjed Koski [phonetic],
10 A-m-j-e-d. I'm a medical student at JPH.
11 I just wanted to say JPH provides one of
12 the only -- is one of the only few hospitals that
13 allows international medical graduates to do all
14 their core rotations in one place. And ob-gyn is
15 one of the core rotations for us. So losing the
16 ob-gyn at JPH will make the entire hospital
17 basically suffer, as medical schools will start
18 looking into other places to send their students at.
19 My experience at JPH and at the Women's
20 Health Center right now has been amazing. We get
21 to see a number of different cases. Like the
22 doctors just mentioned, we have HIV cases; we see
23 teenagers; we see elderly patients. We see
24 pregnant women, all different ages and different

1 problems, and we get to interact with them and
2 learn from them a lot.
3 At the Women's Health Center -- the whole
4 clinic at JPH allows us to form relationships not
5 only with the physicians that are teaching us
6 every day but also with the patients. We rotate
7 every six weeks -- so at one point we could be in
8 ob-gyn -- you can see the mom -- and then the next
9 day you can go to pediatrics and meet the child.
10 It's a community over there, and losing
11 the Women's Health Center would devastate,
12 I think -- in my opinion -- the South Side
13 community over there because people come in with
14 teenagers who are -- just want to learn about
15 their health, and then you have an older patient
16 who is trying to maintain her health, and we're
17 able to provide that service for them.
18 Thank you.
19 CHAIRMAN SEWELL: Thank you.
20 And that is that.
21 MS. MITCHELL: All right. Thank you.
22 MS. WALKER: Thank you so much for
23 listening to us. I'm sorry that it was
24 discombobulated but -- they need us. The

1 community needs us.
2 Thank you.
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1 CHAIRMAN SEWELL: Okay. We're back on the
2 agenda with extension requests.
3 The first one is B-01, Project No. 17-017,
4 Provident Hospital of Cook County in Chicago.
5 May I have a motion to approve a 12-month
6 extension of financial commitment for this
7 project.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MURPHY: Second.
11 CHAIRMAN SEWELL: Okay.
12 THE COURT REPORTER: They've been sworn.
13 CHAIRMAN SEWELL: Already sworn in.
14 State agency report.
15 MS. AVERY: Have them state their names
16 for the record.
17 MR. CONSTANTINO: Thank you, sir.
18 In November of 2017 Provident Hospital was
19 approved to establish a 12-station ESRD facility
20 at a cost of $2.23 million.
21 The permit holders are requesting a
22 one-year extension of the financial commitment
23 period from December 31st, 2018, to December 31st,
24 2019. As you well know, this permit was just

1 approved for a 12-month permit renewal, from
2 December 31st, 2019, to December 31st, 2020.
3 There was no opposition.
4 Thank you, sir.
5 CHAIRMAN SEWELL: Will you all restate
6 your names for the record.
7 MS. PATEL: Amee Patel, A-m-e-e P-a-t-e-l,
8 CON counsel to Cook County Health and Hospital
9 Systems.
10 MR. WILLIAMS: Samuel Williams,
11 W-i-l-l-i-a-m-s.
12 CHAIRMAN SEWELL: Do you have a
13 presentation on this project?
14 MS. PATEL: No presentation but just
15 wanted to reiterate that this permit -- this is
16 part and parcel of the permit renewal request for
17 the 12-station ESRD that was just approved by the
18 Board.
19 And we'll take any questions you might
20 have.
21 CHAIRMAN SEWELL: Any questions for this
22 Applicant?
23 (No response.)
24 CHAIRMAN SEWELL: Roll call.

1 MR. ROATE: Thank you, sir.
2 Motion made by McNeil; seconded by Murphy.
3 Senator Demuzio.
4 MEMBER DEMUZIO: Yes, based upon the staff
5 report.
6 MR. ROATE: Thank you.
7 Ms. Hemme.
8 MEMBER HEMME: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 Mr. McGlasson.
12 MEMBER MC GLASSON: Yes, based on the
13 staff report.
14 MR. ROATE: Thank you.
15 Dr. McNeil.
16 MEMBER MC NEIL: Yes, based on the staff
17 report.
18 MR. ROATE: Thank you.
19 Ms. Murphy.
20 MEMBER MURPHY: Yes, based on the staff
21 report.
22 MR. ROATE: Thank you.
23 Chairman Sewell.
24 CHAIRMAN SEWELL: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 That's 6 votes in the affirmative.
4 MS. PATEL: Thank you.
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1 CHAIRMAN SEWELL: Next is B-02, Project
2 No. 17-001, Mercy Health Hospital in Grayslake.
3 May I have a motion to approve a 12-month
4 extension of financial commitment for this
5 project.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 CHAIRMAN SEWELL: All right.
10 THE COURT REPORTER: Would you raise your
11 right hands, please.
12 (Three witnesses sworn.)
13 THE COURT REPORTER: And please print your
14 name on that sheet.
15 CHAIRMAN SEWELL: State agency report.
16 MR. CONSTANTINO: Thank you, Mr. Sewell.
17 I would like to make one correction to the
18 agenda.
19 "Grayslake" should be "Crystal Lake."
20 CHAIRMAN SEWELL: Oh.
21 MR. CONSTANTINO: Juan and Mark kindly
22 reported that to me during the break.
23 CHAIRMAN SEWELL: Okay.
24 MR. CONSTANTINO: In June of 2017 the

1 State Board approved the construction of a
2 two-story medical office building at a cost of
3 approximately $18.8 million in Crystal Lake,
4 Illinois.
5 The permit holder is requesting a one-year
6 extension of the financial commitment period, from
7 June 20th, 2019, to June 20th, 2020. The medical
8 office building construction has not begun because
9 of the court challenge of the Board's approval.
10 Thank you, sir.
11 CHAIRMAN SEWELL: All right.
12 Do you have a presentation for the Board?
13 MR. SILBERMAN: Yes. I'll provide a brief
14 update.
15 My name is Mark Silberman, CON counsel for
16 the Applicant. I have with me Paul Van Den Heuvel,
17 general counsel for Mercy Health; and Ralph Weber,
18 our CON specialist.
19 We want to thank the members of the Board
20 for the opportunity to appear and Board staff for
21 the positive staff report.
22 As you all know, the Board previously
23 approved the hospital project with a 6-to-1 vote
24 in favor of the project as well as unanimously

1 approved the medical office building.
2 As you also know, these -- a legal
3 challenge has been filed to both of these projects
4 by competitors, which we are going through the
5 process of. We thought it would be of some value
6 to just provide you a quick status report of the
7 legal challenge.
8 Both the Illinois Attorney General's
9 office, representing this Board, and then we, on
10 behalf of Mercy, have filed briefs with the Second
11 District Appellate Court supporting this Board's
12 decision, and we are confident and fully expect to
13 have this Board's decision upheld.
14 The residents of Crystal Lake and the
15 surrounding community deserve to have Mercy Health
16 have this facility. Mercy Health remains
17 committed to providing them the appropriate access
18 to care and to see this Board's decision upheld.
19 So as a final matter, we just wanted to
20 also assure you the funds remain available for
21 this project. This is a cash-financed project.
22 Mercy Health still is committed, both financially
23 and from a health care delivery perspective, to
24 completing this project.

1 And with that, we'd be happy to answer any
2 questions that the Board members may have.
3 CHAIRMAN SEWELL: Are there questions for
4 the Applicant?
5 (No response.)
6 CHAIRMAN SEWELL: If not, roll call.
7 MR. ROATE: Thank you, sir.
8 Motion made by McNeil; seconded by Murphy.
9 Senator Demuzio.
10 MEMBER DEMUZIO: Yes, based upon the staff
11 report.
12 MR. ROATE: Thank you.
13 Ms. Hemme.
14 MEMBER HEMME: Yes, based upon the staff
15 report and updates.
16 MR. ROATE: Thank you.
17 Mr. McGlasson.
18 MEMBER MC GLASSON: Yes, based on the
19 staff report.
20 MR. ROATE: Thank you.
21 Dr. McNeil.
22 MEMBER MC NEIL: Yes, based on the staff
23 report and the update.
24 MR. ROATE: Thank you.

1 Ms. Murphy.
2 MEMBER MURPHY: Yes, based on the staff
3 report and today's testimony.
4 MR. ROATE: Thank you.
5 Chairman Sewell.
6 CHAIRMAN SEWELL: Yes, based on the staff
7 report.
8 MR. ROATE: Thank you.
9 That's 6 votes in the affirmative.
10 CHAIRMAN SEWELL: The financial commitment
11 extension is approved.
12 MR. SILBERMAN: Thank you.
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1 CHAIRMAN SEWELL: Next is B-03, Project
2 No. 17-002, Mercy Health Hospital, Crystal Lake.
3 May I have a motion to approve a 12-month
4 extension of the financial commitment for this
5 project.
6 MEMBER DEMUZIO: Motion.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 CHAIRMAN SEWELL: All right. Already
10 sworn in.
11 MR. SILBERMAN: I don't know that I've
12 done this but -- no comments.
13 CHAIRMAN SEWELL: Okay.
14 (Laughter.)
15 CHAIRMAN SEWELL: Hard to believe, isn't it?
16 State agency report.
17 MR. CONSTANTINO: Thank you, sir.
18 In June of 2017 the State Board approved
19 the construction of a 13-bed acute care hospital
20 at a cost of approximately $79.5 million in
21 Crystal Lake, Illinois.
22 Again, the permit holders are requesting a
23 one-year extension of the financial commitment
24 period, from June 20th, 2019, to June 20th, 2020.

1 The hospital construction has not begun because of
2 the court challenge to the Board's approval.
3 Thank you, sir.
4 CHAIRMAN SEWELL: All right.
5 Any questions of the Applicant?
6 (No response.)
7 CHAIRMAN SEWELL: If not, roll call.
8 MR. ROATE: Thank you, sir.
9 Motion made by Demuzio; seconded by
10 Murphy.
11 Senator Demuzio.
12 MEMBER DEMUZIO: Yes, based upon the staff
13 report.
14 MR. ROATE: Thank you.
15 Ms. Hemme.
16 MEMBER HEMME: Yes, based upon the staff
17 report.
18 MR. ROATE: Thank you.
19 Mr. McGlasson.
20 MEMBER MC GLASSON: Yes, based on the
21 staff report.
22 MR. ROATE: Thank you.
23 Dr. McNeil.
24 MEMBER MC NEIL: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 Ms. Murphy.
4 MEMBER MURPHY: Yes, based on the staff
5 report.
6 MR. ROATE: Thank you.
7 Chairman Sewell.
8 CHAIRMAN SEWELL: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 That's 6 votes in the affirmative.
12 CHAIRMAN SEWELL: The financial commitment
13 extension is approved.
14 MR. SILBERMAN: Thank you.
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1 CHAIRMAN SEWELL: Okay. The next set of
2 projects are exemption requests. And I think that
3 before we go into this, I'd like for counsel to
4 give an overview of exemptions.
5 MS. MITCHELL: I'm going to read from the
6 statute.
7 This is Section 6(b) of the Illinois
8 Health Facilities Planning Act. "An exemption
9 shall be approved when information required by the
10 Board by rule is submitted. Projects eligible for
11 an exemption, rather than a permit, include, but
12 are not limited to, change of ownership of a
13 health care facility, discontinuation of a
14 category of service, and discontinuation of a
15 health care facility other than a health care
16 facility maintained by the State or any agency or
17 department thereof or a nursing home maintained by
18 a County."
19 So pursuant to this, for the next set of
20 projects, the exemptions, the Board cannot deny
21 it -- the project -- as long as all requirements
22 are met. So if they meet all our requirements
23 pursuant to the rule, the Board must approve the
24 project.

1 CHAIRMAN SEWELL: All right. The first
2 one is C-01, Project No. E-012-19, HSHS St. John's
3 Hospital in Springfield.
4 May I have a motion to approve
5 exemption -- this exemption.
6 MEMBER DEMUZIO: Motion.
7 MS. AVERY: I think they're here.
8 MS. MITCHELL: They're here?
9 CHAIRMAN SEWELL: Is there anyone here to
10 represent the Applicant?
11 MS. AVERY: We need a second.
12 MS. MITCHELL: We need a second.
13 CHAIRMAN SEWELL: Did I hear a second?
14 MEMBER MURPHY: Second.
15 CHAIRMAN SEWELL: Hold on. I'm sorry.
16 Could you identify yourselves and be
17 sworn in?
18 MS. GOEBEL: Yeah. Hello. My name is
19 Julie Goebel, J-u-l-i-e G-o-e-b-e-l.
20 THE COURT REPORTER: Would you raise your
21 right hand, please.
22 (One witness sworn.)
23 THE COURT REPORTER: Thank you.
24 CHAIRMAN SEWELL: State agency report.

1 MR. CONSTANTINO: Thank you, sir.
2 St. John's Hospital proposes to modernize
3 their 40-bed NICU unit and add 16 NICU beds for a
4 total of 56 beds at a cost of approximately
5 $16.4 million. The expected completion date is
6 February 27th, 2021.
7 There was no public hearing, and no
8 opposition letters were submitted to the
9 State Board.
10 The Applicants have met all the
11 requirements of the State Board.
12 Thank you, sir.
13 CHAIRMAN SEWELL: Do you have a
14 presentation?
15 MS. GOEBEL: Sure. I just have a few
16 comments.
17 Good morning. My name is Julie Goebel.
18 I'm the vice president of strategy for Hospital
19 Sisters Health System, Central Illinois region.
20 With me today is Ed Parkhurst, our CON
21 consultant. Thank you for having us today.
22 I'd like to make a few concise remarks
23 pertaining to our neonatal intensive care unit
24 certificate of exemption.

1 Our current NICU is outdated functionally
2 and physically. It is not responsive to
3 contemporary care due to its open and ward-like
4 design. The proposed contemporary redesign and
5 modernization project will provide more patient
6 privacy and family and patient support.
7 Our current 40-bed NICU unit utilization
8 justifies 52 beds or a 30 percent bed complement
9 increase based on State agency criteria. 56 beds
10 are proposed based on expected utilization growth,
11 contemporary program development, and available
12 space to be modernized.
13 In summary, the proposed NICU
14 modernization and expansion project proposes to
15 provide an adequate bed complement for our current
16 utilization in a contemporary, well-designed NICU
17 patient care unit.
18 I'd be happy to answer any questions.
19 CHAIRMAN SEWELL: Are there questions of
20 the Applicant?
21 (No response.)
22 CHAIRMAN SEWELL: Roll call.
23 MR. ROATE: Thank you, sir.
24 Motion made by Demuzio; seconded by

1 Murphy.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the staff
4 report and the testimony from St. John's.
5 Thank you.
6 MR. ROATE: Thank you.
7 Ms. Hemme.
8 MEMBER HEMME: Yes, based on staff report.
9 MR. ROATE: Thank you.
10 Mr. McGlasson.
11 MEMBER MC GLASSON: Yes, because it's
12 apparent I have no choice.
13 MR. ROATE: Thank you.
14 Dr. McNeil.
15 MEMBER MC NEIL: Yes, based on the staff
16 report and the testimony about the oldness of the
17 facilities of St. John's and the need to update.
18 MR. ROATE: Thank you.
19 Ms. Murphy.
20 MEMBER MURPHY: Yes, based on the staff
21 report and today's testimony.
22 MR. ROATE: Thank you.
23 Chairman Sewell.
24 CHAIRMAN SEWELL: I vote yes based on the

1 State agency report.
2 MR. ROATE: That's 6 votes in the
3 affirmative.
4 CHAIRMAN SEWELL: Approval. Thank you.
5 MS. GOEBEL: Thank you very much.
6 MS. MITCHELL: One second. One second.
7 (An off-the-record discussion was held.)
8 MS. MITCHELL: Can we get a motion to
9 reconsider? Can somebody make the motion and
10 then -- to reconsider?
11 MEMBER MC NEIL: Motion to reconsider.
12 MS. MITCHELL: Was there a second?
13 MEMBER MURPHY: Second.
14 CHAIRMAN SEWELL: Don't we really just
15 need another roll call?
16 MS. AVERY: Yeah. That's what we're --
17 MS. MITCHELL: Okay.
18 CHAIRMAN SEWELL: Another roll call on
19 this motion.
20 MR. ROATE: Same motion? Original
21 motion --
22 MS. AVERY: Same motion.
23 MR. ROATE: Original motion made by
24 Demuzio; seconded by Murphy.

1 Senator Demuzio.
2 MEMBER DEMUZIO: I would take this
3 opportunity to recuse myself.
4 MR. ROATE: Thank you.
5 Ms. Hemme.
6 MEMBER HEMME: Yes, based on the staff
7 report.
8 MR. ROATE: Thank you.
9 Mr. McGlasson.
10 MEMBER MC GLASSON: Yes.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes.
14 MR. ROATE: Thank you.
15 Ms. Murphy.
16 MEMBER MURPHY: Yes.
17 MR. ROATE: Thank you.
18 Chairman Sewell.
19 CHAIRMAN SEWELL: Yes.
20 MR. ROATE: Thank you.
21 That's 5 votes in the affirmative;
22 1 recusal.
23 CHAIRMAN SEWELL: Sorry about that.
24 MS. MITCHELL: Sorry.

1 MS. GOEBEL: Thank you very much.
2 MS. AVERY: It scares us.
3 MR. PARKHURST: Two swearing-ins and
4 two approvals. It's got to be a good project.
5 MS. AVERY: Every meeting, Ed. Sorry to
6 pick on you.
7 MEMBER DEMUZIO: It's all good.
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1 CHAIRMAN SEWELL: The next exemption
2 request is C-02, Project No. E-016-19, Jackson
3 Park Hospital in Chicago.
4 May I have a motion to approve Exemption
5 dash -- E-016-19 to discontinue a 17-bed
6 obstetrics category of service.
7 MEMBER MURPHY: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN SEWELL: All right. Would you
11 identify yourself and be sworn in.
12 MR. SMITH: Yes. I'm Randall Smith,
13 S-m-i-t-h, and Jack Axel from Axel & Associates.
14 THE COURT REPORTER: Would you raise your
15 hand, Mr. Smith.
16 Jack, you're fine.
17 (One witness sworn.)
18 THE COURT REPORTER: Thank you.
19 CHAIRMAN SEWELL: All right. State agency
20 report.
21 MR. CONSTANTINO: Thank you, sir.
22 Jackson Park Hospital and Medical Center
23 proposes to discontinue a 17-bed OB unit. There
24 is no cost to this project, and the expected

1 completion date is August 4th, 2019.
2 This service was temporarily suspended on
3 April 11th, 2019. There is a calculated excess of
4 87 OB beds in this OB planning area. The reason
5 for the discontinuation is the low utilization of
6 this 17-bed unit.
7 No public hearing was requested, and no
8 opposition or support letters were received.
9 The Applicants have met all the
10 requirements of the State Board.
11 Thank you, sir.
12 CHAIRMAN SEWELL: Do you have a
13 presentation for the Board?
14 MR. SMITH: Yes, I do. Thank you.
15 Good morning. My name is Randall Smith.
16 I'm the executive vice president of Jackson Park
17 Hospital and Medical Center. We're a not-for-
18 profit hospital in Chicago.
19 As I earlier said, Jack Axel of Axel &
20 Associates is with me. I'll keep my comments very
21 brief.
22 We are proposing the discontinuation of
23 the hospital's obstetric services as a result of
24 low utilization and the availability of other,

1 easily accessible and larger programs in the area.
2 Last year our OB average daily census was
3 1.18 patients per day, and on many days we had no
4 patients.
5 We treat a disadvantaged patient
6 population on the South Side of Chicago with over
7 half of our population being Medicaid recipients.
8 That said, we are confident that the proposed
9 discontinuation will not be detrimental to our
10 community.
11 Thank you for your attention, and we'd be
12 happy to answer any questions.
13 CHAIRMAN SEWELL: I have a couple of
14 questions.
15 While it's not -- well, first of all, did
16 you -- is this a policy issue for Jackson Park,
17 where you processed it through your board of
18 directors and they support the administration in
19 doing this? Or is this just something that was
20 done through executive action?
21 MR. SMITH: Sir, we had to go through our
22 board of directors. I want everyone -- thank you.
23 CHAIRMAN SEWELL: What happened?
24 MS. AVERY: Jack told him to be quiet.

1 MR. SMITH: I just wanted you to know it
2 was a very difficult decision, not only for
3 management but for our board of directors.
4 Thank you.
5 CHAIRMAN SEWELL: The other question
6 I have is, what's the nature of the hospital's
7 relationship with the surrounding community that
8 it's located in? Do you have any either formal or
9 informal mechanisms for hearing community input on
10 policies and practices at the hospital?
11 MR. SMITH: Yes. This product line has
12 been very near and dear to our hearts. We
13 actually engaged an advertising group to come in
14 and not only work with us but they did focused
15 reviews and they went out to our community.
16 CHAIRMAN SEWELL: So how would you
17 characterize sort of the center of the view of
18 some of the community residents about this
19 discontinuation?
20 MR. SMITH: We went ahead and tried to get
21 the community to understand that we actually
22 renovated our areas, and it was supposed to be a
23 new and improved area.
24 A lot of the patients that we talked to or

1 groups we talked to, the ones that had traditional
2 insurance, that -- they all said that even though
3 that was the case, they would prefer to go to a
4 larger facility.
5 CHAIRMAN SEWELL: Uh-huh. Okay.
6 Other questions of this Applicant?
7 Yes, sir.
8 MEMBER MC NEIL: So how many bed hospital
9 are you?
10 MR. SMITH: 250-plus.
11 MEMBER MC NEIL: Okay. And you're in a
12 very disadvantaged area, high Medicaid.
13 MR. SMITH: Extremely.
14 MEMBER MC NEIL: And we've had a lot of
15 input in terms of the critical need. Are there
16 other sources of funds for even lesser beds or a
17 smaller unit?
18 MR. SMITH: If you look at what we've
19 looked at, is in our service area, within
20 15 miles, that there is 17 hospitals. Of those,
21 eight are safety net hospitals.
22 We're of the opinion that there's an
23 excess capacity, you know, in handling the
24 ever-growing demand.

1 MEMBER MC NEIL: What do you plan to do --
2 MR. SMITH: Excuse me.
3 Not only that but we've actually -- when
4 we went through the application process -- we've
5 actually had three hospitals come to us, that they
6 would like to take a very aggressive stance in
7 trying to help us refer what patients we have in
8 our prenatal group.
9 MEMBER MC NEIL: Now, the space freed
10 up -- you're going to free up 17 beds. What are
11 you going to use that for?
12 MR. SMITH: We have an older facility, so
13 we have three other medical floors. We would take
14 some of the medical patients off those floors and
15 put them in this area, which -- these are a little
16 more state of the art. The other floors, they
17 don't have any original private bathrooms; it's a
18 community shower. So it would be an upgrade for
19 the rest of our patients.
20 CHAIRMAN SEWELL: Yes.
21 MEMBER MURPHY: What are the three
22 hospitals that you just mentioned came to you and
23 you're going to work to refer your patients to?
24 MR. SMITH: University of Chicago,

1 Trinity -- Advocate Trinity -- and Roseland
2 Hospital.
3 MEMBER MURPHY: Thank you.
4 MR. SMITH: You're welcome.
5 CHAIRMAN SEWELL: Other questions?
6 (No response.)
7 CHAIRMAN SEWELL: Let's have the roll call
8 vote.
9 MR. ROATE: Thank you, sir.
10 Motion made by Murphy; seconded by
11 Demuzio.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based upon the staff
14 report and the testimony.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: Yes, based on the staff
18 report and the testimony.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based on the
22 staff report.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

1 MEMBER MC NEIL: A very hesitant yes based
2 on the need.
3 MR. ROATE: Thank you.
4 Ms. Murphy.
5 MEMBER MURPHY: Yes, based on the
6 successful implementation of the required
7 application as stated in the State Board staff
8 report.
9 MR. ROATE: Thank you.
10 Chairman Sewell.
11 CHAIRMAN SEWELL: Another very hesitant
12 yes, because there's no basis for a no vote, given
13 the statute that counsel referred to.
14 There's excess capacity in the area. It
15 sounds like the board of directors has supported
16 this, so it's not solely executive action, and it
17 sounds like there was some process with respect to
18 community interest, and there appear to be other
19 institutions that are interested in the patients.
20 So another reluctant yes.
21 MR. ROATE: Thank you, sir.
22 That's 6 votes in the affirmative.
23 CHAIRMAN SEWELL: Okay. The exemption is
24 approved.

1 MR. SMITH: Thank you very much.
2 THE COURT REPORTER: Please leave your
3 remarks.
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1 CHAIRMAN SEWELL: Next is C-03, Project
2 No. E-017-19, Galesburg Cottage Hospital in
3 Galesburg.
4 May I have a motion to approve this
5 exemption to discontinue a 10-bed obstetric
6 service.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN SEWELL: All right. Would you
11 identify yourselves and be sworn in.
12 MR. WALSH: Good morning.
13 My name is John Walsh. I'm project CEO
14 with Quorum Health Care, who owns and operates
15 Galesburg Cottage Hospital, and I have Jack Axel
16 with me from Axel & Associates.
17 THE COURT REPORTER: Would you raise your
18 right hand, please.
19 (One witness sworn.)
20 THE COURT REPORTER: Thank you.
21 CHAIRMAN SEWELL: State agency report.
22 MR. CONSTANTINO: Thank you, sir.
23 Galesburg Cottage Hospital proposes to
24 discontinue their 10-bed obstetric category of

1 service because of low utilization. Their
2 expected completion date is July 5th, 2019.
3 There is one other hospital in Galesburg,
4 OSF St. Mary Medical Center, that is in the
5 process of modernizing their OB unit and
6 reconsidering the need to add OB beds because of
7 the proposed discontinuation.
8 No public hearing was held, and no
9 opposition letters were received by the State
10 Board.
11 The Applicants have met all the
12 requirements of the State Board.
13 Thank you, sir.
14 CHAIRMAN SEWELL: All right.
15 Do you have a presentation for the Board?
16 MR. WALSH: Just a few brief comments.
17 Good morning, ladies and gentlemen. As
18 I'd indicated, Galesburg Cottage Hospital has had
19 a very low utilization of the OB services. Over
20 the past year, there's been an average daily
21 census of less than 2.6 and less than 400
22 deliveries.
23 We have reached out to other providers in
24 the community, which is less than 10 minutes away

1 from St. Mary's, and they are very open to the
2 idea of taking on those services, and so we
3 believe it is in the best interests of the
4 community to consolidate services to one location
5 and to discontinue services at Galesburg.
6 Thank you. I'm happy to answer any
7 questions.
8 CHAIRMAN SEWELL: Questions of this
9 Applicant?
10 (No response.)
11 CHAIRMAN SEWELL: Roll call.
12 MR. ROATE: Thank you, sir.
13 Motion made by Demuzio; seconded by
14 Murphy.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Yes, based upon the staff
17 report and the testimony.
18 MR. ROATE: Thank you.
19 Ms. Hemme.
20 MEMBER HEMME: Yes, based upon the staff
21 report and testimony.
22 MR. ROATE: Thank you.
23 Mr. McGlasson.
24 MEMBER MC GLASSON: Yes, based on the

1 staff report.
2 MR. ROATE: Thank you.
3 Dr. McNeil.
4 MEMBER MC NEIL: Yes, based on the staff
5 report.
6 MR. ROATE: Thank you.
7 Ms. Murphy.
8 MEMBER MURPHY: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 Chairman Sewell.
12 CHAIRMAN SEWELL: Yes, based on the staff
13 report.
14 MR. ROATE: Thank you.
15 That's 6 votes in the affirmative.
16 CHAIRMAN SEWELL: The exemption is
17 approved.
18 MR. WALSH: Thank you.
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1 CHAIRMAN SEWELL: Next is C-04, Project
2 No. E-018-19, Presence Saint Joseph Hospital in
3 Chicago.
4 May I have a motion to approve this
5 exemption request to discontinue a 23-bed
6 rehabilitation category of service.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MURPHY: Second.
10 THE COURT REPORTER: Would you raise your
11 right hand, please.
12 (One witness sworn.)
13 THE COURT REPORTER: Thank you. Please
14 introduce yourself and print your name, as well.
15 MR. JUDD: My name is Martin Judd.
16 Good morning. I'm the president and CEO
17 of Saints Mary and Elizabeth Medical Center
18 representing AMITA Health, Chicago region, today.
19 I have with me Jack Axel, our system's CON
20 consultant.
21 CHAIRMAN SEWELL: Thank you.
22 State agency report.
23 MR. CONSTANTINO: Thank you, sir.
24 Presence Saint Joseph Hospital in Chicago

1 proposes a discontinuation of their 23-bed
2 comprehensive physical rehabilitation category of
3 service because of low utilization of the beds.
4 The expected completion date is July 5th, 2019.
5 There are 12 hospitals in the HSF 6
6 comprehensive physical rehabilitation planning
7 area that provide this service as of May 2019.
8 There is a calculated excess of 189 physical rehab
9 beds in this planning area.
10 No public hearing was requested and no
11 opposition letters were received.
12 The Applicants have met all the
13 requirements of the State Board.
14 Thank you, sir.
15 CHAIRMAN SEWELL: Do you have a
16 presentation?
17 MR. JUDD: Just some brief comments.
18 We believe that discontinuing the 23-bed
19 unit at Saint Joseph Hospital will have no adverse
20 impact on patients. As the State report
21 indicated, there's an excess of beds in the
22 community.
23 We've been experiencing extremely low
24 volumes, declining volumes over five years in

1 patient rehab census, averaging 2.9 patients.
2 Moving these patients from a low-volume program to
3 a higher-volume program within the community would
4 both serve the patients well and save costs to the
5 health care system.
6 CHAIRMAN SEWELL: Any questions of the
7 Applicant?
8 (No response.)
9 CHAIRMAN SEWELL: Roll call.
10 MR. ROATE: Thank you, sir.
11 Motion made by Demuzio; seconded by
12 Murphy.
13 Senator Demuzio.
14 MEMBER DEMUZIO: Yes, based upon the staff
15 report and the comments from the -- from the
16 public.
17 MR. ROATE: Thank you.
18 Ms. Hemme.
19 MEMBER HEMME: Yes, based on staff report
20 and testimony today.
21 MR. ROATE: Thank you.
22 Mr. McGlasson.
23 MEMBER MC GLASSON: Yes, based on the
24 staff report.

1 MR. ROATE: Thank you.
2 Dr. McNeil.
3 MEMBER MC NEIL: Yes, based on the staff
4 report and testimony.
5 MR. ROATE: Thank you.
6 Ms. Murphy.
7 MEMBER MURPHY: Yes, based on the staff
8 report.
9 MR. ROATE: Thank you.
10 Chairman Sewell.
11 CHAIRMAN SEWELL: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 That's 6 votes in the affirmative.
15 CHAIRMAN SEWELL: The exemption is
16 approved.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-05, Project No. E-019-19, Presence Saint Francis
3 Hospital in Evanston.
4 May I have a motion to approve this
5 exemption to discontinue an open-heart surgery
6 service.
7 MEMBER MURPHY: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER DEMUZIO: Second.
10 MEMBER HEMME: Second.
11 CHAIRMAN SEWELL: All right. Already
12 sworn in.
13 State agency report.
14 MR. CONSTANTINO: Thank you, sir.
15 Presence Saint Francis Hospital in
16 Evanston proposes a discontinuation of the
17 open-heart surgery category of service because of
18 the low utilization at the hospital. The
19 operating room dedicated for open-heart surgery
20 will be used for general surgery, and the
21 equipment will be utilized by other AMITA
22 facilities. The expected completion date is
23 July 5th, 2019, for the discontinuation.
24 There was no request for a public hearing,

1 and no letters of opposition were received by the
2 State Board.
3 The Applicants have met all the
4 requirements of the State Board.
5 Thank you.
6 CHAIRMAN SEWELL: Presentation?
7 MR. JUDD: Comments are similar to the
8 previous statements.
9 The program has been experiencing
10 declining volumes for the last five years and is
11 no longer meeting the minimum State standard for
12 the open-heart category of service. And we
13 believe that consolidating the program with
14 another facility where there are more cases and
15 creating a center of excellence will be -- will
16 better serve the patients from a quality and an
17 outcome perspective.
18 CHAIRMAN SEWELL: Are there questions of
19 the Applicant?
20 (No response.)
21 CHAIRMAN SEWELL: Roll call.
22 MR. ROATE: Thank you, sir.
23 Motion made by Murphy; seconded by Hemme.
24 Senator Demuzio.

1 MEMBER DEMUZIO: Yes, based upon the staff
2 report and testimony.
3 MR. ROATE: Thank you.
4 Ms. Hemme.
5 MEMBER HEMME: Yes, based on the staff
6 report.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, based on the
10 staff report.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes, based on the staff
14 report and the testimony that leads to the market
15 deciding or impacting what the hospital does to
16 adjust to the marketplace and services it
17 provides.
18 MR. ROATE: Thank you.
19 Ms. Murphy.
20 MEMBER MURPHY: Yes, based on the staff
21 report.
22 MR. ROATE: Thank you.
23 Chairman Sewell.
24 CHAIRMAN SEWELL: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 That's 6 votes in the affirmative.
4 CHAIRMAN SEWELL: Exemption is approved.
5 MR. AXEL: Thank you.
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1 CHAIRMAN SEWELL: Next is C-06, Project
2 No. E-020-19, Presence Saint Mary of Nazareth
3 Hospital in Chicago.
4 May I have a motion to approve this
5 exemption to discontinue an open-heart surgery
6 service.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MURPHY: Second.
10 CHAIRMAN SEWELL: All right. Already
11 sworn in.
12 Is there a State agency report?
13 MR. CONSTANTINO: Thank you, sir.
14 Presence Saint Mary's of Nazareth Hospital
15 in Chicago proposes discontinuation of the
16 open-heart surgery category of service because of
17 low utilization of the service at the hospital.
18 The operating room dedicated for
19 open-heart surgery would be used for general
20 surgery, and the equipment will be utilized by
21 other AMITA facilities. The expected completion
22 date is July 5th, 2019.
23 There was no request for a public hearing,
24 and no letters of opposition were received by the

1 State Board.
2 The Applicants have met the requirements
3 of the State Board.
4 Thank you, sir.
5 CHAIRMAN SEWELL: Thank you.
6 Presentation?
7 MR. JUDD: Comments are exactly the same
8 as the previous statements, so I'll save the Board
9 some time.
10 CHAIRMAN SEWELL: Are there questions of
11 the Applicant?
12 MEMBER MC NEIL: So you're dealing with a
13 very expensive set of procedures and a decline in
14 the number of patients; correct?
15 MR. JUDD: That's correct.
16 MEMBER MC NEIL: And you will reuse those
17 facilities for something else because the
18 marketplace is pushing you for health care?
19 MR. JUDD: That's exactly right.
20 CHAIRMAN SEWELL: Other questions?
21 (No response.)
22 CHAIRMAN SEWELL: Roll call.
23 MR. ROATE: Thank you, sir.
24 Motion made by Demuzio; seconded by

1 Murphy.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the staff
4 report and the testimony.
5 MR. ROATE: Thank you.
6 Ms. Hemme.
7 MEMBER HEMME: Yes, based upon the staff
8 report.
9 MR. ROATE: Thank you.
10 Mr. McGlasson.
11 MEMBER MC GLASSON: Yes, based on the
12 staff report.
13 MR. ROATE: Thank you.
14 Dr. McNeil.
15 MEMBER MC NEIL: Yes, based on the staff
16 report and the testimony.
17 MR. ROATE: Thank you.
18 Ms. Murphy.
19 MEMBER MURPHY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Chairman Sewell.
23 CHAIRMAN SEWELL: Yes, based on the staff
24 report.

1 MR. ROATE: Thank you.
2 That's 6 votes in the affirmative.
3 CHAIRMAN SEWELL: Exemption is approved.
4 Thank you.
5 MR. AXEL: Thank you.
6 MR. JUDD: Thank you.
7 (An off-the-record discussion was held.)
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-07, Project No. 18-028, Village at Mercy Creek
3 in Normal.
4 May I have a motion to relinquish the
5 permit for this project at Mercy Creek in Normal.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURPHY: Second.
9 CHAIRMAN SEWELL: All right. Would you
10 identify yourself and be sworn in.
11 THE COURT REPORTER: Would you raise your
12 right hand, please.
13 (One witness sworn.)
14 THE COURT REPORTER: Thank you.
15 CHAIRMAN SEWELL: State agency report.
16 MR. CONSTANTINO: Thank you, sir.
17 The Village of Mercy Creek is
18 relinquishing Permit No. 18-028, which established
19 a 40-bed skilled care facility in Normal,
20 Illinois, at a cost of $19.2 million.
21 This permit has a little history. In
22 December of 2018 the Board approved this permit to
23 establish this facility, and subsequently the
24 Board staff was notified that the permit holder

had made material statements that they no longer could live by. They were told at that time by the Board staff that a new application for permit would need to be submitted by the Village at Mercy Creek.

In April of 2019 the Village at Mercy Creek was approved as Permit No. 19-16 by the Board at a cost of $19.2 million and for the approval of 40 beds. At that time they also made the commitment that Permit No. 18-28 would be relinquished.

Thank you, sir.

CHAIRMAN SEWELL: All right.

Do you have a presentation?

MR. SHEETS: I do not.

Chuck Sheets from Polsinelli on behalf of the Applicant. If you have any questions, I'd be more than happy to answer them.

CHAIRMAN SEWELL: Are there questions of the Applicant?

(No response.)

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

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

1 Motion made by McNeil; seconded by Murphy.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, based upon the staff
4 report.
5 MR. ROATE: Thank you.
6 Ms. Hemme.
7 MEMBER HEMME: Yes, based on the staff
8 report.
9 MR. ROATE: Thank you.
10 Mr. McGlasson.
11 MEMBER MC GLASSON: Yes, based on the
12 staff report.
13 MR. ROATE: Thank you.
14 Dr. McNeil.
15 MEMBER MC NEIL: Yes, based on the staff
16 report.
17 MR. ROATE: Thank you.
18 Ms. Murphy.
19 MEMBER MURPHY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Chairman Sewell.
23 CHAIRMAN SEWELL: Yes, based on the staff
24 report.

1 MR. ROATE: Thank you.
2 That's 6 votes in the affirmative.
3 CHAIRMAN SEWELL: Exemption is approved.
4 Thank you.
5 MR. SHEETS: Thank you.
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1 CHAIRMAN SEWELL: There are no alteration
2 requests.
3 Next are declaratory rulings.
4 E-01, HSHS St. John's Hospital,
5 Springfield.
6 May I have a motion to approve the
7 extension of suspended AMI services at St. John's
8 Hospital.
9 MEMBER MC NEIL: So moved.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER MURPHY: Second.
12 CHAIRMAN SEWELL: I think you all have
13 been sworn in.
14 State agency report.
15 MR. CONSTANTINO: Thank you, sir.
16 On June 25th, 2018, St. John's Hospital
17 notified the State Board that they were
18 temporarily suspending AMI -- their 40-bed AMI
19 service -- and since then have submitted 30-day
20 updates as required.
21 Subsequently they've requested to extend
22 this temporary suspension beyond the one-year
23 time frame.
24 The reason for the need for the extension,

1 according to the hospital, is due to the number of
2 renovation and construction projects ongoing at
3 the hospital.
4 As mentioned in your report, you have a
5 few options regarding this temporary -- this
6 declaratory ruling: Approve a onetime extension,
7 require the resumption of service, or submit the
8 application to discontinue the service now.
9 Thank you, sir.
10 MS. MITCHELL: I'd like to make a brief
11 statement.
12 So pursuant to our rules, someone could
13 temporarily -- a facility could temporarily
14 suspend services for unforeseen circumstances up
15 to a year. Every 30 days during that year
16 time frame they're supposed to provide a progress
17 report to us.
18 So anything after that year must come
19 before the Board, so that is why this is before
20 you today. They've been temporarily suspended for
21 at least a year, and they're requesting additional
22 time -- time in addition to that.
23 CHAIRMAN SEWELL: Do you have a
24 presentation?

1 MS. GOEBEL: Thank you. Good morning
2 again. Thank you for having us here today.
3 We're here today with respect to the
4 declaratory ruling request before you to extend
5 the temporary suspension of the AMI category of
6 service at HSHS St. John's Hospital in
7 Springfield.
8 This service was temporarily suspended on
9 June 6th, 2018, with the last patient discharged
10 on June 25th, 2018, so that we could analyze its
11 continuation.
12 At this point the analysis is not complete
13 due to several major projects we have underway,
14 including the recent opening of the new Women's
15 and Children's Clinic, design work and planning of
16 the NICU renovation, working on a discernment
17 process regarding the renovation of our ICU, and
18 we are internally reviewing and updating our
19 master facility plan. Hence, our request to
20 extend the temporary AMI service suspension until
21 March 25th, 2020, to complete our analysis of this
22 unit. As you're aware, there are very dynamic,
23 complex, and interrelated changes occurring within
24 the healthcare industry. HSHS and St. John's are

1 not immune to these very external influences.
2 Additionally, St. John's is evolving to
3 best respond to anticipated delivery system
4 changes of which acute mental health and
5 behavioral services is a major component.
6 We are continually evaluating St. John's
7 best response to its patients, families,
8 physicians, and markets.
9 Other key programs under consideration are
10 our response to increased NICU services, adult ICU
11 services, and an increased demand to implement
12 more complex technology.
13 Given the time necessary to evaluate these
14 complex issues and their impact on programs,
15 operations, professional and related support
16 staff, let alone our mission commitment, we
17 respectfully request our AMI suspension extension
18 request be approved by the Board.
19 The staff report suggested these three
20 courses of action: Resume the service by
21 June 25th, 2019, only three weeks from this
22 meeting. This option is not practical. It would
23 take at least 90 days to staff and reopen the AMI
24 service.

1 Formally discontinue the AMI bed category
2 of service. This option, too, is not practical
3 for two reasons. St. John's is still evaluating
4 reopening the suspended AMI service, and it would
5 be several weeks before a discontinuation COE
6 could be developed and filed. Thus, the Review
7 Board would not act on such a submission until its
8 October 22nd, 2019, meeting at the earliest.
9 Grant our onetime request to extend the
10 temporary AMI suspension until March 25th, 2020,
11 to allow St. John's to complete its analysis to
12 reestablish the AMI category of service or file a
13 COE for discontinuation. Incidentally, this would
14 need to occur probably by later this year to meet
15 the extended suspension request.
16 To the best of my knowledge, we have
17 complied with all Board requirements, and, in
18 summary, given all the related facts and options,
19 we respectfully request the Review Board grant our
20 determination of reviewability request.
21 What questions can we answer?
22 CHAIRMAN SEWELL: Questions?
23 Yes.
24 MEMBER MC NEIL: Who's providing the

1 service in the Springfield region right now for
2 acute mentally ill patients?
3 MS. GOEBEL: So there's -- Memorial
4 Medical Center provides service. St. Mary's
5 Hospital in Decatur, which is also a part of the
6 HSHS system, provides services. And Lincoln
7 Prairie in Springfield provides, I believe, child
8 and adolescent services.
9 MEMBER MC NEIL: So the services are being
10 provided that you're not providing right now?
11 MS. GOEBEL: Correct.
12 MEMBER MC GLASSON: I have a question --
13 CHAIRMAN SEWELL: Yes. Go ahead.
14 MEMBER MC GLASSON: -- for staff, if
15 I may.
16 If somebody in the area wished to open a
17 similar facility, would the fact that these beds
18 are still assigned to HSHS have an effect on their
19 approval?
20 MR. CONSTANTINO: Yes, they would.
21 MEMBER MC GLASSON: Thank you.
22 MS. AVERY: Melanie, do you have her name
23 on the record for this application?
24 THE COURT REPORTER: Yes.

1 CHAIRMAN SEWELL: All right. Other
2 questions of the Applicant?
3 (No response.)
4 CHAIRMAN SEWELL: If not, the roll call.
5 MR. ROATE: Thank you, sir.
6 Motion made by McNeil; seconded by Murphy.
7 Senator Demuzio.
8 MEMBER DEMUZIO: I would take this
9 opportunity to recuse myself.
10 MR. ROATE: Thank you.
11 Ms. Hemme.
12 MEMBER HEMME: Yes, based on the staff
13 report.
14 MR. ROATE: Thank you.
15 Mr. McGlasson.
16 MEMBER MC GLASSON: No, based on the
17 testimony.
18 MR. ROATE: Thank you.
19 Dr. McNeil.
20 MEMBER MC NEIL: Yes, based on the report,
21 the testimony, and patients are being served now.
22 MR. ROATE: Thank you.
23 Ms. Murphy.
24 MEMBER MURPHY: Yes, based on the staff

1 report and today's testimony.
2 MR. ROATE: Thank you.
3 Chairman Sewell.
4 CHAIRMAN SEWELL: Yes, based on the staff
5 report.
6 MR. ROATE: Thank you.
7 That's 4 votes in the affirmative, 1 vote
8 in the negative, and 1 recusal.
9 MS. MITCHELL: The motion did not pass.
10 It needs 5 affirmative votes for the motion to
11 pass.
12 (An off-the-record discussion was held.)
13 MS. MITCHELL: So you are required to
14 resume services or file a discontinuation
15 application.
16 MR. PARKHURST: Excuse me. Jeannie, can
17 you please clarify that?
18 MS. MITCHELL: So because the extension
19 request was not approved, services either should
20 be resumed or a discontinuation application should
21 be forthcoming.
22 MR. PARKHURST: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 E-02, Provident Hospital of Cook County in
3 Chicago.
4 May I have a motion to approve a
5 correction to charity care and outpatient visit
6 data for the years 2014, '15, '16, and '17 for
7 Provident Hospital of Cook County in Chicago.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MURPHY: Second.
11 CHAIRMAN SEWELL: Could you be sworn in
12 and identify yourself, please?
13 THE COURT REPORTER: Would you raise your
14 right hand, please.
15 (One witness sworn.)
16 THE COURT REPORTER: Thank you. And would
17 you state your name as well as print it on that
18 sheet, please.
19 CHAIRMAN SEWELL: State agency report.
20 MR. AKPAN: Good morning, Board. My name
21 is Ekerete Akpan. I'm the chief financial officer
22 of the health system.
23 Last name is spelled A-k-p-a-n, and I will
24 write it out.

1 THE COURT REPORTER: Thank you.
2 CHAIRMAN SEWELL: Go ahead.
3 MR. CONSTANTINO: Thank you, sir.
4 Cook County Health and Hospital Services
5 is asking the Board to approve corrections to the
6 John Stroger and Provident Hospital profile data
7 for calendar year 2014 through calendar year 2017.
8 These changes, if approved, will change
9 the number of patients by payer source of
10 revenue -- by payer source -- for both hospitals
11 and reclassify Provident Hospital's outpatient
12 office campus visits to hospital visits for
13 calendar years '15, '16, and '17.
14 The reason for the change is the financial
15 data was submitted before the yearly audit was
16 finalized, and the reason for the Provident
17 Hospital change for the outpatient visits was
18 Provident Hospital has a health center inside the
19 hospital, and those visits were misclassified as
20 off campus.
21 Thank you, sir.
22 CHAIRMAN SEWELL: Do you have a
23 presentation for the Board?
24 MS. PATEL: No presentation today.

1 I just wanted to reiterate that the
2 adjustments that are being requested do not affect
3 the additional -- or the bed-need assessment for
4 hospitals or any planning area hospital
5 facilities.
6 And we'll take any questions you might
7 have.
8 CHAIRMAN SEWELL: The question I have
9 is -- the misclassification, was that because you
10 all didn't know or you misinterpreted the rules?
11 I mean, what -- what -- say a little more
12 about your misclassification. I think it was the
13 outpatient services.
14 MR. CONSTANTINO: That's correct, at
15 Provident.
16 CHAIRMAN SEWELL: At Provident.
17 MS. PATEL: Sure. We wrestled with this
18 one, also.
19 Many of our staff members who put the
20 reports together were not -- are not here today;
21 but we can only guess that there might have been a
22 discrepancy with the way they were reporting that,
23 maybe based on Medicare.
24 But the John Sengstacke Health Clinic is

1 within Provident Hospital, and, therefore, we
2 believe they should be reported on the on-site
3 campus visits.
4 CHAIRMAN SEWELL: And is that the correct
5 way to report it?
6 MR. CONSTANTINO: (No verbal response.)
7 CHAIRMAN SEWELL: Is it?
8 MS. MITCHELL: You have to say it out
9 loud.
10 MR. CONSTANTINO: Yes. As an on-campus
11 visit, yes.
12 CHAIRMAN SEWELL: I see.
13 Now for the ones where the numbers were
14 just wrong and you found it out as a result of the
15 audit, what happened there?
16 MR. AKPAN: Chair, the numbers -- the
17 numbers were not wrong. I just want to clarify.
18 So what happened is our financial
19 reporting calendar is June, and that doesn't
20 line up with that period of submission of our
21 profile.
22 So what we've gone back is to line them up
23 each -- our fiscal year ends in November, so we've
24 moved them back each year and properly aligned our

1 calendar year to our fiscal year. And we've gone
2 back to correct that.
3 CHAIRMAN SEWELL: So the profile has a
4 calendar year approach?
5 MR. CONSTANTINO: Yes.
6 CHAIRMAN SEWELL: And the hospital has
7 what?
8 MR. AKPAN: Our fiscal year ends
9 November 30th.
10 CHAIRMAN SEWELL: Well, what happened
11 before 2014? I mean, that's always been the case,
12 hasn't it?
13 So I still don't understand how you got
14 those two things confused.
15 What happened in 2013?
16 MR. AKPAN: I would --
17 MS. PATEL: Yeah. At this time -- I mean,
18 this current CFO was not there, so we -- we are
19 unaware.
20 CHAIRMAN SEWELL: Yeah.
21 MS. PATEL: We did discuss this with
22 staff. And, actually, we had initially requested
23 '16 and '17 because that's what we had initially
24 identified as needing adjustment, and then counsel

1 had requested that we go back all the way to 2014
2 because that is what the public views to date. So
3 we have not looked further back.
4 CHAIRMAN SEWELL: Please communicate to
5 top management that the reason we're making such a
6 big deal out of this is because it throws off all
7 of our calculations for other institutions. So
8 if -- it's a very serious matter. You shouldn't
9 need an audit to fix something this basic. This
10 was not that complicated.
11 MR. AKPAN: Sure. Chair, let me just
12 clarify. It is -- it was not wrong.
13 So the financial year ends in November --
14 CHAIRMAN SEWELL: But that was wrong, that
15 you were using your fiscal year instead of
16 the year for the profile. So it was wrong.
17 MR. AKPAN: So -- yes, Chair. In the
18 current calendar year we were using the audited
19 report for the prior year because that's what was
20 available and audited.
21 CHAIRMAN SEWELL: All right.
22 MR. AKPAN: So we're now saying -- after
23 the fact we can then look back and say we've
24 corrected -- we have the audited report that we're

1 then lining up.
2 I just wanted to make that point, that
3 it's not that it's wrong. They're lining them up
4 properly.
5 CHAIRMAN SEWELL: Other questions?
6 Yes, Doctor.
7 MEMBER MC NEIL: Not so much a question,
8 but this is an awkward reporting with balance
9 sheet/income statements when you start comparing
10 across any facility, because November 30th is an
11 odd -- a different date than a calendar or a
12 fiscal year.
13 And I realize the State of Illinois --
14 other states end on September 30th. But because
15 of that, we spend a lot of time wrestling with
16 this.
17 And if anybody looks at your financial
18 statement, they're going to have the same
19 questions or be as perplexed as we are, and
20 I would suggest you need to take a look at that.
21 MR. AKPAN: Thank you, Chair. We are tied
22 to the County of Cook's financial dates and that's
23 how our dates are so --
24 CHAIRMAN SEWELL: Your system is too big

1 for this. It's a huge system.
2 Okay. Any other questions?
3 (No response.)
4 CHAIRMAN SEWELL: Roll call.
5 MR. ROATE: Thank you, sir.
6 Motion made by McNeil; seconded by Murphy.
7 Senator Demuzio.
8 MEMBER DEMUZIO: I'm going to go ahead and
9 vote yes in light of -- I think the testimony from
10 yourself and, also, the staff report indicates
11 that there probably needs to be a little bit more
12 work done.
13 I'm going to go ahead and vote yes.
14 MR. ROATE: Thank you.
15 Ms. Hemme.
16 MEMBER HEMME: Yes, based on the staff
17 report and the testimony today.
18 MR. ROATE: Thank you.
19 Mr. McGlasson.
20 MEMBER MC GLASSON: Yes, based on the
21 staff report.
22 MR. ROATE: Thank you.
23 Dr. McNeil.
24 MEMBER MC NEIL: Yes, based on the staff

1 report but, more importantly, your statement that
2 you're under bureaucracies that demand you have
3 the November 30th date rather than a fiscal year.
4 That needs to be put out in front in reports.
5 MR. ROATE: Thank you.
6 Ms. Murphy.
7 MEMBER MURPHY: Yes, based on the staff
8 report and today's testimony that things are going
9 to change in the future.
10 MR. ROATE: Thank you.
11 Chairman Sewell.
12 CHAIRMAN SEWELL: I vote yes so that we
13 can have correct numbers.
14 MR. ROATE: Thank you.
15 That's 6 votes in the affirmative.
16 MS. PATEL: Thank you.
17 MR. AKPAN: Thank you.
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1 CHAIRMAN SEWELL: Next is E-03, NorthShore
2 Health Systems, Evanston, Glenview, Highland Park,
3 and Skokie.
4 May I have a motion to approve a
5 correction to utilization data for surgery
6 services within that health system for the years
7 2015, '16, and '17.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MURPHY: Second.
11 CHAIRMAN SEWELL: Would you identify
12 yourselves and be sworn in.
13 MS. CUMMINGS: Good morning, Board. My
14 name is Gabrielle Cummings, G-a-b-r-i-e-l-l-e;
15 Cummings, C-u-m-m-i-n-g-s. I'm the president of
16 Highland Park Hospital.
17 MR. AXEL: Jack Axel, Axel & Associates.
18 MR. BELANGER: Matthew Belanger. I'm the
19 director of clinical services for NorthShore
20 University Health System.
21 Matthew is M-a-t-t-h-e-w; Belanger,
22 B-e-l-a-n-g-e-r.
23 THE COURT REPORTER: Would the two of you
24 raise your right hands, please.

1 (Two witnesses sworn.)
2 THE COURT REPORTER: Thank you. And
3 please print your names, as well.
4 CHAIRMAN SEWELL: State agency report.
5 MR. CONSTANTINO: Thank you, sir.
6 The health system is requesting the Board
7 approve changes to the hospital annual profiles
8 for operating procedure rooms in cases and hours
9 for all four hospitals for calendar years '15,
10 '16, and '17.
11 The reason for the change is the hospitals
12 had counted staffed operating procedure rooms and
13 not actual operating procedure rooms.
14 Thank you, sir.
15 CHAIRMAN SEWELL: All right.
16 Is there a presentation for the Board?
17 MR. AXEL: Thank you, Mr. Sewell.
18 I think Mr. Constantino has done a good
19 job of summarizing the misinterpretations that led
20 to incorrect data being provided for the
21 three years.
22 We've corrected the data --
23 CHAIRMAN SEWELL: Can you speak up just a
24 little bit?

1 MR. AXEL: We've corrected that data
2 consistent with your requirements, and we are
3 confident that future data will be provided in an
4 accurate fashion.
5 Thank you.
6 CHAIRMAN SEWELL: Okay. I have to know
7 what happened.
8 MR. AXEL: Well, we identified the number
9 of staffed operating rooms at the hospitals on
10 December 31st, rather than the number of operating
11 rooms physically at the hospital, first.
12 Second, when we calculated surgical hours,
13 we did not include room setup and room cleanup.
14 We've now added those numbers together. And
15 actually, Mr. Sewell, there's about a 19 percent
16 difference in terms of hours.
17 Thank you.
18 CHAIRMAN SEWELL: So what was the practice
19 of the system before 2015 on this matter?
20 MR. AXEL: We reported staffed ORs rather
21 than physically available ORs, and we reported
22 actual hours of surgery rather than hours of
23 surgery plus setup and cleanup.
24 CHAIRMAN SEWELL: So you didn't change

1 what you were doing, which created a need for the
2 correction? You've always been doing it this way?
3 MR. AXEL: We're not doing any more cases,
4 if that's what you're asking, nor do we have more
5 operating rooms.
6 CHAIRMAN SEWELL: No -- this distinction
7 between staffed and what your capacity is has
8 just -- has been your practice all along? Is what
9 I'm trying to get at.
10 MR. AXEL: We had been reporting it
11 incorrectly. We are reporting it correctly as of
12 2018, yes.
13 CHAIRMAN SEWELL: Okay. So did we know
14 about this before this period? So we just caught
15 this in the '15, '16, and '17 years?
16 MR. CONSTANTINO: No, staff didn't --
17 Board staff did not catch it. We were notified of
18 this.
19 CHAIRMAN SEWELL: All right. By the
20 Applicant?
21 MR. CONSTANTINO: Yes. Yeah. Yes, it --
22 like I said at the last meeting, these profiles
23 are the responsibilities of the hospital
24 management and not IDPH or the Board.

1 CHAIRMAN SEWELL: Right.
2 MR. CONSTANTINO: That's the way we've
3 always conducted these reviews or surveys.
4 CHAIRMAN SEWELL: Okay.
5 Other questions?
6 Yes.
7 MEMBER MC NEIL: You were actually
8 underreporting hours the way you were doing it; is
9 that correct? Because you weren't getting on
10 either side --
11 MR. AXEL: By approximately 19 percent;
12 that is correct.
13 MEMBER MC NEIL: By 19 -- which is
14 considerable.
15 MR. AXEL: Yes.
16 MEMBER MC NEIL: So this was
17 underreporting from a profile with their profile
18 actually lower than it should have been if they
19 fully reported as they're doing now?
20 MR. CONSTANTINO: That's correct.
21 CHAIRMAN SEWELL: You're also too big to
22 be doing it this way as a system.
23 Are there other questions?
24 (No response.)

1 CHAIRMAN SEWELL: All right. Roll call.
2 MR. ROATE: Thank you.
3 Motion made by Dr. McNeil; seconded by
4 Ms. Murphy.
5 Senator Demuzio.
6 MEMBER DEMUZIO: Yes, based on the staff
7 report and then the testimony.
8 MR. ROATE: Thank you.
9 Ms. Hemme.
10 MEMBER HEMME: Yes, based on staff report
11 and the testimony.
12 MR. ROATE: Thank you.
13 Mr. McGlasson.
14 MEMBER MC GLASSON: Yes, based on the
15 testimony.
16 MR. ROATE: Thank you.
17 Dr. McNeil.
18 MEMBER MC NEIL: Yes, based on the staff
19 report and the testimony.
20 MR. ROATE: Thank you.
21 Ms. Murphy.
22 MEMBER MURPHY: Yes, based on the staff
23 report and the testimony.
24 MR. ROATE: Thank you.

1 Chairman Sewell.
2 CHAIRMAN SEWELL: I vote yes so that we
3 might have correct utilization data.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 CHAIRMAN SEWELL: Thank you.
7 MR. AXEL: Thank you.
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1 CHAIRMAN SEWELL: Next is Health Care
2 Worker Self-Referral Act.
3 Next on the agenda is F-01, request for an
4 advisory opinion, Dr. Hester, Herrin, SR-001-19.
5 May I have a motion to approve the
6 advisory opinion of Dr. Hester.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MURPHY: Second.
10 CHAIRMAN SEWELL: All right. Would you
11 identify yourself and be sworn in.
12 DR. HESTER: Yes. Good morning.
13 My name is Brian Hester. I'm the
14 president of Integrated Health of Southern
15 Illinois. I appreciate the ability to be here at
16 the decision-making process. I want to thank your
17 staff for the interim report.
18 THE COURT REPORTER: Would you raise your
19 right hand, please.
20 (One witness sworn.)
21 THE COURT REPORTER: Thank you.
22 CHAIRMAN SEWELL: State agency report.
23 MR. CONSTANTINO: Thank you, Mr. Sewell.
24 The State Board has been requested to

1 provide an advisory opinion under the Illinois
2 Health Care Worker Self-Referral Act.
3 The advisory opinion is to determine
4 whether Integrated Health of Southern Illinois is
5 in violation of Section 20 of the Illinois Health
6 Care Worker Self-Referral Act through its
7 independent contractor relationship with a network
8 that provides access to discounted laboratory
9 tests to be performed by a third party.
10 MS. MITCHELL: So just to give a brief
11 overview, the Board -- the Health Care
12 Self-Referral Act is the State's version of the
13 Federal Stark Law. It deals with referrals that a
14 health care provider would make and any investment
15 they may have in where they're referring that
16 patient to.
17 So there are certain prohibitions. You
18 can't necessarily refer a patient to a facility
19 that you are invested in if you do not have any
20 type of oversight over that patient at that point.
21 And the Health Care Self-Referral Act, rather,
22 provides that a provider can request an advisory
23 opinion asking whether their arrangement that they
24 have violates the Act, and so that's what happened

1 here.
2 We received a request asking whether the
3 arrangement violated the Act, and this report is
4 what you have before you.
5 CHAIRMAN SEWELL: I'm sorry. Do you have
6 a presentation?
7 DR. HESTER: Not other than just saying
8 that the reason we want to do this service is to
9 increase accessibility and affordability to a
10 small segment of patients that do not have private
11 health insurance or Medicare/Medicaid.
12 (An off-the-record discussion was held.)
13 CHAIRMAN SEWELL: Any questions by Board
14 members?
15 (No response.)
16 CHAIRMAN SEWELL: I'm hesitating here
17 because in my package I can't find this project.
18 So I haven't read this -- well, I'm going to read
19 it now.
20 MS. AVERY: Okay.
21 CHAIRMAN SEWELL: If other Board members
22 understand this and have read this, then please
23 ask any questions that you see fit.
24 MS. AVERY: George, where is it on the --

1 MS. MITCHELL: It was on -- I think we
2 deleted it.
3 CHAIRMAN SEWELL: I think I deleted it
4 accidentally.
5 MR. CONSTANTINO: I have some hard copies
6 here.
7 MS. AVERY: We have a hard copy.
8 CHAIRMAN SEWELL: I have a hard copy.
9 I just need to look at this.
10 (An off-the-record discussion was held.)
11 MEMBER MC GLASSON: Well, if I may ask a
12 question.
13 CHAIRMAN SEWELL: Go ahead.
14 MEMBER MC GLASSON: What happens now?
15 MS. MITCHELL: Me? What do you mean?
16 MEMBER MC GLASSON: What are we actually
17 being asked to vote on or ultimately would be
18 asked to vote on?
19 MS. MITCHELL: This is -- is this the
20 advisory opinion itself?
21 This is the advisory opinion. So just the
22 advisory opinion saying that the arrangement does
23 not violate the Health Care Worker Self-Referral
24 Act based on what's in the report.

1 And we have 90 days to issue that
2 decision, and this was received in March.
3 MEMBER MC NEIL: Can I ask a question?
4 MS. MITCHELL: Sure.
5 MEMBER MC NEIL: So your relationship --
6 Integrated Health patients -- with Quest, you pay
7 them a hundred dollars -- or there's a
8 hundred-dollar payment? And that allows direct
9 billing to those without insurance?
10 DR. HESTER: Yes. That hundred dollars is
11 paid to Howell Network. It's a discount network
12 that's affiliated with Quest.
13 MEMBER MC NEIL: So those without
14 insurance get a discount?
15 DR. HESTER: The way -- the reason it
16 sounds that way is we -- when we are in network
17 with private pay or Medicare as preferred
18 providers, we accept their fee schedule. But if
19 someone is not in those networks, then the market
20 can set that fee.
21 And this is just a way that allows the
22 market -- found a way to allow the market to set
23 that a little bit lower by a discount network that
24 Quest is affiliated with and allows to act as a

1 third party.
2 MEMBER MC NEIL: So those without
3 insurance pay more or less than those with
4 insurance on the average? Because you're going to
5 get different rates, Medicare, Medicaid,
6 insurance, whatever.
7 DR. HESTER: Yeah. It's both; it's a
8 little bit of both. We're not talking about big
9 amounts of money, but some people, depending on
10 percentages and insurances and their fee
11 schedules, it may be a little more.
12 The cash prices could be a little bit
13 more. I would say it's usually a little bit less,
14 if I'm understanding the question right.
15 MR. CONSTANTINO: I'd just like to make a
16 couple comments.
17 CHAIRMAN SEWELL: Sure.
18 MR. CONSTANTINO: Dr. Hester, you don't
19 have any ownership interest in Quest Diagnostics;
20 is that correct?
21 DR. HESTER: No.
22 MR. CONSTANTINO: You don't have any
23 ownership interest in Howell Diagnostic Network?
24 DR. HESTER: No.

1 MS. MITCHELL: And you'll have to forgive
2 us; we don't really see many of these. And
3 for many of the Board members, this is probably
4 the first time an advisory opinion under that Act
5 that they've seen one so --
6 DR. HESTER: Can I comment on this?
7 MS. MITCHELL: Sure.
8 DR. HESTER: And the reason I'm here and
9 want a higher level of assurance -- although I've
10 had health care attorneys both say under the Stark
11 and antikickback statutes this is fine, it's not a
12 violation in their interpretation of the
13 self-referral act in Illinois, Illinois attorneys
14 say they do not see a conflict, and I think the
15 staff report said it seems to not apply, you know,
16 be applicable. I read through it and I don't see
17 that.
18 But the reason I want that higher level of
19 assurance -- it's partly my personality and it's
20 partly -- our community is very aggressive
21 on assuming, and that's all I'm saying, that
22 I just am a person that wants the highest level of
23 assurance that I'm not -- that I'm being
24 compliant.

1 CHAIRMAN SEWELL: Uh-huh. I don't
2 understand what the staff advice is on the
3 advisory opinion. Or is there one?
4 MR. CONSTANTINO: We didn't -- staff
5 didn't reach an opinion, no. What we provided you
6 on page 4 of the report is the actions the Board
7 can take.
8 It can issue an advisory opinion. It can
9 ask for additional information, which Jeannie has
10 done. We've asked for additional information, and
11 it's been included in your packet of material.
12 If -- and I -- we mentioned here if the
13 State Board does not render an opinion within
14 90 days from the date of declaring a request
15 complete -- and as Jeannie says, you're coming up
16 on that 90-day time frame -- it shall create a
17 rebuttable presumption that a referral described
18 in the request is not or will not be a violation
19 of the Act.
20 And the final thing: An advisory opinion
21 does not constitute a final administrative
22 decision within the meaning of the Administrative
23 Review Law.
24 MS. MITCHELL: So it's not appealable or

1 reviewable by a Court.
2 MEMBER MC NEIL: So you mean if we do
3 nothing, there is no conflict of interest?
4 MS. MITCHELL: Correct.
5 MR. CONSTANTINO: Correct.
6 MEMBER MC NEIL: So we're actually to do
7 nothing if we agree with that? And if we do
8 something, it counteracts that?
9 MS. MITCHELL: Well, it depends on what
10 that something is.
11 So if you -- you know, if you approve the
12 advisory opinion request, then it's essentially
13 the same thing.
14 CHAIRMAN SEWELL: And the reason you want
15 the -- as you call it -- the higher level of
16 assurance, you don't want to proceed with there
17 being uncertainty about this approach?
18 DR. HESTER: Yes. Yes, that's correct.
19 CHAIRMAN SEWELL: I'm having trouble
20 figuring out what the consequence is -- not for
21 you but for the system -- actually would be with
22 our just accepting the advisory opinion. I can't
23 figure that out. Maybe no one can.
24 MS. AVERY: I don't think you can.

1 CHAIRMAN SEWELL: But it sounds like it
2 doesn't have those kinds of implications in any
3 serious way.
4 MS. MITCHELL: Correct.
5 CHAIRMAN SEWELL: Okay. Any other
6 questions?
7 MEMBER MC NEIL: Do we need a proposal?
8 Or what do we -- I think you're driving at that.
9 We can do nothing or we can make a proposal,
10 advisory, that we see no conflict of interest or
11 we don't want to vote, whatever.
12 MS. MITCHELL: Correct. Well, yes.
13 That's an accurate statement.
14 MEMBER MC GLASSON: Do we have a motion?
15 MS. MITCHELL: Yes.
16 CHAIRMAN SEWELL: Yes.
17 MS. MITCHELL: Do we or can we?
18 MEMBER MC GLASSON: Do we?
19 MS. MITCHELL: I thought we had a motion.
20 CHAIRMAN SEWELL: We do what?
21 MR. ROATE: We have a motion made by
22 McNeil; seconded by Murphy.
23 CHAIRMAN SEWELL: What does it say?
24 MR. ROATE: Motion to approve a request

1 for advisory opinion.
2 DR. HESTER: Sorry for that.
3 CHAIRMAN SEWELL: All right. That's not
4 helpful.
5 MEMBER MC GLASSON: Sure, it is.
6 CHAIRMAN SEWELL: It is?
7 MEMBER MC GLASSON: Yeah. I think counsel
8 just said that if we approve it, Dr. Hester can
9 proceed as he desires.
10 CHAIRMAN SEWELL: Yes. That's right.
11 MS. MITCHELL: Yes. That's what I said.
12 CHAIRMAN SEWELL: Yes.
13 Are we ready to vote?
14 MS. AVERY: Yes.
15 MEMBER MC NEIL: Yes.
16 CHAIRMAN SEWELL: All right. Roll call.
17 MR. ROATE: Motion made by Dr. McNeil;
18 seconded by Ms. Murphy.
19 Senator Demuzio.
20 MEMBER DEMUZIO: Okay. I guess I'll --
21 I'll vote yes.
22 MR. ROATE: Thank you.
23 Ms. Hemme.
24 MEMBER HEMME: Yes.

1 MR. ROATE: Thank you.
2 Mr. McGlasson.
3 MEMBER MC GLASSON: Yes, based on the
4 testimony.
5 MR. ROATE: Thank you.
6 Dr. McNeil.
7 MEMBER MC NEIL: Yes, based on the
8 discussion, the report, and information given.
9 MR. ROATE: Thank you.
10 Ms. Murphy.
11 MEMBER MURPHY: Yes, based on the report
12 and the testimony.
13 MR. ROATE: Thank you.
14 Chairman Sewell.
15 CHAIRMAN SEWELL: I vote yes, based on the
16 testimony.
17 MS. MITCHELL: And just to clarify, this
18 is a vote that the arrangement does not violate
19 the Health Care Worker Self-Referral Act.
20 CHAIRMAN SEWELL: That's right. That's
21 right.
22 MR. ROATE: 6 votes in the affirmative.
23 DR. HESTER: All right. Thank you. I do
24 want to thank you for taking the vote, also.

1 I appreciate that.
2 MS. MITCHELL: All right.
3 MR. CONSTANTINO: Dr. Hester, you'll be
4 receiving something from us.
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1 CHAIRMAN SEWELL: We're now dealing with
2 status report on conditional and contingent
3 permits.
4 So next on the agenda is G-01, Project
5 No. 17-012, Meadowbrook Manor of Geneva in Geneva.
6 May I have a motion to approve the status
7 report for this project.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN SEWELL: State agency report.
12 MR. CONSTANTINO: Thank you, sir.
13 Meadowbrook Manor of Geneva was approved
14 to establish a 150-bed long-term care facility in
15 Geneva, Illinois, at a cost of approximately
16 $30.1 million.
17 At the time of approval, the Board
18 required the permit holders to have a -- to have
19 financing in place by March 31st, 2019. This has
20 not occurred.
21 The Board staff needs direction on what
22 the Board would like to do. We have given you
23 some options: The Board may accept the financing
24 as is and remove the condition; require the permit

1 holder to secure conventional financing and begin
2 construction; refer to legal counsel as a
3 compliance issue; or have the permit holders
4 relinquish the permit.
5 Thank you, sir.
6 CHAIRMAN SEWELL: Do you have a
7 presentation?
8 MR. SHEETS: Just briefly.
9 Chuck Sheets on behalf of the Applicant --
10 or the permit holder, I should say -- in this
11 case.
12 And to be frank with you, this has been a
13 long, long-coming project that has just met too
14 many obstacles, and the Applicant -- or the permit
15 holder's board -- has decided, if the Board would
16 agree, to relinquish the permit.
17 So that's what we're here asking you to
18 do, No. 5 on your State Board possible actions.
19 We would ask you to vote to allow us to relinquish
20 the permit.
21 CHAIRMAN SEWELL: Okay.
22 Are there any questions by Board members?
23 MR. CONSTANTINO: Mr. Sewell?
24 CHAIRMAN SEWELL: Yes.

1 MR. CONSTANTINO: Yeah. I believe they
2 still would have to submit a relinquishment
3 request to us --
4 MS. AVERY: Yes.
5 MR. CONSTANTINO: -- with the appropriate
6 fee.
7 MS. MITCHELL: That's correct.
8 MR. SHEETS: I think the Board rules allow
9 the Board to act on this now but --
10 MS. MITCHELL: Well, there's a
11 relinquishment process, so you would have to
12 follow the relinquishment process. The Board can
13 allow you to go through that process, but you
14 would have to follow the relinquishment process.
15 MR. SHEETS: Okay. I'll agree to disagree
16 on that. But, obviously, you're the Board's
17 attorneys.
18 CHAIRMAN SEWELL: So the action, then,
19 that we would take is -- is this the referral to
20 the Board's general counsel as a compliance issue?
21 Or is this going ahead and agreeing to -- in this
22 case it's sort of an Option 6, isn't it? Where we
23 would allow the Applicant to go through the permit
24 relinquishment process.

1 MEMBER MC GLASSON: Mr. Chairman --
2 CHAIRMAN SEWELL: That's not No. 5. No. 5
3 says "Agree to allow the Applicant to relinquish
4 the permit."
5 MS. AVERY: Oh, you're right.
6 CHAIRMAN SEWELL: Yeah.
7 MEMBER MC GLASSON: Mr. Chairman --
8 CHAIRMAN SEWELL: I'm sorry. Yes.
9 MEMBER MC GLASSON: Are there negatives,
10 to the company or to anybody else, if we allow the
11 revocation?
12 MS. MITCHELL: Revocation of the permit?
13 MEMBER MC GLASSON: Yes.
14 MS. MITCHELL: There would be a process
15 for that so it's not --
16 MEMBER MC GLASSON: Process for that, too?
17 MS. MITCHELL: There's a process for that.
18 They would have rights.
19 CHAIRMAN SEWELL: But that enters into the
20 review process on relinquishment of the permit;
21 doesn't it?
22 MR. CONSTANTINO: Yes. We'll be back if
23 they --
24 CHAIRMAN SEWELL: Yeah. There will be a

1 State agency report that would look at --
2 MS. MITCHELL: It would be a State Board
3 action -- it would be an administrative action
4 pursuant to a compliance action.
5 CHAIRMAN SEWELL: Will there be a staff
6 report that lets us see what Mr. McGlasson is
7 asking about, what the impact would be? Okay.
8 MR. CONSTANTINO: We would write a small
9 report similar to what we did with 18-28.
10 MS. MITCHELL: Yeah. For the
11 relinquishment or the revocation?
12 I think we're talking about the
13 revocation.
14 MR. CONSTANTINO: Yeah. When Chuck
15 submits the thousand dollars and the permit -- and
16 the relinquishment letter, we'll write a small
17 report --
18 MS. MITCHELL: Right.
19 MR. CONSTANTINO: -- to the Board for the
20 Board's approval, final approval.
21 MS. MITCHELL: Right.
22 MS. AVERY: Right.
23 CHAIRMAN SEWELL: So we need a motion
24 which says that we want the Applicant to go

1 through the permit relinquishment process? Is
2 that what we want?
3 MS. MITCHELL: Yes.
4 MS. AVERY: Yes.
5 MR. CONSTANTINO: Yes.
6 CHAIRMAN SEWELL: So what is that?
7 MS. MITCHELL: We need to amend the
8 motion.
9 CHAIRMAN SEWELL: That's an amendment to
10 the motion we've made?
11 MS. MITCHELL: Right.
12 MEMBER MC NEIL: I would like to offer an
13 amendment to the motion we've made, that we go
14 through the process required --
15 MS. MITCHELL: For relinquishment.
16 MS. AVERY: For relinquishment.
17 MEMBER MC NEIL: -- for relinquishment of
18 a permit.
19 MS. MITCHELL: Do we have a second?
20 CHAIRMAN SEWELL: Is there a second?
21 MEMBER DEMUZIO: Second.
22 MEMBER MURPHY: I have a question.
23 CHAIRMAN SEWELL: Yes.
24 MEMBER MURPHY: So Mike just mentioned

1 that the relinquishment process costs a thousand
2 dollars. If we revoke the permit, do they also
3 have to pay a thousand dollars?
4 MS. MITCHELL: No. But it would take
5 longer.
6 The relinquishment would probably be
7 faster.
8 MEMBER MURPHY: So it's faster but it
9 costs them more?
10 MS. MITCHELL: Right. It's whatever --
11 you know, whatever option.
12 MEMBER MURPHY: Which would the Applicant
13 rather do?
14 MR. SHEETS: Well, we'd much rather
15 relinquish, to be honest. So we appreciate that.
16 CHAIRMAN SEWELL: Okay. You've heard the
17 motion and the amendment to the motion, which also
18 has a second.
19 I think we're ready to vote. Aren't we?
20 MS. MITCHELL: Yes.
21 MR. ROATE: Yes, sir.
22 CHAIRMAN SEWELL: Unless someone has other
23 questions.
24 MR. ROATE: Amended motion made by McNeil;

1 seconded by Demuzio.
2 CHAIRMAN SEWELL: Yes.
3 MR. ROATE: Senator Demuzio.
4 MEMBER DEMUZIO: I vote yes to support the
5 amendment as the motion was made.
6 MR. ROATE: Thank you.
7 Ms. Hemme.
8 MEMBER HEMME: I vote yes.
9 MR. ROATE: Thank you.
10 Mr. McGlasson.
11 MEMBER MC GLASSON: I vote yes, based on
12 our discussions.
13 MR. ROATE: Thank you.
14 Dr. McNeil.
15 MEMBER MC NEIL: I vote yes to the
16 proposal and the amendment.
17 MR. ROATE: Thank you.
18 Ms. Murphy.
19 MEMBER MURPHY: I vote yes.
20 MR. ROATE: Thank you.
21 Chairman Sewell.
22 CHAIRMAN SEWELL: I vote yes, based on the
23 discussion.
24 MR. ROATE: Thank you.

1 That's 6 votes in the affirmative.
2 CHAIRMAN SEWELL: All right.
3 MR. SHEETS: Thank you. I think.
4 CHAIRMAN SEWELL: Okay.
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1 CHAIRMAN SEWELL: I think we're going to
2 break for lunch now for 45 minutes before we go
3 into applications subsequent to initial review.
4 And the room will be closed --
5 MS. MITCHELL: So please exit the room.
6 CHAIRMAN SEWELL: -- and locked. Take all
7 your valuables with you.
8 (A recess was taken from 11:56 a.m. to
9 12:48 p.m.)
10 CHAIRMAN SEWELL: Okay. We're going to
11 come to order.
12 We are at the point on the agenda where we
13 are dealing with applications subsequent to
14 initial review.
15 So the first one is H-02, Project
16 No. 19-001, OAK Ambulatory Surgery Center in
17 Bourbonnais.
18 And may I have a motion to approve this
19 project to establish a multispecialty ASTC in
20 Bourbonnais.
21 MEMBER MURPHY: So moved.
22 CHAIRMAN SEWELL: Is there a second?
23 MEMBER HEMME: Second.
24 CHAIRMAN SEWELL: All right.

1 Will you identify yourselves and be
2 sworn in.
3 DR. CORCORAN: I'm Dr. Michael Corcoran.
4 I'm an orthopedic surgeon and president of
5 OAK Orthopedics.
6 With me today is Paige Cripe, our CEO;
7 Dr. Tom Antkowiak; Jack Axel, who assisted with
8 this project; as is Elias Matsakis, who is our
9 counsel.
10 THE COURT REPORTER: Would you raise your
11 right hands, please.
12 (Four witnesses sworn.)
13 THE COURT REPORTER: Thank you.
14 CHAIRMAN SEWELL: State agency report.
15 MR. CONSTANTINO: Thank you, sir.
16 The Applicants propose to establish a
17 three-room multispecialty ASTC performing
18 orthopedic, podiatry, and pain management surgical
19 service in Bourbonnais, Illinois, at a cost of
20 approximately $13.2 million.
21 The Applicants are proposing to move all
22 of the OAK Surgical Institute workload, or
23 approximately 4800 hours, to the proposed
24 Bourbonnais facility.

1 OAK Surgical Institute is a licensed ASTC
2 with two rooms, which is owned by Orthopedic
3 Associates of Kankakee, SC, 55 percent, and
4 Riverside Medical Center, 45 percent.
5 OAK Surgical Institute is not being discontinued
6 as part of this proposal.
7 No opposition letters were received; there
8 was no request for a public hearing. We did
9 receive support letters regarding this project,
10 and we did have Board staff findings.
11 Thank you, sir.
12 CHAIRMAN SEWELL: Is there a presentation?
13 DR. CORCORAN: Yes.
14 First, I'd like to thank Chris Shride,
15 CEO of St. Mary's, for his support, as well as
16 Jeff Petersen, COO of Iroquois Memorial, for his
17 support, as well.
18 As a bit of background, OAK Orthopedics
19 was formed in 1945, and until 2018 OAK was the
20 only orthopedic group serving Kankakee County.
21 That's been in existence for 75 years.
22 Our group has grown to 14 physicians. Our
23 primary office is in Bradley, Illinois. We also
24 have satellite offices in Watseka, Frankfort, and

1 New Lenox. We take emergency room call at both
2 Kankakee hospitals as well as support the ER at
3 Iroquois Memorial Hospital in Watseka.
4 We are active in serving the communities
5 through various foundations and organizations, and
6 we provide acting coverage for 13 area high
7 schools and junior high school teams, 2 local
8 colleges, and provide on-site coverage for
9 orthopedics for the Chicago Bears during training
10 camp.
11 In addition, on an annual basis we perform
12 in the neighborhood of 450 athletic physicals for
13 area students with all the proceeds of those
14 physicals going back to the schools.
15 Our primary surgical sites are Presence
16 St. Mary's Hospital and Riverside Medical Center,
17 both of which are located in Kankakee, Illinois,
18 as well as OAK Surgical Institute, which is
19 located in Bradley.
20 The project that we're bringing before you
21 this morning is essentially the replacement of
22 OAK Surgical Institute or OSI. OSI is the only
23 ambulatory surgery center approved to provide
24 orthopedic surgery in Kankakee and Iroquois

1 Counties.
2 OSI, as mentioned, is a joint venture
3 between our group as well as Riverside Medical
4 Center and with our group holding 55 percent
5 interest, and we are the only orthopedic surgeons
6 that operate at that center.
7 The center is located in a converted
8 grocery store. It's over 50 years old, and the
9 surgery center will be almost 20 years old by the
10 time we open our proposed replacement center. The
11 building also houses our primary offices and,
12 again, is owned by Riverside Medical Center.
13 The surgery center simply has outlived its
14 usefulness, and it's hindering the care we can
15 provide to our patients. Among the issues that
16 have arisen in recent years are the following: We
17 are operating far in excess of the functional
18 capacity of the two ORs and are unable to add
19 additional operating rooms; our pain management
20 procedures are now being done in a more costly
21 hospital setting because we just don't have the
22 capacity at the surgery center. The ORs are
23 undersized by contemporary orthopedic surgery
24 standards and cannot be enlarged.

1 As our practice has evolved, the support
2 space, particularly with equipment -- our storage
3 space has become inadequate and cannot be
4 increased. The physical plant that we are in at
5 the current time has multiple system breakdowns,
6 infrastructure issues, resulting in multiple case
7 cancellations.
8 For example, earlier this year we were
9 without running water at the surgery center for
10 over a week, resulting in the cancellation or
11 last-minute rescheduling of 120 cases. That's not
12 acceptable and there's no reason to believe that
13 the facility-related issues associated with a
14 50-year old building are going to improve.
15 Every one of these issues will be
16 corrected through the project that we are bringing
17 before you today. Our proposal is to develop a
18 three-OR ambulatory surgery center to be located
19 in a new office building that we are constructing.
20 We currently have only two operating rooms.
21 We will essentially transition our OSI
22 cases to the new ambulatory surgery center without
23 any intent to alter our hospital surgical
24 practices. We intend to invite all our current

1 OSI employees to come with us without losing any
2 of their employee benefits; in fact, we will need
3 to expand our staff to support the third operating
4 room.
5 At the end of the day, with opening our
6 replacement center, we will have a third OR, which
7 is consistent with our surgical volume. Our
8 efficiency will be improved. We'll be able to
9 accommodate our pain management cases in the
10 lower-cost ambulatory surgery center. We will
11 have sufficient support space.
12 We'd be eliminating the facility-related
13 issues that have caused last-minute cancellation
14 of so many cases. We're responding to the market
15 growth in outpatient surgical procedures and the
16 resulting cost efficiencies.
17 With those introductory comments and
18 before I let Jack discuss the staff report, let me
19 state the obvious: The way we, as orthopedic
20 surgeons, practice is changing. With advances in
21 clinical techniques and increasing pressure from
22 third-party payers, more surgery is moving to the
23 outpatient setting, and a broader array of
24 procedures are being safely performed in the

1 surgery center than ever before, and we believe
2 this trend will continue.
3 Thank you for your time.
4 MR. AXEL: As noted in the State Board
5 staff report, this project addressed 22 review
6 criteria, 3 of which were found to be out of
7 compliance, and I will address those criteria
8 individually.
9 First, Criterion 1110.235(c)(6) addresses
10 service accessibility. As I've noted to this
11 Board in the past, I don't believe that there's a
12 square foot of dirt in the state of Illinois where
13 a positive finding could be found on -- could be
14 made on this criteria.
15 In the case of this project, all three
16 ASTCs in the geographic service area were found to
17 be operating at the target utilization rate --
18 that's highly unusual -- and only the two
19 hospitals were operating below that rate. As a
20 result, there's nothing that can be done by the
21 Applicant to reach compliance with this criterion.
22 Second, Criterion 1110.235(c)(7) addresses
23 unnecessary duplication and the impact of a
24 project on existing providers. As noted in the

1 staff report, the only existing provider that's
2 going to be impacted is the OAK Surgical
3 Institute, which this project is replacing.
4 We understand the technicality of the
5 finding because OSI will remain in existence until
6 the ASTC is opened, but from a practical
7 perspective no one will be negatively impacted.
8 Third, two letters from Peoples Bank of
9 Kankakee County, addressing all of the components
10 needed in such a letter, were provided. In
11 addition, Mr. Olszewski from the bank provided
12 testimony to you during this morning's public
13 comments session reiterating the bank's intent to
14 provide the funding.
15 The letter, however, contained a standard
16 reasonable condition, that being that the loan is
17 subject to due diligence on the property and that
18 there is no material change to the Applicant's
19 financial position.
20 That boilerplate statement alone triggered
21 the negative finding. The wording is standard
22 language that the bank puts in all similar
23 letters, and Mr. Olszewski has agreed to stay here
24 for this hearing should you have any questions

1 for him.
2 In closing, the project was found to be in
3 compliance with all 19 other of the applicable
4 criteria.
5 With that, we would be happy to answer
6 your questions.
7 CHAIRMAN SEWELL: Could you say something
8 about 1110.120(a), the size of the project?
9 How do you -- I didn't hear you address
10 that in your comments on the State agency report.
11 MR. AXEL: The project is consistent with
12 the criterion for size of project.
13 CHAIRMAN SEWELL: I think the staff --
14 I think the staff disagrees with that.
15 Don't you?
16 MR. AXEL: I don't believe so.
17 MR. ROATE: You mean 220?
18 MR. CONSTANTINO: 120(a), size of the
19 project?
20 CHAIRMAN SEWELL: Yeah.
21 MR. CONSTANTINO: 1110.120(a) or 1120?
22 (An off-the-record discussion was held.)
23 CHAIRMAN SEWELL: That could be the
24 reason.

1 There it is.
2 MR. AXEL: We'll give you a nevermind on
3 that one.
4 CHAIRMAN SEWELL: I was on the wrong
5 project. Sorry about that.
6 DR. CORCORAN: That's okay.
7 CHAIRMAN SEWELL: You weren't in
8 compliance.
9 (Laughter.)
10 CHAIRMAN SEWELL: Okay. Hold on.
11 Okay. I remember this one.
12 All right. ANY other questions that are
13 relevant to this project?
14 (No response.)
15 CHAIRMAN SEWELL: No questions?
16 (No response.)
17 CHAIRMAN SEWELL: Well, I guess I could
18 say that when I'm voting, but it sounds like
19 Mr. Axel's testimony essentially explains these
20 criteria that are not met.
21 In one case, you know, the hospital-based
22 service is a part of the formulation. In another
23 case there's this -- the financial arrangements,
24 and we did remember the testimony from earlier

1 today, and it sounds like those were adequately
2 addressed.
3 MR. AXEL: Thank you.
4 CHAIRMAN SEWELL: Do other Board members
5 have any questions or comments?
6 (No response.)
7 CHAIRMAN SEWELL: I guess you all already
8 figured this out.
9 Roll call.
10 MR. ROATE: Thank you, sir.
11 Motion made by Murphy; seconded by Hemme.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based upon the
14 testimony and, also, the State report.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: Yes, based on the staff
18 report and the testimony today.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based on the
22 staff report and the testimony.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

1 MEMBER MC NEIL: Yes, based on the staff
2 report and the testimony.
3 MR. ROATE: Thank you.
4 Ms. Murphy.
5 MEMBER MURPHY: Yes, based on the staff
6 report and today's testimony.
7 MR. ROATE: Thank you.
8 Chairman Sewell.
9 CHAIRMAN SEWELL: I'm going to vote yes
10 because the -- all three of the findings were
11 adequately addressed in the presentation.
12 MR. ROATE: That's 6 votes in the
13 affirmative.
14 CHAIRMAN SEWELL: Oh. The application's
15 approved.
16 MR. AXEL: Thank you very much.
17 DR. CORCORAN: Thank you.
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1 CHAIRMAN SEWELL: Okay. Next on the
2 agenda is H-03, Project No. 19-006, Massac County
3 Surgery Center in Metropolis.
4 May I have a motion to approve this
5 project to add pain management to an existing
6 limited-specialty ambulatory surgery treatment
7 center in Metropolis.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER DEMUZIO: Second.
11 THE COURT REPORTER: Would you raise your
12 right hand, please.
13 (One witness sworn.)
14 THE COURT REPORTER: Thank you. Please
15 print your name there and tell me your name.
16 MR. THOMPSON: My name is Greg Thompson.
17 I am CEO for Southern Orthopedic Associates, which
18 is a 24-physician specialty practice with offices
19 in Herrin, Carbondale, Metropolis, and Harrisburg,
20 Illinois, as well as Paducah, Kentucky.
21 MS. AVERY: One second.
22 CHAIRMAN SEWELL: Hang on one second.
23 We're coming back to you.
24 State agency report.

1 MR. CONSTANTINO: Thank you, sir.
2 The Applicants propose to add pain
3 management surgery services to an ASTC providing
4 orthopedic and podiatry surgical services. There
5 is no cost to this project.
6 The findings the Board staff had centered
7 around the referral letters. We could not accept
8 the two physician referrals because historical
9 referrals were performed in an office-based
10 setting, and the third referral letter was for a
11 recently hired physician. Additionally, the
12 Applicants provided historical zip code
13 information for the ASTC and not the physicians.
14 We did not receive any opposition letters,
15 and there was no request for a public hearing. We
16 did not receive any support letters.
17 Thank you, sir.
18 CHAIRMAN SEWELL: Yeah. Now continue.
19 Now continue, before you were interrupted.
20 MR. AXEL: Did you give the staff report
21 for Herrin or Massac?
22 MR. CONSTANTINO: Massac. 19-06.
23 MR. THOMPSON: Okay. Sorry. I'll start
24 again.

1 CHAIRMAN SEWELL: That's all right.
2 MR. THOMPSON: My name is Greg Thompson,
3 and I'm the CEO for Southern Orthopedic
4 Associates.
5 We are a 24-physician specialty practice
6 in Herrin, Carbondale, Metropolis, and
7 Harrisburg -- so way, way down near the bottom --
8 and Paducah, Kentucky.
9 Massac County Surgery Center is a joint
10 venture between Massac Memorial Hospital and
11 an LLC whose members are physician members of
12 Southern Orthopedic Associates and myself. The
13 ASTC has been in operation for three years.
14 Massac Memorial is a county-owned hospital in
15 Metropolis, Illinois, located just across the
16 Ohio River from Paducah. The ASTC serves a broad
17 area in far southern Illinois, extending into
18 Kentucky.
19 Approximately 36 percent of the surgery
20 center's patients reside in Kentucky. Our 2018
21 payer mix included 19.3 percent Medicare and
22 10.3 percent Medicaid recipients.
23 As this Board is well aware, the abuse of
24 opiates is rampant in rural areas, and we believe

1 that the services that we will be introducing to
2 the Metropolis area will, in part, diminish the
3 extent of this crisis. Our organization, in
4 effect, created pain management within our
5 organizations to meet this problem and do so in a
6 holistic manner which was not being provided in
7 southern Illinois or western Kentucky, so this is
8 in addition to -- an attempt for us to work very
9 hard to eliminate, on our part, the use of opiates
10 and the overuse of opiates, and this surgery
11 center change will be -- will greatly help us do
12 that.
13 Our project is limited to the addition of
14 pain management as an approved service at our
15 center. Ours is the only surgery center in the
16 geographic service area. Massac Memorial Hospital
17 is the only hospital in the GSA, in the service
18 area, as well. Pain management services of the
19 types to be provided at our surgery center are not
20 provided anywhere in the service area, including
21 at the hospital.
22 Before I turn the presentation over to
23 Jack so that he can address the negative findings,
24 I'd like to point out that this project has

1 received no opposition.
2 MR. AXEL: Thank you.
3 This project was found to be out of
4 compliance with three of the applicable review
5 criteria, all relating to the same issue, that
6 being the physician referral letters.
7 The findings of noncompliance were made
8 for two reasons: First, the letters from
9 Drs. Ruxer and Lindenberg contained patient origin
10 information for the group's Paducah division
11 rather than from the individual physicians, both
12 of which are members of that division.
13 Division patient origin data was used
14 because the group consolidates their patient
15 origin data; the Applicant, however, believes the
16 historical patient origin of the individual
17 physicians' patients to be virtually identical to
18 that of the group.
19 Second, as is the case with many pain
20 management specialists -- and this Board has seen
21 this over the past year or two -- a very high
22 percentage of pain management physicians'
23 procedures are provided in the office setting, and
24 that's the case with Drs. Ruxer and Lindenberg.

1 Those cases, not being performed in the hospital
2 or ASTC setting, were not acceptable when compared
3 to the criterion.
4 In the case of this project, the Illinois
5 patients crossing the river to Drs. Ruxer and
6 Lindenberg's office in Kentucky will now be
7 treated on the Illinois side of the river. From a
8 financial perspective, that will actually be
9 keeping Illinois dollars in Illinois.
10 All other applicable review criteria were
11 found to be in compliance.
12 Thank you for your attention, and we'll be
13 happy to answer any questions.
14 CHAIRMAN SEWELL: Does the Commonwealth of
15 Kentucky have certificate of need?
16 MR. AXEL: Yes.
17 CHAIRMAN SEWELL: Do they require
18 contiguous reviews in a situation like this? Or
19 do you know?
20 MR. AXEL: I do not.
21 CHAIRMAN SEWELL: Can --
22 MR. AXEL: What do you mean by care --
23 CHAIRMAN SEWELL: Well, when your --
24 MS. AVERY: Use your mic.

1 CHAIRMAN SEWELL: Well, when your area is
2 bordering another planning area, especially since
3 you get significant patients from that area, some
4 contiguous states will require review by both
5 states.
6 I just --
7 MR. AXEL: No. And, in fact, we came
8 before this Board about 4 1/2 years ago with the
9 project to establish this surgery center, and
10 there was no interplay with the State of Kentucky.
11 CHAIRMAN SEWELL: Okay.
12 Questions from the Board?
13 Yes, ma'am.
14 MEMBER HEMME: Mike, I have a question
15 for you.
16 THE COURT REPORTER: Use your mic, please.
17 MEMBER HEMME: Sorry.
18 I have a question for you, Mike. It looks
19 like the next case that we're going to hear is in
20 the same area as this one.
21 How are these two projects -- how could
22 they potentially be interrelated for the GSA?
23 MR. CONSTANTINO: Well, they're both owned
24 by the same entity, Southern --

1 MR. THOMPSON: Orthopedic Associates.
2 MR. CONSTANTINO: I'm sorry.
3 -- Southern Illinois Orthopedics.
4 They're both part of the -- they're both
5 surgery centers -- have an interest in both
6 surgery centers.
7 They have an interest in Southern Illinois
8 Orthopedic Center and Massac County Surgery
9 Center.
10 MEMBER HEMME: How does that impact
11 services that you will be offering?
12 MR. THOMPSON: It's two different hospital
13 systems. And, basically, we're both the -- we're
14 the only orthopedic service for both those areas.
15 And so if you look at our geographic -- by
16 zip code, patients served -- this is kind of the
17 circle of what we serve -- there's very little
18 overlap between our Massac/Paducah area patients
19 served and our Herrin/Carbondale patients served,
20 so we're really not in much competition.
21 And on a good-weather day, it's about
22 an hour's drive. If you look at the economics of
23 the average individual who lives in the Metropolis
24 area, travel sometimes can be a challenge.

1 MS. MITCHELL: And I think they might --
2 I think they might be in different HSAs, according
3 to the --
4 MR. CONSTANTINO: If you go to page --
5 MS. AVERY: They are but --
6 MR. CONSTANTINO: If you go to page 11,
7 you will see there's one ASTC and one hospital in
8 Metropolis in the 21-mile GSA, so there is no
9 overlap in that respect, but they are owned by the
10 same -- they -- Southern Illinois Orthopedics does
11 have an interest in both surgery centers, yes.
12 CHAIRMAN SEWELL: Mike, is this one of
13 those applications where the perspective on pain
14 management is that of a specialty ambulatory
15 surgery treatment service and we only have
16 criteria for a general ASTC?
17 MR. CONSTANTINO: That's correct. Yes,
18 you're correct.
19 CHAIRMAN SEWELL: Ms. Hemme, are you done?
20 MEMBER HEMME: I am. Thank you.
21 CHAIRMAN SEWELL: Okay. Anyone else?
22 (No response.)
23 CHAIRMAN SEWELL: Okay. Roll call.
24 MR. ROATE: Thank you, sir.

1 Motion made by McNeil; seconded by
2 Demuzio.
3 Senator Demuzio.
4 MEMBER DEMUZIO: I vote yes, based upon
5 the testimony I've heard and, also, the State
6 report.
7 MR. ROATE: Thank you.
8 Ms. Hemme.
9 MEMBER HEMME: I vote yes, based on the
10 staff report and the testimony.
11 MR. ROATE: Thank you.
12 Mr. McGlasson.
13 MEMBER MC GLASSON: Yes, based on the
14 staff report and the testimony.
15 MR. ROATE: Thank you.
16 Dr. McNeil.
17 MEMBER MC NEIL: Yes, based on the
18 testimony, the report, and specifically in pain
19 management, managing what has become with opioids
20 a real problem.
21 MR. ROATE: Thank you.
22 Ms. Murphy.
23 MEMBER MURPHY: I vote yes, based on the
24 staff report and today's testimony.

1 MR. ROATE: Thank you.
2 Chairman Sewell.
3 CHAIRMAN SEWELL: I vote yes, based on the
4 reasons that Dr. McNeil mentioned.
5 MR. ROATE: Thank you.
6 That's 6 votes in the affirmative.
7 CHAIRMAN SEWELL: The project's approved.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-04, Project No. 19-007, Southern Illinois
3 Orthopedic Center in Herrin.
4 May I have a motion to approve this
5 project to add surgical specialties to an existing
6 single-specialty ASTC in Herrin.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN SEWELL: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN SEWELL: All right. Already
11 sworn in.
12 State agency report.
13 MR. CONSTANTINO: Thank you, Mr. Sewell.
14 The Applicants propose to add pain
15 management, neurosurgery, and podiatry surgical
16 services to an ASTC. There is no cost to the
17 project.
18 This ASTC is a joint venture with Southern
19 Orthopedic Associates, LLC, and Southern Illinois
20 Hospital Services.
21 Again, we've had issues with the referral
22 letters submitted. Two of the physicians did not
23 provide their historical patients by zip code of
24 residence, and the third physician, the Applicant

1 stated the individual patient origin will mirror
2 that of the surgery center.
3 There was no opposition or request for a
4 public hearing. We did not receive any support
5 letters.
6 CHAIRMAN SEWELL: Do you have a
7 presentation?
8 MR. CONSTANTINO: To get to Ms. Hemme's
9 question regarding this one, at page 14 of the
10 report, the facility is within a 21-mile GSA.
11 Massac County Surgery Center is not part of that
12 21-mile GSA.
13 CHAIRMAN SEWELL: Okay.
14 MR. CONSTANTINO: Thank you.
15 CHAIRMAN SEWELL: Yeah.
16 Presentation?
17 MR. THOMPSON: Yes, sir.
18 Again, my name is Greg Thompson. Our
19 surgery center is a joint venture, as the
20 gentleman said, between Southern Illinois Health
21 Care Services, who operates hospitals in Herrin as
22 well as hospitals in Carbondale and Murphysboro,
23 and Southern Orthopedic Associates, LLC.
24 The surgery center addressed through this

1 application was opened in 2000, and last year
2 approximately performed -- 2600 cases were
3 performed, all orthopedic surgery.
4 We're before you today to seek your
5 permission to begin performing pain management,
6 podiatry, and neurosurgical services. Your
7 approval will allow the transfer of pain
8 management and podiatry and lower acuity
9 neurosurgical spine procedures from the
10 hospital setting to the lower-cost surgery center
11 setting.
12 We currently have an orthopedic spine
13 surgeon who is performing cases at our surgery
14 center. We have a neurosurgeon who is also on our
15 staff who would like to be able to perform cases
16 there, too, in order to take advantage of the
17 increasing value to the patient by doing cases in
18 the surgery center instead of inpatient.
19 With those introductory comments, I'll let
20 Jack address your staff's findings.
21 MR. AXEL: On this project findings were
22 made on 10 review criteria, 8 of which were
23 determined to be in compliance. The other
24 two criteria, those being 1110.235(c)(2)(b) and

1 (c)(3), were found to be in noncompliance for the
2 same issue.
3 The letters from physicians documenting
4 prospective referrals are to include two-year
5 patient origin analysis for the physician with, in
6 this case, those years being 2016 and 2017. The
7 purpose of the patient origin analysis is to
8 determine whether 50 percent or more of the
9 patients reside in the geographic service area.
10 Those analyses were provided for the
11 neurosurgeon and for the podiatrist. The pain
12 management specialist, however, Dr. Tennyson Lee,
13 is new to the community and did not join the group
14 until February of this year. As such, a 2016-2017
15 patient origin analysis could not be provided for
16 Dr. Lee.
17 As an alternative and because virtually
18 all of Dr. Lee's patients are and will continue to
19 be referrals from the orthopedic surgeons in the
20 group, Mr. Thompson provided a letter documenting
21 such and providing the orthopedic surgeons'
22 patient origin analysis for 2016-2017, showing
23 that 68 percent of the group's patients were
24 residents of the GSA. Clearly, a majority of the

1 surgery center's future caseload will continue to
2 be residents of the GSA.
3 We understand that Dr. Lee's newness to
4 the community wouldn't allow him to meet the
5 letter of the criteria, but we believe that the
6 spirit and the purpose of the criteria is met
7 through the letter provided by Mr. Thompson.
8 Thank you for your attention, and we'll be
9 happy to answer your questions.
10 CHAIRMAN SEWELL: Are there questions from
11 the Board?
12 (No response.)
13 CHAIRMAN SEWELL: Roll call.
14 MR. ROATE: Thank you.
15 Motion made by Demuzio; seconded by
16 McNeil.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes, based upon the
19 testimony that I've heard and, also, the staff
20 report.
21 MR. ROATE: Thank you.
22 Ms. Hemme.
23 MEMBER HEMME: Yes, based on the staff
24 report and testimony today.

1 MR. ROATE: Thank you.
2 Mr. McGlasson.
3 MEMBER MC GLASSON: Yes, based on the
4 staff report and testimony.
5 MR. ROATE: Thank you.
6 Dr. McNeil.
7 MEMBER MC NEIL: Yes, based on the
8 testimony and the staff report.
9 The only issue I have is if we take too
10 much away from hospitals, ERs will not exist. And
11 that's a balancing act that has nothing to do with
12 this, but it is and can become -- in not densely
13 populated areas -- a real problem for the
14 hospitals and ERs so --
15 MR. ROATE: Thank you.
16 Ms. Murphy.
17 MEMBER MURPHY: Yes, based on the staff
18 report and today's testimony.
19 MR. ROATE: Thank you.
20 Chairman Sewell.
21 CHAIRMAN SEWELL: Yes, based on the
22 testimony.
23 MR. ROATE: That's 6 votes in the
24 affirmative.

1 MR. AXEL: Thank you.
2 MR. THOMPSON: Thank you.
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1 CHAIRMAN SEWELL: Next is H-05, Project
2 No. 19-009, Riverside Ambulatory Surgery Center in
3 Bourbonnais.
4 May I have a motion to approve this
5 project to add surgical specialties to an existing
6 multispecialty ambulatory surgery treatment center
7 in Bourbonnais.
8 MEMBER MURPHY: So moved.
9 CHAIRMAN SEWELL: Second?
10 MEMBER MC NEIL: Second.
11 CHAIRMAN SEWELL: All right. Would you
12 all identify yourselves and then be sworn in.
13 MS. JACOBI: I'm Paula Jacobi, senior vice
14 president and general counsel for Riverside
15 Medical Center. I'm a board member for the
16 Riverside Ambulatory Surgery Center.
17 And I have with me today Kyle Benoit, who
18 is vice president of operations and also a board
19 member at the surgery center. Also, our CON
20 counsel, Joe Ourth.
21 THE COURT REPORTER: Would you raise your
22 right hands, please.
23 (Three witnesses sworn.)
24 THE COURT REPORTER: Thank you. Please

1 print your names on the sheet, as well.
2 CHAIRMAN SEWELL: Mr. Constantino.
3 MR. CONSTANTINO: Thank you, sir.
4 The Applicants propose to add an
5 orthopedic surgical specialty to its two-room
6 multispecialty ASTC. Riverside ASTC is located in
7 Bourbonnais and is owned in part by Riverside
8 Medical Center, 72 percent, and a number of
9 physicians which own 28 percent.
10 The cost of the project is approximately
11 $185,000. All ASTCs are at target occupancy in
12 the 17-mile GSA. Those two include OAK Surgical
13 Institute and Riverside ASTC, and the third
14 surgery center, the Center for Digestive Health,
15 only provides gastro services. The two hospitals
16 are not at target occupancy. The addition of the
17 surgical specialty would not result in a
18 duplication or a maldistribution of service.
19 The referring physicians for this
20 specialty are a new orthopedic group and do not
21 have historic referral information. Subsequently,
22 as a comment to the report, the physicians
23 provided their historical referrals from February
24 of 2019. They all referred approximately

1 320 cases to Riverside Medical Center.
2 CHAIRMAN SEWELL: Thank you.
3 Is there a presentation?
4 MS. JACOBI: I would like to make a few
5 brief remarks. We thank the Board for the
6 opportunity to address you today and for
7 Mr. Constantino and Mr. Roate for your work on the
8 State Board report.
9 As has been indicated, Riverside Medical
10 Center has, with area physicians, owned this
11 multispecialty surgery center since 2003, and our
12 project seeks today to add orthopedic surgery to
13 that list of permitted services.
14 The project was positive on all criteria
15 with the exception of the referral letters, which,
16 as Mr. Constantino mentioned, has now been
17 addressed with our ability to provide information
18 from our newly recruited group of orthopedic
19 surgeons.
20 We've seen very, very positive growth, and
21 they have already performed procedures in excess
22 of that which we have projected in our application
23 to be performed at the center. We feel that this
24 will provide excellent patient access and quality

1 since the orthopedic surgeons' offices are located
2 adjacent to the rest of the facility.
3 And we would ask for the Board's support
4 of our project and are happy to answer any
5 questions you may have.
6 CHAIRMAN SEWELL: Are there questions of
7 this application?
8 Doctor.
9 MEMBER MC NEIL: I was wondering -- your
10 ownership is by health care -- is that a hospital
11 or what?
12 MS. JACOBI: The ownership in the surgery
13 center is Riverside Medical Center, which is a
14 general acute care hospital.
15 MEMBER MC NEIL: Okay. So that's
16 72 percent. So this is like an outpatient care
17 center -- well, I'm not saying that.
18 Adding those kind of facilities outside
19 the hospital, the kinds of things that you are
20 doing --
21 MS. JACOBI: Right. Yes.
22 MEMBER MC NEIL: -- and propose in this
23 specific -- specific -- I don't want to read the
24 numbers --

1 MS. JACOBI: Yes.
2 MEMBER MC NEIL: But it's owned by the
3 hospital? So it is a cooperative kind of thing,
4 72 percent owned by the hospital?
5 Like I said earlier, that works with the
6 hospital where we don't in these remote areas,
7 looking at a map. And they're not remote per se
8 if you're in a jet aircraft, but they are less
9 populated, so the ER is not -- it's really a
10 mutual benefit to both organizations.
11 MS. JACOBI: We believe so, sure.
12 CHAIRMAN SEWELL: Other questions?
13 (No response.)
14 CHAIRMAN SEWELL: Roll call vote.
15 MR. ROATE: Yes, sir.
16 Motion made by Murphy; seconded by McNeil.
17 Senator Demuzio.
18 MEMBER DEMUZIO: Yes, based upon the staff
19 report and the testimony.
20 MR. ROATE: Thank you.
21 Ms. Hemme.
22 MEMBER HEMME: Yes, based on the staff
23 report and testimony.
24 MR. ROATE: Thank you.

1 Mr. McGlasson.
2 MEMBER MC GLASSON: Yes, based on the
3 staff report and testimony.
4 MR. ROATE: Thank you.
5 Dr. McNeil.
6 MEMBER MC NEIL: Yes, based on the staff
7 report and the testimony.
8 MR. ROATE: Thank you.
9 Ms. Murphy.
10 MEMBER MURPHY: Yes, based on the staff
11 report and today's testimony.
12 MR. ROATE: Thank you.
13 Chairman Sewell.
14 CHAIRMAN SEWELL: I vote yes. Doctors not
15 having patient origin information is not
16 sufficient reason to turn a project down.
17 MR. ROATE: 6 votes in the affirmative.
18 MR. OURTH: Thank you.
19 MR. CONSTANTINO: Thank you so much.
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1 CHAIRMAN SEWELL: Okay. Next on the
2 agenda is H-06, Project No. 19-010, Metroeast
3 Endoscopic Surgery Center in Fairview Heights.
4 May I have a motion to approve this
5 project to add surgical specialties to an existing
6 single-specialty ASTC in Fairview Heights.
7 MEMBER DEMUZIO: Motion.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN SEWELL: All right. Could you
11 identify yourselves and be sworn in.
12 MR. OURTH: I am Joe Ourth, Saul, Ewing,
13 Arnstein & Lehr, CON counsel to Metroeast. And
14 I have with me --
15 MS. CRAIG: -- Laurie Craig, administrator
16 at Metroeast Endoscopic Surgery Center.
17 THE COURT REPORTER: Would you raise your
18 right hand, please.
19 You're already sworn.
20 (One witness sworn.)
21 THE COURT REPORTER: Thank you. And if
22 you'd print your name.
23 CHAIRMAN SEWELL: State agency report.
24 MR. CONSTANTINO: The Applicant proposes

1 to add general surgery, plastic surgery, and
2 gynecology surgical services in Fairview Heights,
3 Illinois. The cost of the project is
4 approximately 180,000.
5 Five letters of report -- five support
6 letters were received by the State Board. No
7 letters of opposition were received, and no public
8 hearing was requested.
9 The Applicant has met all the requirements
10 of the State Board.
11 Thank you, sir.
12 CHAIRMAN SEWELL: Is there a presentation?
13 MR. OURTH: A very brief one given the
14 positive staff report and no opposition.
15 Metroeast Surgery Center is a licensed
16 surgery center operating in Fairview Heights,
17 which is in the Metro East area. As Mike
18 explained, the project proposes to add three
19 additional specialties to the area. None of those
20 specialties are currently available at any other
21 surgical center within a 30-minute travel time in
22 that area.
23 And with that, we are pleased to answer
24 any questions that you may have.

1 CHAIRMAN SEWELL: Any questions of this
2 Applicant?
3 Yes, sir.
4 MEMBER MC NEIL: I have one.
5 Do you lose a lot of patients from that
6 general area back into St. Louis?
7 MR. OURTH: Absolutely. And, in fact,
8 where the patients are coming from -- as Laurie
9 can explain -- is from physicians who are
10 currently performing these procedures on Illinois
11 residents in Missouri who would be coming back
12 into Illinois.
13 Laurie, what is it -- it's probably about
14 5 miles from the Missouri line?
15 MS. CRAIG: 10 or more, maybe.
16 MEMBER MC NEIL: You're out by the
17 Belleville airport?
18 MS. CRAIG: Right.
19 CHAIRMAN SEWELL: Other questions?
20 (No response.)
21 CHAIRMAN SEWELL: Roll call.
22 MR. ROATE: Thank you, sir.
23 Motion made by Demuzio; seconded by Hemme.
24 Senator Demuzio.

1 MEMBER DEMUZIO: Yes, based upon the State
2 report and the testimony.
3 MR. ROATE: Thank you.
4 Ms. Hemme.
5 MEMBER HEMME: Yes, based on the positive
6 State staff report.
7 MR. ROATE: Thank you.
8 Mr. McGlasson.
9 MEMBER MC GLASSON: Yes, based on the
10 State report.
11 MR. ROATE: Thank you.
12 Dr. McNeil.
13 MEMBER MC NEIL: Yes, based on the State
14 report and the information given.
15 MR. ROATE: Thank you.
16 Ms. Murphy.
17 MEMBER MURPHY: Yes, based on the positive
18 State Board staff report.
19 MR. ROATE: Thank you.
20 Chairman Sewell.
21 CHAIRMAN SEWELL: Yes, based on the staff
22 report.
23 MR. ROATE: Thank you.
24 6 votes in the affirmative.

1 CHAIRMAN SEWELL: The application is
2 approved.
3 MR. OURTH: Thank you.
4 MS. JACOBI: Thank you.
5 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: Next is H-07, Project
2 No. 19-011, Northwest Community Hospital medical
3 office building in Buffalo Grove.
4 May I have a motion to approve this
5 project to establish a medical office building in
6 Buffalo Grove.
7 MEMBER MURPHY: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MC NEIL: Second.
10 CHAIRMAN SEWELL: All right. Would you
11 identify yourselves and then be sworn in.
12 MR. HARTKE: Yes. I'm Michael Hartke, the
13 executive vice president and chief operating
14 officer with Northwest Community Hospital.
15 With me today is Brad Buxton, our vice
16 president of strategy and business development;
17 and Ralph Weber, our CON consultant.
18 THE COURT REPORTER: Would you both raise
19 your right hands, please.
20 (Two witnesses sworn.)
21 THE COURT REPORTER: Thank you. And
22 please print your names, as well.
23 CHAIRMAN SEWELL: Yes.
24 State agency report.

1 MR. CONSTANTINO: Thank you, sir.
2 The Applicants propose to establish an
3 outpatient medical office building in
4 approximately 71,000 gross square feet of space at
5 a cost of approximately $57.3 million in Buffalo
6 Grove, Illinois.
7 There was no public hearing requested, and
8 no letters of support or opposition were received
9 by the State Board.
10 All the requirements of the State Board
11 have been met.
12 Thank you, sir.
13 CHAIRMAN SEWELL: Is there a presentation?
14 MR. HARTKE: Very brief.
15 We are pleased to be with you before
16 today -- be with you today for -- in consideration
17 of our proposed project.
18 We thank the staff for their technical
19 assistance as we planned and developed our permit
20 application, and we were pleased to receive all
21 positive findings.
22 We will forgo any formal presentation and
23 are prepared to answer any questions.
24 CHAIRMAN SEWELL: Any questions of this

1 Applicant?
2 Yes, sir.
3 MEMBER MC NEIL: I have one.
4 So where are these -- the offices now
5 that -- you're building a new building with
6 offices for medical services; correct?
7 MR. HARTKE: Correct.
8 MEMBER MC NEIL: Where are they now?
9 Scattered about everywhere? Old buildings? Or
10 what.
11 MR. HARTKE: One -- two of the offices are
12 on the same premise, so those would be demolished
13 and replaced, and one facility is about 2 miles
14 away.
15 MEMBER MC NEIL: And they're older
16 buildings or you wouldn't demolish them?
17 MR. HARTKE: That's correct.
18 CHAIRMAN SEWELL: All right.
19 Roll call vote.
20 MR. ROATE: Thank you, sir.
21 Motion made by Murphy; seconded by McNeil.
22 Senator Demuzio.
23 MEMBER DEMUZIO: Yes, based upon the staff
24 report and testimony.

1 MR. ROATE: Thank you.
2 Ms. Hemme.
3 MEMBER HEMME: Yes, based on the staff
4 report.
5 MR. ROATE: Thank you.
6 Mr. McGlasson.
7 MEMBER MC GLASSON: Yes, based on the
8 staff report.
9 MR. ROATE: Thank you.
10 Dr. McNeil.
11 MEMBER MC NEIL: Yes, based on the staff
12 report and testimony.
13 MR. ROATE: Thank you.
14 Ms. Murphy.
15 MEMBER MURPHY: Yes, based on the staff
16 report.
17 And may I say I'm thrilled you're doing
18 this. I live in that area so I totally understand
19 the need. This is going to be so nice for the
20 community. So thank you.
21 MR. HARTKE: Thank you.
22 MR. ROATE: Thank you.
23 Chairman Sewell.
24 CHAIRMAN SEWELL: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 That's 6 votes in the affirmative.
4 MR. HARTKE: Thank you.
5 CHAIRMAN SEWELL: Okay.
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1 CHAIRMAN SEWELL: Next is H-08, Project
2 No. 19-012, Lurie Children's Primary Care medical
3 office building in Skokie.
4 May I have a motion to approve this
5 project to establish a medical office building in
6 Skokie.
7 MEMBER MC NEIL: So moved.
8 CHAIRMAN SEWELL: Second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN SEWELL: All right. Will you
11 identify yourselves and be sworn in.
12 MS. ATWOOD: Good afternoon.
13 My name is Reagen Atwood. I'm associate
14 general counsel for Ann & Robert H. Lurie
15 Children's Hospital of Chicago.
16 With me today are Patrick Knightly,
17 director, real estate and construction services,
18 facility services; and Any Van Aalst, project
19 manager of facility services; and Ralph Weber, our
20 CON consultant.
21 THE COURT REPORTER: Would you three raise
22 your right hands, please.
23 (Three witnesses sworn.)
24 THE COURT REPORTER: Thank you. And print

1 your names, as well.
2 CHAIRMAN SEWELL: State agency report.
3 MR. CONSTANTINO: Thank you, sir.
4 The Applicants propose to establish an
5 outpatient care center/medical office building in
6 approximately 32,000 gross square feet of space at
7 a cost of approximately $28 million in Skokie,
8 Illinois.
9 There was no public hearing requested, and
10 no letters of support or opposition were received
11 by the State Board.
12 All the requirements of the State Board
13 have been met.
14 Thank you, sir.
15 CHAIRMAN SEWELL: Is there a presentation?
16 MS. ATWOOD: Just a few brief remarks.
17 We are pleased to be before you today for
18 consideration of our proposed outpatient center in
19 Skokie. We thank the staff for their technical
20 assistance during the preparation of our permit
21 application.
22 We're pleased to report that the project
23 received all positive findings. So in lieu of a
24 formal presentation, we'd invite your questions on

1 the project.
2 CHAIRMAN SEWELL: Thank you.
3 Are there questions of the Applicant?
4 Yes.
5 MEMBER MC NEIL: Yeah.
6 I would assume you're doing the same thing
7 that we heard before. All of these offices,
8 physicians' services, are being offered someplace
9 right now?
10 This gives you more capacity and bringing
11 things together? Is that a valid statement?
12 MS. ATWOOD: Yes, it is.
13 MEMBER MC NEIL: You can explain the
14 "valid" part of it.
15 MR. WEBER: The project is a bit of a
16 consolidation of the Town & Country Physicians
17 practice, which has been a private practice of
18 pediatricians and some of the faculty physicians
19 at Lurie Children's Hospital.
20 This relieves some of the pressures at the
21 Clark/Deming facility downtown near the old campus
22 of the former Children's Memorial Hospital, which
23 has been bursting at the seams, and I think some
24 other -- it's kind of a transition between

1 downtown and the Northbrook office facility. So
2 it fits.
3 MEMBER MC NEIL: Thank you.
4 CHAIRMAN SEWELL: If there are no other
5 questions, the roll call.
6 MR. ROATE: Thank you, sir.
7 Motion made by McNeil; seconded by
8 Demuzio.
9 Senator Demuzio.
10 MEMBER DEMUZIO: Yes, based on the State
11 report and the testimony.
12 MR. ROATE: Thank you.
13 Ms. Hemme.
14 MEMBER HEMME: Yes, based on the positive
15 findings on the State report.
16 MR. ROATE: Thank you.
17 Mr. McGlasson.
18 MEMBER MC GLASSON: Yes, based on the
19 State report.
20 MR. ROATE: Thank you.
21 Dr. McNeil.
22 MEMBER MC NEIL: Yes, based on the State
23 report and the information given in the testimony.
24 MR. ROATE: Thank you.

1 Ms. Murphy.
2 MEMBER MURPHY: Yes, based on the positive
3 State Board staff report.
4 MR. ROATE: Thank you.
5 Chairman Sewell.
6 CHAIRMAN SEWELL: Yes, based on the State
7 agency report.
8 MR. ROATE: Thank you.
9 That's 6 votes in the affirmative.
10 MS. ATWOOD: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-09, Project No. 19-013, University of Chicago
3 Medical Center medical office building in Orland
4 Park.
5 May I have a motion to approve this
6 project to establish a medical office building in
7 Orland Park.
8 MEMBER MC NEIL: So moved.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER DEMUZIO: Second.
11 CHAIRMAN SEWELL: All right. Could you
12 all identify yourselves and be sworn in.
13 MS. O'KEEFE: Good afternoon, Mr. Sewell,
14 members of the Board. I'm Sharon O'Keefe and
15 I serve as president, University of Chicago
16 Medical Center.
17 And I'm pleased to have with me here
18 Dr. Alexander Sardiña, who is the chief medical
19 officer for Solis Mammography; John Beberman, who
20 is our director of capital budgets; and Joe Ourth,
21 our CON counsel.
22 THE COURT REPORTER: Would the three of
23 you raise your right hands, please.
24 (Three witnesses sworn.)

1 THE COURT REPORTER: Thank you.
2 CHAIRMAN SEWELL: State agency report.
3 MR. CONSTANTINO: Thank you.
4 The Applicants propose to establish a
5 mammography suite in approximately 7500 gross
6 square feet of shell space originally approved as
7 part of Permit No. 14-023 that established a
8 four-story medical office building. The cost of
9 this project is approximately $5.6 million.
10 No public hearing was requested, and no
11 letters of support or opposition were received.
12 Thank you, sir.
13 CHAIRMAN SEWELL: All right. Is there a
14 presentation?
15 MS. O'KEEFE: Just -- we'll have a couple
16 of brief, brief comments here and address our
17 one negative finding.
18 We're pleased -- and I would like to thank
19 Mr. Constantino for their work on the State
20 report. We are pleased that the State Board
21 report has made positive findings with the one
22 exception of a space requirement, which I will
23 speak to.
24 As was noted five years ago, the Board

1 approved University of Chicago Medical Center to
2 construct the medical office building in Orland
3 Park, and we completed that ambulatory care
4 facility and opened just about a year and a half
5 ago; and I will say that the volumes of patients
6 served has been climbing and very robust.
7 When we appeared before you the last time
8 for approval of that building, we anticipated that
9 we would be serving quite a large number of
10 patients, and, therefore, in that project we
11 included some shell space on the fourth floor for
12 expansion of future services. And we're back here
13 today because we committed at that time to come
14 back and update you on any expansion plans.
15 Our original project did include
16 mammography services, and we offer those presently
17 at that location but somewhat in a more limited
18 basis.
19 So this project before you here today is
20 to construct a mammography suite within the
21 existing medical office building on the fourth
22 floor that will offer 3D imaging technology,
23 advanced technology, and where we will expand to
24 offer both screening as well as diagnostic

1 mammographies.
2 On the space issue, which was our one
3 negative finding, we exceeded the space standards
4 by 177 square feet. We consider the design that
5 we put together to be quite efficient, but because
6 it is designed as a self-contained unit, limited
7 exclusively to women's imaging, it does not afford
8 the same opportunities to have shared support
9 space for things such as reception, registration,
10 waiting room, staff locker rooms, et cetera.
11 So we designed the suite with the needs of
12 women in mind but have to forgo some of the
13 efficiencies, I would say, in terms of space
14 utilization by sharing space that you would
15 normally find in a general imaging space.
16 The project is also a bit unique for the
17 University of Chicago Medical Center because we're
18 doing this in partnership with Solis Mammography.
19 I think as everyone knows, we have an
20 outstanding cancer program that serves literally
21 the region and the nation. We have some of the
22 best oncologists in the nation, but we can only
23 provide services, cancer services, to patients
24 once they are diagnosed, and undetected cancers

1 cannot receive the care that we provide.
2 Nationwide there are still 30 percent of
3 all women who do not receive timely screenings,
4 and the rate is far lower in disadvantaged areas.
5 So to provide the excellent care that we
6 really take pride in at the medical center, we
7 knew we had to find ways to assist women in
8 obtaining regular screenings and to better
9 understand the impediments that prevent women from
10 seeking regular screenings.
11 So we were introduced to Solis Mammography,
12 who is a company that has extensively researched
13 the barriers for regular screening and has
14 developed, actually, a model for effective
15 patient-centered care, and that has an incredibly
16 high -- 96 percent -- customer approval rating and
17 provides ease of access.
18 And as we thought about designing a new
19 facility for mammography here, we really thought
20 that the partnership with Solis, with their
21 service model, was a great marriage with our
22 excellent care we provide for cancer patients and
23 diagnostic and screening mammography and the
24 science that we can offer.

1 So I'd like to ask Dr. Sardiña, our chief
2 medical officer of Solis, to just make a couple of
3 brief comments about the model that Solis has
4 developed over the years.
5 DR. SARDIÑA: Thank you, Sharon.
6 Thank you, members of the Board.
7 As Sharon had alluded to, we at Solis are
8 extremely fortunate and excited about this
9 collaborative project with one of the nation's
10 most reputable and recognized academic
11 institutions in breast cancer delivery centers.
12 Obviously, the focus of our project and the focus
13 of our company is in the detection of early breast
14 cancer.
15 As many of you know, breast cancer is
16 extremely relevant and prevalent in our
17 communities. About one in eight women,
18 unfortunately, will have this disease in their
19 lifetime. Just to put it in context, when I first
20 started clinical practice about 30 years ago, that
21 prevalence rate was 1 in 12.
22 So as I like to lecture and -- to my
23 colleagues -- and tell a lot of my patients,
24 unfortunately breast cancer is not preventable.

1 There's nothing that a woman can do to prevent
2 breast cancer. But, fortunately, if caught early
3 enough, breast cancer is extremely treatable if
4 not curable, and the gold standard for detecting
5 early breast cancer and treatable breast cancer is
6 screening mammography.
7 And as Sharon alluded to, unfortunately,
8 we have a compliance issue. And the remarks that
9 Sharon alluded to as far as 30 percent of patients
10 being noncompliant, that is noncompliant even at
11 the two- to three-year time frame. When you go on
12 an annual basis, the noncompliance rate is almost
13 50 percent.
14 So the question is: Why are women
15 noncompliant? And I think the issue is
16 multifactorial. I think there's been a lot of
17 confusion around the guidelines surrounding
18 screening mammography. I think that has created a
19 noncompliance component.
20 And let's face it; the exam itself is
21 anxiety provoking, especially in the current
22 environment where women are having to go into
23 general diagnostic imaging facilities. And you
24 can imagine having a patient there for a screening

1 mammogram sitting next to someone with a severe
2 cough waiting for a CT scan. And the exam itself
3 is very uncomfortable.
4 So I think those are primary issues.
5 I think probably the two most important concerns
6 of mine, as far as compliance, is lack of
7 geographic accessibility in underserved
8 communities and, also, the time constraint on
9 working women.
10 So what we have done at Solis, like Sharon
11 mentioned, is we've focused on that and figured
12 out ways to hopefully mitigate against some of
13 those barriers, beginning with a very robust,
14 female-staffed contact center that's available to
15 our patients six days a week.
16 We have facilitated an online scheduling
17 process; we have simplified that scheduling
18 process. We also promote patients to adhere to
19 the Federal mandate that a screening mammogram
20 does not require a physician's order. As long as
21 you have a physician of record, you should be able
22 to walk into any one of our centers and get a
23 screening mammogram at any time.
24 Once patients enter our centers, we kind

1 of have focused on creating a spa-like environment
2 and, therefore, the slightly larger need for space
3 because it's self-contained.
4 We have a dedicated reception area. We
5 have a lobby; we have a subwaiting room; we have a
6 consultation room in order to deliver the services
7 that women would want in the environment that they
8 would want.
9 We also actually have helped address the
10 painful component of the mammogram. We were
11 market leaders in researching and developing the
12 SmartCurve, which is actually a curved mammography
13 paddle that requires less compression to yield an
14 ideal mammogram, and we have received very, very
15 positive feedback as far as the comfort level is
16 concerned.
17 And I think the final component of the
18 triad of the peace-of-mind mammogram is the
19 clinical expertise, and that's something that we
20 at Solis don't offer, but that's where the
21 partnership with such a reputable institution like
22 the University of Chicago kind of finalizes that
23 continuum of care.
24 So with that, we would hope that this

1 Board would endorse our project, and we are here
2 to answer any questions or concerns that you might
3 have.
4 CHAIRMAN SEWELL: Questions for this
5 Applicant?
6 (No response.)
7 CHAIRMAN SEWELL: I don't think there
8 are any. So roll call.
9 MR. ROATE: Thank you.
10 Motion made by McNeil; seconded by
11 Demuzio.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based on the staff
14 report and the testimony.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: Yes, based on testimony and
18 the State report.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based on the
22 staff report and the testimony.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

1 MEMBER MC NEIL: Yes, based on the staff
2 report and the testimony, particularly combining
3 the diagnostic phase with the ability of immediate
4 kinds of services after -- if you find negative
5 results.
6 MR. ROATE: Ms. Murphy.
7 MEMBER MURPHY: Yes, based on the
8 State Board staff report and the testimony.
9 MR. ROATE: Thank you.
10 Chairman Sewell.
11 CHAIRMAN SEWELL: Yes, based on the State
12 agency report.
13 Thank you.
14 MR. ROATE: Thank you.
15 That's 6 votes in the affirmative.
16 MS. O'KEEFE: Thank you.
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1 CHAIRMAN SEWELL: Next are applications
2 subsequent to intent -- oh, that's right. They
3 wanted a break.
4 We'll take a 10-minute break, and then we
5 will continue.
6 (A recess was taken from 1:45 p.m. to
7 1:59 p.m.)
8 CHAIRMAN SEWELL: Okay. We'll come to
9 order.
10 We're now at applications subsequent to
11 intent to deny.
12 The first one is I-01, Project No. 18-002,
13 Retina Surgery Center in Niles.
14 May I have a motion to approve this
15 project to establish a limited-specialty
16 ambulatory surgery treatment center in Niles.
17 MEMBER MC NEIL: So moved.
18 CHAIRMAN SEWELL: Is there a second?
19 MEMBER MURPHY: Second.
20 CHAIRMAN SEWELL: Would you introduce
21 yourselves.
22 MR. NIEHAUS: Yeah. Brian Niehaus,
23 N-i-e-h-a-u-s. I am with Dr. John Michael,
24 as well.

1 THE COURT REPORTER: Would you raise your
2 right hands, please.
3 (Two witnesses sworn.)
4 THE COURT REPORTER: Thank you. And
5 please just print your names, as well.
6 CHAIRMAN SEWELL: State agency report.
7 MR. CONSTANTINO: Thank you, sir.
8 The Applicant proposes to establish a
9 surgery center performing ophthalmology procedures
10 in approximately 4900 gross square feet of leased
11 space at a cost of approximately $2.7 million.
12 The Applicant received an intent to deny
13 at the October 2018 State Board meeting.
14 There was no public hearing requested, and
15 no letters of opposition were received. Letters
16 of support have been received by the State Board
17 staff. The State Board staff had findings
18 regarding this project.
19 I would like to point out one thing. On
20 pages 20 of 21 of the staff report, I'd like to
21 point out to the Board what these folks are able
22 to do with their bank.
23 They were able to get a letter that says
24 that they will -- the bank will loan them -- or

1 provide credit exposure of $2.2 million with no
2 conditions. So those letters are available and
3 can be gotten.
4 So that's -- thank you.
5 CHAIRMAN SEWELL: Okay. At least they can
6 be gotten by this Applicant.
7 MR. CONSTANTINO: What's that?
8 CHAIRMAN SEWELL: At least they can be
9 obtained by this Applicant.
10 MR. CONSTANTINO: Yes. I know we have
11 this finding quite a bit, but these folks are --
12 CHAIRMAN SEWELL: Okay.
13 Is there a presentation?
14 MR. NIEHAUS: Yes. We'd like to make a
15 few remarks.
16 So when we were last before you in
17 October of 2018, we did receive a vote of 4 to 1
18 with one lone dissenter, but we were encouraged to
19 come back before the Board, so we're happy to be
20 back before you today.
21 Then, as now, there's only two findings --
22 both of which we agree with under the Board's
23 rules -- are technical findings regarding service
24 accessibility and maldistribution and duplication

1 of services; however, we do firmly believe that we
2 substantively comply with the intent behind both
3 of those provisions.
4 First, I'd like to point out that this
5 practice is supporting ASC referrals and the ASC
6 itself, in terms of its surgical volume, will be
7 serving a very high proportion of Medicaid
8 patients. I know this Board is very familiar with
9 the difficulty Medicaid patients have accessing
10 services, especially surgical services.
11 Secondly, there's no opposition to this
12 project, and there is not going to be any harm to
13 any of the area hospitals or ASCs, which is
14 evidenced by this lack of opposition as well as
15 the fact that the surgical services provided by
16 the Applicant today are spread throughout multiple
17 different hospitals within the area and no ASCs,
18 so any loss of volume is extremely minimal to any
19 facility.
20 Finally, this is a limited-specialty ASC
21 that is particularly singly focused on retina
22 surgical services.
23 I'm going to turn it over to Dr. Michael,
24 who can provide a little bit more context about

1 the origination of this project.
2 DR. MICHAEL: Thank you.
3 I'm here today for the second time to ask
4 this Board to support my patients and my goal to
5 create a center of excellence for microsurgery.
6 As Brian covered our brief history before
7 the Board, I want to say again why we are here
8 before you today.
9 I founded my physician practice in 2000,
10 in the year 2000, to focus on specialized services
11 of the retina and the ophthalmology field. This
12 project is born out of my intervening years of
13 experience and what I believe is best for my
14 patients. Today I do not have a reliable,
15 sensible option for providing outpatient surgical
16 care in an ASC for my patients.
17 Over the years I have tried using area
18 surgery centers, and their priorities and
19 staffing, equipment, and insurance coverages do
20 not consistently align with my patients and
21 practice. Frankly, I have felt like my patients
22 and I were a second-class priority at these
23 facilities.
24 As a result, my practice must use

1 several -- multiple area hospitals for our complex
2 retina surgery patients. These procedures and
3 patients are not prioritized by the hospitals.
4 This is not hyperbole to convince you to approve
5 my center; it is a daily reality for me and my
6 patients.
7 You've heard from patients and my practice
8 manager both in October and this morning. We
9 consistently experience insurance coverage,
10 scheduling, equipment, and facility -- staffing
11 difficulties for our surgical patients.
12 Many of our problematic patients to
13 schedule at area facilities are the most vulnerable
14 patients with Medicaid or out-of-network coverage.
15 Just two weeks ago I had a patient travel
16 from Rockford to one of my offices because I was
17 the closest retina specialist on his insurance
18 plan. Right now, as I speak, my office manager is
19 struggling to find a time to schedule another of
20 my patients that needs a retina surgery at a
21 hospital that will accept her restricted insurance
22 plan.
23 I know the system is complex, but these
24 patients are not a priority for other facilities.

1 By locating the dedicated surgery center in my
2 existing practice building, I can ensure emergent
3 access to care for trauma patients, reduce their
4 costs, negotiate for insurance coverage, control
5 quality, and decrease travel time.
6 Other area providers do not oppose this
7 project because they understand the center will be
8 focused on our practice. They do not see the
9 value in committing more staff and new equipment
10 to their ASC operations for our complex retina
11 patients.
12 I hope I was able to convey the
13 significance of the community need. I can speak
14 more on these issues and topics at your request.
15 The last Board meeting, we were turned
16 down by a 4-to-1 vote, as Brian mentioned, with
17 the only negative Board finding being the rigid
18 State formula for need.
19 I know this Board has been willing to
20 approve providers who demonstrated need regardless
21 of the State formula. I believe this single-
22 specialty center opening up access to improved
23 care for the community, including our Medicaid and
24 indigent patients, is a clear choice to approve.

1 I believe the community, my patients, require a
2 specialized retina surgery center.
3 I respectfully request the Board approve
4 this project, and I ask that you please provide us
5 a chance to address any doubts you may have before
6 you vote.
7 Thank you.
8 CHAIRMAN SEWELL: What are some -- you
9 said a little bit of this, but what are some of
10 the examples of what happens when you try to
11 provide this service at existing ASTCs in the
12 area, the eye-related services?
13 DR. MICHAEL: So this is a subspecialty of
14 eyes. It's retina. I'll give you one example.
15 One of my associates -- and we previously
16 used a certain surgical center -- had scheduled
17 four patients. And the day before they called to
18 cancel those patients because of staffing issues.
19 Imagine, as a patient, preparing yourself
20 for surgery and, the day before, being canceled.
21 Imagine the doctor preparing his schedule, his
22 day, and they call the day before and cancel.
23 And then there are times where the timing
24 is not right.

1 And then sometimes the insurance
2 coverage -- especially the more you get into the
3 public aid and managed care options that we now
4 have -- that there are less and less hospitals
5 willing to accept it.
6 MR. NIEHAUS: I just want to add to his
7 point that if you look at Table 8 on page 23 of
8 the Board's application, there are -- area ASTCs
9 within this vicinity offer almost nothing to a
10 very low percentage of Medicaid services. So the
11 insurance coverage, especially for Medicaid
12 managed care in Illinois, is very sparse.
13 CHAIRMAN SEWELL: Yeah, I see that.
14 Questions?
15 MEMBER MC NEIL: I have one.
16 CHAIRMAN SEWELL: Yeah.
17 MEMBER MC NEIL: So we talk about
18 Medicaid, whatever. What percentage of your
19 patients are disadvantaged, Medicaid, no
20 insurance-type thing?
21 MR. NIEHAUS: I'm going to speak to it
22 because I saw the data more recently than him.
23 But it's about 25 percent of the
24 nonsurgical patients and about 22 percent of their

1 surgical patients are on Medicaid fee-for-service
2 or Medicaid managed care.
3 MEMBER MC NEIL: So about a fourth?
4 MR. NIEHAUS: Correct. Which aligns
5 pretty closely with the percentage of individuals
6 in Illinois on Medicaid.
7 CHAIRMAN SEWELL: Are there other
8 questions?
9 (No response.)
10 CHAIRMAN SEWELL: I suppose we're ready to
11 vote. Roll call.
12 MR. ROATE: Thank you.
13 Motion made by McNeil; seconded by Murphy.
14 Senator Demuzio.
15 MEMBER DEMUZIO: I vote yes on the project
16 due to the State report and, also, the testimony.
17 MR. ROATE: Thank you.
18 Ms. Hemme.
19 MEMBER HEMME: I vote yes, based on the
20 staff report and the testimony today.
21 MR. ROATE: Thank you.
22 Mr. McGlasson.
23 MEMBER MC GLASSON: May I hear the motion
24 again, please.

1 MR. ROATE: Motion to approve the Retina
2 Surgery Center in Niles.
3 MEMBER MC GLASSON: I vote yes, based on
4 the State report.
5 MR. ROATE: Thank you.
6 Dr. McNeil.
7 MEMBER MC NEIL: Yes, based on the State
8 report and the testimony.
9 MR. ROATE: Thank you.
10 Ms. Murphy.
11 MEMBER MURPHY: I vote yes based on the
12 State report and today's testimony.
13 MR. ROATE: Thank you.
14 Chairman Sewell.
15 CHAIRMAN SEWELL: I vote yes because
16 I can't figure out the alternative.
17 MR. ROATE: Thank you.
18 That's 6 votes in the affirmative.
19 DR. MICHAEL: Thank you very much.
20 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: Next is I-02, Project
2 No. 18-007, Dialysis Care Center in Hickory Hills.
3 May I have a motion to approve this
4 project for establishing a 12-station end stage
5 renal disease facility in Hickory Hills.
6 MEMBER MC NEIL: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 (No response.)
9 CHAIRMAN SEWELL: Second?
10 MEMBER MURPHY: Second.
11 CHAIRMAN SEWELL: All right. Could you
12 identify yourselves and then be sworn in.
13 DR. SALAKO: Babajide Salako, MD, CEO of
14 Dialysis Care Centers, LLC.
15 MR. SHAZZAD: Alex Shazzad, chief
16 operating officer at Dialysis Care Center. And to
17 my left I have Matt Moreno, our project manager.
18 THE COURT REPORTER: Would you raise your
19 right hands, please.
20 (Three witnesses sworn.)
21 THE COURT REPORTER: Thank you. And
22 please print your name on one of those sheets.
23 CHAIRMAN SEWELL: State agency report.
24 MR. CONSTANTINO: Thank you, sir.

1 The Applicants propose to establish a
2 12-station ESRD facility in approximately
3 4500 gross square feet of leased space at a cost
4 of approximately $1.5 million in Hickory Hills,
5 Illinois. The Applicants received an intent to
6 deny at the December 2018 State Board meeting.
7 There was no public hearing requested, and
8 a letter of opposition was received. No letters
9 of support were received by the State Board staff.
10 The staff had findings related to this project.
11 Thank you, sir.
12 CHAIRMAN SEWELL: All right.
13 Do you have a presentation for this?
14 DR. SALAKO: Well, I have a few comments
15 I'd like to make, sir.
16 If you do recall, my company, Dialysis
17 Care Center, we applied for the CON in December
18 2019. The State agency findings showed an excess
19 of 54, I believe, chairs in the HSA.
20 And if you also do recall from that
21 hearing, Mr. Constantino -- one of the objections
22 he raised was that we had a pending facility,
23 DCC Beverly, that we had approval for that hadn't
24 been opened.

1 And I can say that that clinic -- we got
2 certified the 1st of March of 2019. Today is the
3 4th of June -- and the clinic that has a capacity,
4 maximum capacity, for 84 patients. As of today we
5 have 41 patients in that clinic.
6 So in order to get back to 50 percent
7 capacity in about three months -- just about
8 four months -- our argument to the Board has
9 always been that an integral data -- that the data
10 that the Board does not capture in calculating --
11 that the State agency does not capture is
12 calculating the needs of our home dialysis
13 patients.
14 We primarily are a home dialysis company.
15 We have hundreds of patients on home dialysis.
16 Several of our patients do eventually -- typically
17 at the 30-month mark -- fail home therapies. And
18 after they fail home therapies, they will look at
19 going to an in-center. To go into an in-center to
20 stay, we would like them to stay in our network.
21 And that's why, inasmuch as there always
22 seems to be an excess of capacity within the HSA,
23 having our clinics at a significant utilization
24 rate and being able to give our patients the chair

1 allocations that they want and to dialyze
2 typically within 30 minutes of their domicile is
3 something we are able to achieve and we're very
4 proud of.
5 At the moment, we have -- in the last
6 18 months in that particular HSA we've now opened
7 two clinics. We have one clinic that, you know,
8 we -- that has a fourth shift, so, essentially, we
9 are over a hundred percent capacity. We have
10 another clinic that's at 50 percent capacity.
11 And so knowing this project is going to
12 take 18 months for completion, you know -- it may
13 take up to 18 months for completion -- we feel
14 very comfortable that as of when the project does
15 get commissioned, gets certified, there will be a
16 present need for patients within our network.
17 We do not want to be -- to be behind the
18 eight ball here. We'd rather like to be
19 proactive, and that's why we would like the Board
20 to kindly favorably look at our request because
21 our story and our narrative is unique. And,
22 therefore, we fill a need for our own patient
23 network and, therefore, that's why we want the
24 clinic.

1 Thank you.
2 CHAIRMAN SEWELL: Are there any questions?
3 Yes, sir.
4 MEMBER MC NEIL: Okay. You mentioned at
5 home.
6 How many percent of your patients really
7 have the ports to self-administer?
8 DR. SALAKO: As of today, 45 percent of
9 all our patients -- nationwide. Nationwide. In
10 Illinois it's over 50 percent. But nationwide --
11 and we are well above the national average. The
12 national average is about 10 percent.
13 45 percent of our patients do dialyze at
14 home, either peritoneal dialysis -- about
15 80 percent of them are peritoneal dialysis;
16 20 percent are on home hemodialysis.
17 We do have a very narrow group of patients
18 that are staff-assisted home dialysis patients
19 where we actually send technicians to the
20 patients' homes to dialyze them at home.
21 Several of these patients, for whatever
22 reason, they don't also want to do home dialysis
23 anymore for various reasons, and they want to come
24 into the in-center network; they come into our

1 network of clinics.
2 These patients are not captured --
3 I will -- let me emphasize again -- are not
4 captured by the State agency report, and,
5 therefore, the data is always -- "Oh, well, you
6 know, there are so many dialysis patients out
7 there."
8 There's a whole section of patients out
9 there that are not being captured, and these
10 patients eventually will end up in an in-center.
11 We want them to stay in our network. They want to
12 stay in our network.
13 We have absolutely no issues whatsoever in
14 utilization of our dialysis clinics that are not
15 supported.
16 MEMBER MC NEIL: How many of your
17 in-home -- how many times a week do they do
18 dialysis versus at the center?
19 DR. SALAKO: Well, the patients on the
20 home dialysis, usually is four to five times a
21 week on hemodialysis. On peritoneal dialysis it's
22 daily.
23 If I -- God forbid, if I became a dialysis
24 patient today, I'd rather be a home dialysis

1 patient because you -- it's easier on your body.
2 It's -- you get more frequent dialysis. And,
3 clinically, patients on home dialysis do a lot
4 better. The morbidity is better; the mortality
5 rates are better.
6 But over time, due to all sorts of
7 physiological reasons, they will eventually fail
8 home dialysis. So you want -- we push home but we
9 understand the reality of -- it's a time game.
10 MEMBER MC NEIL: Yeah. The average
11 life span is -- once you go on dialysis -- is
12 five years. That's average.
13 Now, the only solution is, really, a
14 kidney transplant. That takes 3.1 years or
15 thereabouts.
16 How many do you recommend and when do you
17 start for -- for kidney transplant?
18 DR. SALAKO: We recommend all our patients
19 before they get onto dialysis as part of their
20 options communication.
21 We have a nephrology practice, which is
22 the second largest in Illinois. We have a huge
23 nephrology practice, RCK. We have a robust
24 predialysis education program for most of our

1 patients. We really, really push transplants.
2 We're in the Loyola network; we're in
3 the Advocate network. So we -- we are in quite --
4 all the big hospital networks for transplant.
5 Unfortunately -- and this is not for us; it's the
6 United States. The transplant rates in this
7 country have not increased in the last 10 years.
8 Now, I'll tell you that -- if I had a
9 crystal ball -- I believe we're doing the right
10 thing because the average organic growth of
11 dialysis patients in the United States is about
12 4.5 percent every year. There are about
13 400,000 dialysis patients. There are about
14 70,000 dialysis clinics.
15 We'll need to build about 500 clinics
16 a year in this country. The reality is that we
17 can't sustain it. Fresenius can't do it; DaVita
18 can't do it; we can't do it. But where there's a
19 need for us to do it, we want to be able to do it.
20 That's why we are big at home. But when
21 our patients do fail on home, we want them to stay
22 in our network, stay with our caregivers, and
23 that's why we've always come to the Board.
24 The Board has listened to our narrative,

1 and the numbers show that utilization of our
2 dialysis clinics by our patients is -- goes
3 contrary to the availability of chairs in the HSA,
4 and our data supports that.
5 MEMBER MC NEIL: What hours do you
6 operate? That's the other thing from a patient
7 standpoint on three times a week coming in. It's
8 a four-hour process or thereabouts, plus they're
9 sort of wiped out when they get there and
10 afterwards for a while.
11 So in regards to that -- let's talk about
12 the patients and the process. What hours --
13 because it will be 6:00 in the morning or 8:00 at
14 night -- do you operate?
15 DR. SALAKO: Unfortunately, once again,
16 not -- not what I would like. You know, we open
17 at 5:30 in the morning, and we finish about
18 eight o'clock.
19 We do have two clinics that are beyond
20 full. We have a fourth shift that's open until
21 10:00 p.m. at night, 10:30 at night. We don't
22 like it. We wish we had more clinics so we could
23 move patients in there.
24 But that -- those particular clinics also

1 work for -- those late shifts also work for
2 working patients who come back from work and want
3 to dialyze late. It's okay in the summer months.
4 In the winter months it's a bit of a stress for
5 patients, for staff members, and security.
6 So we would rather have clinics be 60, 70,
7 75 percent capacity but have flexibility to bring
8 more patients in at times that are convenient for
9 the patients.
10 From a business perspective, if the clinic
11 is 80, 90, 100 percent full is good. But from a
12 patient's perspective, it's not fair to the
13 patients, and, therefore, we really shouldn't be
14 bean counters in terms of availability of chairs.
15 There has to be some flexibility there for the
16 patients.
17 MEMBER MC NEIL: Yeah. No patients; no
18 clinic.
19 But you have plenty of patients is what
20 you're saying?
21 MR. SHAZZAD: Yes.
22 DR. SALAKO: Yes.
23 CHAIRMAN SEWELL: Other questions?
24 (No response.)

1 CHAIRMAN SEWELL: All right. Roll call.
2 MEMBER MC GLASSON: Once again --
3 CHAIRMAN SEWELL: Oh, yeah. Go ahead.
4 MEMBER MC GLASSON: Once again, repeat the
5 motion.
6 MR. ROATE: The motion is to approve
7 Project 18-007, Dialysis Care Center, Hickory
8 Hills, to establish a 12-station ESRD facility.
9 MEMBER MC GLASSON: Thank you.
10 MR. ROATE: Thank you.
11 Motion made by McNeil; seconded by Murphy.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes, based on the State
14 report and also the testimony.
15 MR. ROATE: Thank you.
16 Ms. Hemme.
17 MEMBER HEMME: I'm going to vote no, based
18 on the State report.
19 MR. ROATE: Thank you.
20 Mr. McGlasson.
21 MEMBER MC GLASSON: Yes, based on the
22 testimony.
23 MR. ROATE: Thank you.
24 Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: I'm going to vote yes, based on the report and the testimony that addresses the negative findings.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I'm voting no. It's too much excess capacity in the planning area.

MR. ROATE: Thank you.

That's 4 votes in the affirmative; 2 votes in the negative.

MS. MITCHELL: Your application has been denied.

DR. SALAKO: Okay.

MR. SHAZZAD: Thank you.

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1 CHAIRMAN SEWELL: There is no rules
2 development; there's no unfinished business.
3 Other business, we have a legislative
4 update. I think there's been a handout.
5 MS. GUILD: Yeah. Board members have a
6 handout on this. I just wanted to mention Senate
7 Bill 1739, which was an HFSRB initiative, did pass
8 on May 30th.
9 Most important for the Board and the
10 underlying initiative is that, once the Governor
11 signs this -- which could be late August -- it
12 will allow the Board to elect a Vice Chair who can
13 act in place of the Board when there's no Chair
14 available, and so that should help streamline our
15 agendas.
16 The second part of the bill is the
17 amendment, and the amendment was negotiated with
18 the sponsor, who introduced it as part of a
19 different bill to address her concerns about the
20 Westlake Hospital closure. Most important for the
21 Board to know is that, once the Governor signs the
22 bill, all discontinuations of entire facilities
23 will require a full permit, not an exemption.
24 But an applicant who chooses to

1 discontinue a category of service can do that
2 through the exemption process once every
3 six months; otherwise, a permit would be required.
4 So there are increased notice requirements
5 for changes of ownership and discontinuations, and
6 there's some language to clarify that the Board
7 may, not shall, defer consideration of
8 applications up to six months if there's a pending
9 lawsuit that challenges an application that names
10 the Board as a party or alleges fraud in the
11 filing of the application, so that's to address a
12 recent situation.
13 And that -- as I said, the second part of
14 this bill was negotiated with the sponsor and
15 interested parties, and everyone was in agreement.
16 And so we expect to see this signed by the
17 end of August --
18 MS. AVERY: Hopefully.
19 MS. GUILD: -- hopefully.
20 CHAIRMAN SEWELL: Any questions of Ann?
21 (No response.)
22 CHAIRMAN SEWELL: Okay. What is bed
23 changes?
24 MS. MITCHELL: Do we have any?

1 MR. CONSTANTINO: No bed changes.
2 CHAIRMAN SEWELL: Okay. I'm sorry.
3 MEMBER MURPHY: Actually, I have one
4 question about the report.
5 CHAIRMAN SEWELL: That's okay.
6 MEMBER MURPHY: The part that allows the
7 Vice Chair to act in the place of the Chair when
8 there is not a Chair, does that only apply when we
9 have a Chair?
10 MS. MITCHELL: No.
11 MS. GUILD: No. When there's no Chair or
12 the Chair is not available.
13 MEMBER MURPHY: Awesome. Thank you.
14 CHAIRMAN SEWELL: We don't have a Vice
15 Chair, do we?
16 MEMBER MURPHY: We don't have a Chair.
17 CHAIRMAN SEWELL: We don't have one now?
18 MS. MITCHELL: Not officially.
19 MS. AVERY: No.
20 (An off-the-record discussion was held.)
21 CHAIRMAN SEWELL: Bed changes.
22 MS. MITCHELL: There are none.
23 CHAIRMAN SEWELL: None?
24 MS. AVERY: None.

1 CHAIRMAN SEWELL: Interagency agreement,
2 anything to say about that?
3 MS. MITCHELL: Yes.
4 You received a copy of the changes that
5 were approved between IDPH and us.
6 Every year we enter into an interagency
7 agreement with IDPH because they provide support
8 to the Board, which includes staffing, me and Mike
9 and George, accounting functions, human resources
10 functions, just to name a few.
11 So you have the changes in front of you.
12 So if there's any discussion or any questions,
13 I can answer them but, otherwise, I need a vote to
14 approve it.
15 And the current IGA lapses June 30th, so
16 this would be effective July 1st.
17 CHAIRMAN SEWELL: So we need a motion?
18 MS. MITCHELL: Yes.
19 MEMBER MC NEIL: So moved.
20 CHAIRMAN SEWELL: Is there a second?
21 MEMBER MURPHY: Second.
22 CHAIRMAN SEWELL: Any discussion?
23 (No response.)
24 CHAIRMAN SEWELL: All -- we don't need a

1 roll call, do we?
2 MS. MITCHELL: No.
3 MS. AVERY: You can say "aye."
4 CHAIRMAN SEWELL: All in favor say aye.
5 (Ayes heard.)
6 CHAIRMAN SEWELL: Opposed?
7 (No response.)
8 CHAIRMAN SEWELL: Okay.
9 2020 meeting dates. Nothing? Right?
10 MS. MITCHELL: You have them. You have a
11 copy of the 2020 meeting dates in your Board
12 packet.
13 CHAIRMAN SEWELL: Really?
14 MS. MITCHELL: It was like the first
15 page -- oh, you had the -- it should be on your
16 flash drive.
17 CHAIRMAN SEWELL: Okay.
18 Now, what is this written decision of
19 deferral -- oh, those are those written decisions?
20 MS. MITCHELL: Yeah.
21 CHAIRMAN SEWELL: Okay.
22 MS. AVERY: Let me go over the meeting
23 dates.
24 CHAIRMAN SEWELL: I'm sorry. We're going

1 back to the meeting dates.
2 MS. AVERY: In regards to the meeting
3 dates, can you please check them as soon as
4 possible so that I can start reserving space? If
5 something does not work, then let me know. And if
6 it looks like we have a situation where we won't
7 have a quorum for that meeting, then I'll come
8 back with you for additional dates.
9 (An off-the-record discussion was held.)
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1 CHAIRMAN SEWELL: All right. Could you
2 talk about these written decisions?
3 MS. MITCHELL: Written decisions. Okay.
4 The statute allows a process for aggrieved
5 parties to request a written decision, so,
6 pursuant to the statute, staff prepares a written
7 decision, and the Board has to vote on it and
8 approve it.
9 So you received copies of three written
10 decisions. We received three requests for -- we
11 received requests for three written decisions this
12 time around. You received written decisions in
13 your Board packet.
14 We'll have to consider and vote on them
15 individually, but I'd like a motion to approve
16 them and then a vote on each one of them
17 individually.
18 MEMBER MC NEIL: I move that we approve
19 them.
20 MS. MITCHELL: Let's take them one by one.
21 So, first, can we get a motion to --
22 CHAIRMAN SEWELL: The first one is Quincy
23 Medical Group in Quincy.
24 That's correct, isn't it?

1 MS. MITCHELL: Sure. The first one on the
2 agenda is deferral of the Exemption E- --
3 MS. AVERY: Right.
4 MS. MITCHELL: -- E-00 -- so the first one
5 is the written decision of the deferral of
6 Exemption E-004-19.
7 Can I get a motion to approve that?
8 MEMBER MC NEIL: So moved.
9 MS. MITCHELL: Can I get a second?
10 MEMBER MURPHY: Second.
11 MS. MITCHELL: Okay. And then let's take
12 a vote.
13 CHAIRMAN SEWELL: Okay. Is it roll call?
14 MS. MITCHELL: I'd prefer roll call, yes.
15 MR. ROATE: Roll call vote?
16 MS. MITCHELL: Yes.
17 CHAIRMAN SEWELL: Yes.
18 MR. ROATE: Motion made by McNeil;
19 seconded by Murphy.
20 Senator Demuzio.
21 MEMBER DEMUZIO: Yes.
22 MR. ROATE: Thank you.
23 Ms. Hemme.
24 MEMBER HEMME: Yes.

1 MR. ROATE: Thank you.
2 Mr. McGlasson.
3 MEMBER MC GLASSON: Yes.
4 MR. ROATE: Thank you.
5 Dr. McNeil.
6 MEMBER MC NEIL: Yes.
7 MR. ROATE: Thank you.
8 Ms. Murphy.
9 MEMBER MURPHY: Yes.
10 MR. ROATE: Thank you.
11 Chairman Sewell.
12 CHAIRMAN SEWELL: Yes.
13 MR. ROATE: Thank you.
14 That's 6 votes in the affirmative.
15 MS. MITCHELL: And then the next one is
16 the written decision for Exemption No. E-004-19.
17 This is the exemption application itself.
18 So can I get a motion to approve the
19 written decision for this one?
20 MEMBER MC NEIL: So moved.
21 MS. MITCHELL: Second?
22 MEMBER MURPHY: Second.
23 MS. MITCHELL: Roll call.
24 I'm doing Mr. Sewell's job.

1 CHAIRMAN SEWELL: I'm distracted by what's
2 in front of me here.
3 MR. ROATE: Motion made by McNeil;
4 seconded by Murphy.
5 Senator Demuzio.
6 MEMBER DEMUZIO: Yes.
7 MR. ROATE: Ms. Hemme.
8 MEMBER HEMME: Yes.
9 MR. ROATE: Mr. McGlasson.
10 MEMBER MC GLASSON: Yes.
11 MR. ROATE: Dr. McNeil.
12 MEMBER MC NEIL: Yes.
13 MR. ROATE: Ms. Murphy.
14 MEMBER MURPHY: Yes.
15 MR. ROATE: Chairman Sewell.
16 CHAIRMAN SEWELL: Yes.
17 MR. ROATE: That's 6 votes in the
18 affirmative.
19 MS. MITCHELL: And the last one is the
20 written decision for Permit No. 18-042.
21 Can I get a motion to approve the written
22 decision for 18-042?
23 MEMBER MC NEIL: So moved.
24 MS. MITCHELL: Second?

1 MEMBER MURPHY: Second.
2 MS. MITCHELL: Roll call.
3 MR. ROATE: Motion made by McNeil;
4 seconded by Murphy.
5 Senator Demuzio.
6 MEMBER DEMUZIO: Yes.
7 MR. ROATE: Thank you.
8 Ms. Hemme.
9 MEMBER HEMME: Yes.
10 MR. ROATE: Thank you.
11 MS. MITCHELL: I think we're being kicked
12 out -- let's continue with the roll call.
13 MR. ROATE: Mr. McGlasson.
14 MEMBER MC GLASSON: Yes.
15 MR. ROATE: Dr. McNeil.
16 MS. MITCHELL: Why couldn't this have
17 happened at our last meeting?
18 MR. ROATE: Dr. McNeil.
19 MEMBER MC NEIL: It almost did about
20 midnight.
21 Yes.
22 MR. ROATE: Thank you.
23 Ms. Murphy.
24 MEMBER MURPHY: Yes.

1 MR. ROATE: Thank you.
2 Chairman Sewell.
3 CHAIRMAN SEWELL: Yes.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 MS. MITCHELL: Okay. That's all the
7 written decisions.
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1 MS. MITCHELL: And then adjournment.
2 CHAIRMAN SEWELL: Is there a motion to
3 adjourn?
4 MEMBER MC NEIL: So moved.
5 CHAIRMAN SEWELL: All in favor?
6 (Ayes heard.)
7 CHAIRMAN SEWELL: Opposed?
8 (No response.)
9 CHAIRMAN SEWELL: The ayes have it. We're
10 adjourned.
11 MS. MITCHELL: Thank you.
12 (Off the record at 2:31 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 July, 2019.

My commission expires July 3, 2021.

OFFICIAL SEAL
M L Humphrey-Sonntag
Notary Public, State of Illinois
My Commission Expires July 3, 2021

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

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